Love-light Christian Counseling, NFP

Patient (Child-Teen) Intake Questionnaire

Patient's Name: _____ Age: _____ D.O.B.: _____ S.S.#.: _____
☐ Male ☐ Female
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: (_____) _____ Cell Phone #: _____ Email: _____
Race: _____ Religious Faith: _____ Grade: _____
School: _____ Teacher: _____ Ever repeated a grade?: ☐ No ☐ Yes_____

Father's Name: _____ Age: ____ ☐ Biological Parent ☐ Adoptive/Foster ☐ Guardian
Lives with Patient? ☐ No ☐ Full-time ☐ Part-time Placement / Visitation ☐ Deceased
Relationship to Patient's Mother: ☐ Never Together ☐ Live-in ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Current Relationship: ☐ Still with Patient's Mother ☐ Single ☐ Remarried ☐ Living with Someone ☐ Other: _____
Relationship with Mother: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Relationship with Patient: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: (_____) _____ E-mail: _____ @ _____
Work Phone #: (_____) _____ Cell Phone #: (_____) _____
Employer: _____ Position: _____ Income Level: _____
Race: _____ Religious Affiliation: _____ Highest Education Level: _____
Current Relationship: ☐ Single ☐ Dating / Engaged ☐ Living-with Someone Else ☐ Remarried ☐ Other_____
Number of Significant Relationships for Bio-Father since being with Bio-Mother ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ More____

Mother's Name: _____ Age: ____ ☐ Biological Parent ☐ Adoptive/Foster ☐ Guardian
Lives with Patient? ☐ No ☐ Full-time ☐ Part-time Placement / Visitation ☐ Deceased
Relationship to Patient's Father: ☐ Never Together ☐ Live-in ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
Current Relationship: ☐ Still with Patient's Mother ☐ Single ☐ Remarried ☐ Living with Someone ☐ Other: _____
Relationship with Father: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Relationship with Patient: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: (_____) _____ E-mail: _____ @ _____
Work Phone #: (_____) _____ Cell Phone #: (_____) _____
Employer: _____ Position: _____ Income Level: _____
Race: _____ Religious Affiliation: _____ Highest Education Level: _____
Current Relationship: ☐ Single ☐ Dating / Engaged ☐ Living-with Someone Else ☐ Remarried ☐ Other_____
Number of Significant Relationships for Bio-Mother since being with Bio-Father ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ More____
Quality while together?: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive
Years Married?_____ Years Together?_____ When Separated?_____ When Divorced?_____ When Remarried?_____

Complete If Bio-Parents Are No Longer Together or Living with Patient

Patient's age when: Parent's Married_____ Parent's Separated_____ Parent's Divorced_____ Patient was Adopted_____
Patient's age when: Mother Remarried_____ Father Remarried_____ Mother Died _____ Father Died_____
Custody/Placement/Visitation arrangements?_____
Other Information:

_____
_____
_____
_____
_____

Step-Father (or Father-figure in the Home):

Name: ______________________________ Age: ________

Relationship with Patient: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive

Relationship with Bio-Dad: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive

Relationship with Bio-Mom: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive

Relationship with StepMom: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive

Work Phone #: (______) ______________________ Cell Phone #: (______) ______________________

Employer: ______________________ Position: ______________ Income Level: ______________

Race: ______________________ Religious Affiliation: ______________ Highest Education Level: ________

Years Married/Together?______________ When Separated?________ When Divorced?________ When Remarried?_______

Step-Mother (or Mother-figure in the Home):

Name: ______________________________ Age: ________

Relationship with Patient: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive

Relationship with Bio-Dad: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive

Relationship with Bio-Mom: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive

Relationship with StepDad: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Distant ☐ Conflictual ☐ Abusive

Work Phone #: (______) ______________________ Cell Phone #: (______) ______________________

Employer: ______________________ Position: ______________ Income Level: ______________

Race: ______________________ Religious Affiliation: ______________ Highest Education Level: ________

Current Relationship: ☐ Single ☐ Dating / Engaged ☐ Living-with Someone Else ☐ Remarried ☐ Other________________

Years Married/Together?______________ When Separated?________ When Divorced?________ When Remarried?_______

Family Information:

Patient's Birth Order:_______ of _______ # of Brothers:___________ # of Sisters:_________ Total # of People in Home:__________

Siblings:

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive

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Others Living in Home:

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Name: ______________________________ Age: ________ Lives with Patient? ☐ Yes ☐ No
☐ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: ________

Additional (if Needed):

____

____

Interaction of Patient's Family:	Never	Seldom	Sometimes	Usually	Always
Are open and honest with each other	☐	☐	☐	☐	☐
Are too busy	☐	☐	☐	☐	☐
Argue/Yell/Fighting/Name Calling	☐	☐	☐	☐	☐
Eat meals together as a family	☐	☐	☐	☐	☐
Enjoy spending time together	☐	☐	☐	☐	☐
Everyone does their own thing	☐	☐	☐	☐	☐
Go out-to-eat together as a family	☐	☐	☐	☐	☐
Go places together as a family	☐	☐	☐	☐	☐
Help and support each other	☐	☐	☐	☐	☐
Openly show affection to each other	☐	☐	☐	☐	☐
Play games together as a family	☐	☐	☐	☐	☐
Share feelings with each other	☐	☐	☐	☐	☐
Share household chores	☐	☐	☐	☐	☐
Spend time/Do things together as a family	☐	☐	☐	☐	☐

Family Characteristics: (Check all that apply)

☐ Abusive	☐ Easy-going	☐ Rigid	☐ Validating
☐ Aloof	☐ Enmeshed	☐ Social-butterflies	☐ Warm
☐ Always at home	☐ Fast-paced	☐ Spontaneous	☐ Wary
☐ Always on the go	☐ Fighting/Arguing	☐ Stable	☐ Recent Birth
☐ Busy all the time	☐ Flexible	☐ Strict	☐ Recent Death or Trauma
☐ Chaotic	☐ Inconsistent	☐ Structured	☐ Recent Divorce/Separation
☐ Close	☐ Involved	☐ Supportive	☐ Recent Financial Change
☐ Consistent	☐ Lenient	☐ Take time to relax	☐ Recent Job Change/Loss
☐ Controlling	☐ Loving	☐ Tense	☐ Recent Legal Problems
☐ Couch-potatoes	☐ Never home	☐ Too many things going on	☐ Recent Live-in Change
☐ Critical	☐ Nurturing	☐ Trusting	☐ Recent Major Illness
☐ Detail-oriented	☐ Organized	☐ Trustworthy	☐ Recent Marriage/Relationship
☐ Disorganized	☐ Punitive	☐ Truthful	☐ Recent Move
☐ Distant	☐ Relaxed	☐ Unstructured	☐ Recent School Change

Characteristics of Patient's Father: (Check all that apply)

☐ Abusive / Angry	☐ Critical	☐ Hyperactive	☐ Over/Under weight	☐ Stubborn
☐ Active/Athletic	☐ Defiant	☐ Intelligent	☐ Poor Health	☐ Supportive
☐ Aloof	☐ Detail-oriented	☐ Introverted	☐ Punitive	☐ Talkative
☐ Always at Home	☐ Distracted	☐ Inattentive	☐ Quiet	☐ Tense
☐ Always on the Go	☐ Dishonest	☐ Isolative	☐ Relaxed	☐ Too Busy
☐ Angry	☐ Disorganized	☐ Leader	☐ Rigid	☐ Trusting
☐ Artistic/Creative	☐ Distant	☐ Lenient	☐ Shut-down	☐ Trustworthy
☐ Bad Attitude	☐ Easy-going	☐ Loving	☐ Shy	☐ Truthful
☐ Busy All the Time	☐ Enmeshed	☐ Manipulative	☐ Sneaky/Deceptive	☐ Unfocused
☐ Chaotic	☐ Extraverted	☐ Neglectful	☐ Social-butterfly	☐ Unstructured
☐ Closed	☐ Fast-paced	☐ Never home	☐ Spontaneous	☐ Validating
☐ Consistent	☐ Fights/Argues	☐ Nurturing	☐ Stable	☐ Violent
☐ Controlling	☐ Flexible	☐ Open	☐ Strict	☐ Warm
☐ Couch-potato	☐ Follower	☐ Organized	☐ Structured	☐ Wary

Characteristics of Patient's Mother: (Check all that apply)

☐ Abusive / Angry	☐ Critical	☐ Hyperactive	☐ Over/Under weight	☐ Stubborn
☐ Active/Athletic	☐ Defiant	☐ Intelligent	☐ Poor Health	☐ Supportive
☐ Aloof	☐ Detail-oriented	☐ Introverted	☐ Punitive	☐ Talkative
☐ Always at Home	☐ Distracted	☐ Inattentive	☐ Quiet	☐ Tense
☐ Always on the Go	☐ Dishonest	☐ Isolative	☐ Relaxed	☐ Too Busy
☐ Angry	☐ Disorganized	☐ Leader	☐ Rigid	☐ Trusting
☐ Artistic/Creative	☐ Distant	☐ Lenient	☐ Shut-down	☐ Trustworthy
☐ Bad Attitude	☐ Easy-going	☐ Loving	☐ Shy	☐ Truthful
☐ Busy All the Time	☐ Enmeshed	☐ Manipulative	☐ Sneaky/Deceptive	☐ Unfocused
☐ Chaotic	☐ Extraverted	☐ Neglectful	☐ Social-butterfly	☐ Unstructured
☐ Closed	☐ Fast-paced	☐ Never home	☐ Spontaneous	☐ Validating
☐ Consistent	☐ Fights/Argues	☐ Nurturing	☐ Stable	☐ Violent
☐ Controlling	☐ Flexible	☐ Open	☐ Strict	☐ Warm
☐ Couch-potato	☐ Follower	☐ Organized	☐ Structured	☐ Wary

(If applicable) Characteristics of Other Male Parental-figure/Guardian in Patient's Life: (Check all that apply)

☐ Abusive / Angry	☐ Critical	☐ Hyperactive	☐ Over/Under weight	☐ Stubborn
☐ Active/Athletic	☐ Defiant	☐ Intelligent	☐ Poor Health	☐ Supportive
☐ Aloof	☐ Detail-oriented	☐ Introverted	☐ Punitive	☐ Talkative
☐ Always at Home	☐ Distracted	☐ Inattentive	☐ Quiet	☐ Tense
☐ Always on the Go	☐ Dishonest	☐ Isolative	☐ Relaxed	☐ Too Busy
☐ Angry	☐ Disorganized	☐ Leader	☐ Rigid	☐ Trusting
☐ Artistic/Creative	☐ Distant	☐ Lenient	☐ Shut-down	☐ Trustworthy
☐ Bad Attitude	☐ Easy-going	☐ Loving	☐ Shy	☐ Truthful
☐ Busy All the Time	☐ Enmeshed	☐ Manipulative	☐ Sneaky/Deceptive	☐ Unfocused
☐ Chaotic	☐ Extraverted	☐ Neglectful	☐ Social-butterfly	☐ Unstructured
☐ Closed	☐ Fast-paced	☐ Never home	☐ Spontaneous	☐ Validating
☐ Consistent	☐ Fights/Argues	☐ Nurturing	☐ Stable	☐ Violent
☐ Controlling	☐ Flexible	☐ Open	☐ Strict	☐ Warm
☐ Couch-potato	☐ Follower	☐ Organized	☐ Structured	☐ Wary

(If applicable) Characteristics of Other Female Parental-figure/Guardian in Patient's Life: (Check all that apply)

☐ Abusive / Angry	☐ Critical	☐ Hyperactive	☐ Over/Under weight	☐ Stubborn
☐ Active/Athletic	☐ Defiant	☐ Intelligent	☐ Poor Health	☐ Supportive
☐ Aloof	☐ Detail-oriented	☐ Introverted	☐ Punitive	☐ Talkative
☐ Always at Home	☐ Distracted	☐ Inattentive	☐ Quiet	☐ Tense
☐ Always on the Go	☐ Dishonest	☐ Isolative	☐ Relaxed	☐ Too Busy
☐ Angry	☐ Disorganized	☐ Leader	☐ Rigid	☐ Trusting
☐ Artistic/Creative	☐ Distant	☐ Lenient	☐ Shut-down	☐ Trustworthy
☐ Bad Attitude	☐ Easy-going	☐ Loving	☐ Shy	☐ Truthful
☐ Busy All the Time	☐ Enmeshed	☐ Manipulative	☐ Sneaky/Deceptive	☐ Unfocused
☐ Chaotic	☐ Extraverted	☐ Neglectful	☐ Social-butterfly	☐ Unstructured
☐ Closed	☐ Fast-paced	☐ Never home	☐ Spontaneous	☐ Validating
☐ Consistent	☐ Fights/Argues	☐ Nurturing	☐ Stable	☐ Violent
☐ Controlling	☐ Flexible	☐ Open	☐ Strict	☐ Warm
☐ Couch-potato	☐ Follower	☐ Organized	☐ Structured	☐ Wary

Patient's Presenting History/Problem(s): (Check all that apply)

☐ Abuse	☐ Communication	☐ Marriage	☐ School Work/Grades
☐ Abusive of Others	☐ Compulsive Behaviors	☐ Medical	☐ Self-esteem/Identity
☐ Abusive to Self	☐ Defiance/Disobedience	☐ Moodiness	☐ Separation/Divorce
☐ Adoption	☐ Depression	☐ Obsessive Thoughts	☐ Sexual
☐ Alcohol/Drugs	☐ Domestic Violence	☐ Parent-Child Issues	☐ Sleep
☐ Anxiety/Worry	☐ Eating/Weight Issues	☐ Parent-Teen Issues	☐ Spiritual Struggles
☐ Attachment Issues	☐ Family	☐ Peer Conflict	☐ Stress
☐ Attention-Deficit	☐ Grief/Loss	☐ Physical Disability	☐ Suicidal
☐ Behavioral Acting-out	☐ Home Behavior	☐ Poor Memory	☐ Suspensions
☐ Blended-Family	☐ Infidelity/Unfaithfulness	☐ Post-traumatic Stress	☐ Thought Disorders
☐ Boundaries	☐ Learning Disabilities	☐ Property Destruction	☐ Trauma/Crisis
☐ Child Discipline	☐ Legal/Court	☐ School	☐ Truancy
☐ Childhood Abuse	☐ Loneliness	☐ School Behavior	☐ Work

Describe Presenting Problem(s):_____

How long has Patient had this problem?_____ How have you tried to solve problem?_____

Any previous counseling? ☐ No ☐ Yes When?_____ How Long?_____ With Whom?_____

Medications: When?_____ How Long?_____ With Whom?_____

Medication: _____ Dosage: _____ For?:_____ Prescribed By: _____

Medication: _____ Dosage: _____ For?:_____ Prescribed By: _____

Medication: _____ Dosage: _____ For?:_____ Prescribed By: _____

Additional Information/Explanation:

Patient's Abuse & Substance History (Check all that apply)

Patient has been Abused? ☐ Emotionally ☐ Mentally ☐ Physically ☐ Sexually ☐ Verbal ☐ Rape ☐ Never/None

Patient was Abused by? ☐ Parent ☐ Relative ☐ Acquaintance ☐ Date ☐ Spouse ☐ Date ☐ Other_____

Frequency of Abuse? ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ One-time Only ☐ Situational_____

☐ As a Child ☐ As a Teen ☐ As a Young Adult ☐ Currently ☐ Ritually ☐ Situational_____

Patient Substances Tried? ☐ Alcohol ☐ Tobacco ☐ Marijuana ☐ Amphetamines ☐ Hallucinogenic ☐ Other_____

Frequency of Usage? ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally ☐ One-time Only ☐ Situational_____

Has Patient been previously diagnosed with any psychological problems? ☐ No ☐ Yes What?_____

Does/Did anyone in family have a drug or alcohol problem? ☐ No ☐ Yes Who?/What?_____

Was anyone in family ever abused? ☐ No ☐ Yes Who?/How?_____

Does/Did anyone in family suffer from psychological problems? ☐ No ☐ Yes Who?/What?_____

Describe any significant losses, deaths, or traumas in Patient's life:_____

Patient's Medical History: (Check all that apply; Past and/or Present)

☐ Abortion	☐ Eating Disorder	☐ Hospitalized	☐ Recent Weight Changes
☐ Allergies	☐ Encephalitis	☐ Joint Problems	☐ Rectal Bleeding
☐ Anorexia/Bulimia	☐ Extreme Tiredness	☐ Liver Problems	☐ Seizures
☐ Asthma	☐ Extreme Weakness	☐ Loss of Consciousness	☐ Severe Headaches
☐ Back Problems	☐ Eye Problems/Poor Vision	☐ Memory Problems	☐ Sexually Transmitted
☐ Blood Disease	☐ Frequent Headaches	☐ Meningitis	Disease (STD)
☐ Bowel Problems	☐ Gallbladder Problems	☐ Miscarriage	☐ Skin Problems
☐ Cancer	☐ Head Injury	☐ Mouth/Throat Problems	☐ Sleep Problems
☐ Chest Pain	☐ Heart Problems/Disease	☐ Neck Stiffness/Pain	☐ Stillbirth
☐ Circulatory Problems	☐ Hemorrhoids	☐ Nose/Sinus Problems	☐ Stomach Trouble
☐ Convulsions	☐ Hepatitis (Type_____)	☐ Overweight	☐ Thyroid Disease
☐ Diabetes	☐ High Blood Pressure	☐ Premenstrual Syndrome	☐ Underweight
☐ Ear Problems/Poor Hearing	☐ HIV/AIDS	(PMS)	

Please explain anything checked above: _____

_____

List any hospitalizations, operations, and/or major injuries: _____

_____

Patient's Characteristics: (Check all that apply)

☐ Abusive / Angry	☐ Critical	☐ Hyperactive	☐ Over/Under weight	☐ Stubborn
☐ Active/Athletic	☐ Defiant	☐ Intelligent	☐ Poor Health	☐ Supportive
☐ Aloof	☐ Detail-oriented	☐ Introverted	☐ Punitive	☐ Talkative
☐ Always at Home	☐ Distracted	☐ Inattentive	☐ Quiet	☐ Tense
☐ Always on the Go	☐ Dishonest	☐ Isolative	☐ Relaxed	☐ Too Busy
☐ Angry	☐ Disorganized	☐ Leader	☐ Rigid	☐ Trusting
☐ Artistic/Creative	☐ Distant	☐ Lenient	☐ Shut-down	☐ Trustworthy
☐ Bad Attitude	☐ Easy-going	☐ Loving	☐ Shy	☐ Truthful
☐ Busy All the Time	☐ Enmeshed	☐ Manipulative	☐ Sneaky/Deceptive	☐ Unfocused
☐ Chaotic	☐ Extraverted	☐ Neglectful	☐ Social-butterfly	☐ Unstructured
☐ Closed	☐ Fast-paced	☐ Never home	☐ Spontaneous	☐ Validating
☐ Consistent	☐ Fights/Argues	☐ Nurturing	☐ Stable	☐ Violent
☐ Controlling	☐ Flexible	☐ Open	☐ Strict	☐ Warm
☐ Couch-potato	☐ Follower	☐ Organized	☐ Structured	☐ Wary

Patient's Talents and Interests:

List things Patient is interested in, likes to do, and/or is good at or talented in._____

_____

List the positive qualities or strengths you see in Patient._____

_____

List the negative qualities, weakness, or things you see Patient needing to improve in self._____

_____

Spiritual History:

Patient's Faith Heritage: ☐ Christian (Practicing) ☐ Christian (Non-practicing) ☐ Atheist ☐ Agnostic ☐ Other _____

Patient's specific Faith/Denomination Heritage of Parents: _____

Patient's current Faith: ☐ Christian (Practicing) ☐ Christian (Non-practicing) ☐ Atheist ☐ Agnostic ☐ Other _____

Does Patient consider themselves to be Born-again? ☐ No ☐ Yes If so, at what age was Patient saved? _____

Patient's current Faith/Denomination: _____

Name of Church Patient currently attends: _____ Name of Pastor/Minister: _____

Patient's greatest Spiritual Strength: _____

Patient's greatest Spiritual Struggle: _____

Patient's Spiritual Involvement:	Never	Rarely	Monthly	Weekly	Daily	Multiple x Day
Bible Class Attendance	☐	☐	☐	☐	☐	☐
Bible Reading/Study	☐	☐	☐	☐	☐	☐
Christian Clubs (AWANA, etc.)	☐	☐	☐	☐	☐	☐
Devotionals	☐	☐	☐	☐	☐	☐
Listening to Christian Music	☐	☐	☐	☐	☐	☐
Prayer	☐	☐	☐	☐	☐	☐
Reading Christian Books	☐	☐	☐	☐	☐	☐
Watching Christian Movies	☐	☐	☐	☐	☐	☐
Worship / Church Attendance	☐	☐	☐	☐	☐	☐

Spiritual Involvement as a Family:	Never	Rarely	Monthly	Weekly	Daily	Multiple x Day
Bible Class Attendance	☐	☐	☐	☐	☐	☐
Bible Reading/Study as a Family	☐	☐	☐	☐	☐	☐
Christian Clubs (AWANA, etc.)	☐	☐	☐	☐	☐	☐
Family Devotionals	☐	☐	☐	☐	☐	☐
Listening to Christian Music	☐	☐	☐	☐	☐	☐
Family Prayer	☐	☐	☐	☐	☐	☐
Reading Christian Books	☐	☐	☐	☐	☐	☐
Watching Christian Movies	☐	☐	☐	☐	☐	☐
Worship / Church Attendance	☐	☐	☐	☐	☐	☐

Please Describe How We Can Help You

_____

_____

_____

_____

_____ _____

Parent or Guardian's Signature Date

FOR CLINICIAN'S NOTATIONS:

_____

_____

_____

_____

_____

_____

_____

_____ _____

Reviewing Clinician's Signature Date