Love-light Christian Counseling, NFP

Patient (Child-Teen) Intake Questionnaire

Patient's Name:	Age:	D.O.B.:	S.S.#.:
☐ Male ☐ Female Address:	City	State:	Zin:
Home Phone #: ()			
Race: Religious Faith:			
School: Teacher:			
School		Ever repeated a grade:.	<u> </u>
Father's Name: Lives with Patient? □ No Relationship to Patient's Mother: □ Never Together □ Live- Current Relationship: □ Still with Patient's Mother □ Single	☐ Full-time -in ☐ Married	☐ Part-time Placemen ☐ Separated ☐	Adoptive/Foster
		☐ Poor ☐ Distant ☐ Poor ☐ Distant	
Address:	City:	State:	Zip:
Home Phone #: ()	-		=
Work Phone #: ()	Cell Pl	none #: ()	
Employer: Posi			
Race: Religious Affiliation			
Current Relationship: ☐ Single ☐ Dating / Engaged ☐			
Number of Significant Relationships for Bio-Father since being	with Bio-Mother		□ 3 □ 4 □ More
Mother's Name: Lives with Patient? □ No Relationship to Patient's Father: □ Never Together □ Live- Current Relationship: □ Still with Patient's Mother □ Single	☐ Full-time -in ☐ Married	☐ Part-time Placemen☐ Separated ☐	Adoptive/Foster
	☐ Struggling ☐ Struggling	☐ Poor ☐ Distant ☐ Poor ☐ Distant	
Address:	City:	State:	Zip:
Home Phone #: ()	E-mail:	(<u> </u>
Work Phone #: ()	Cell Pl	none #: ()	
Employer: Posi	ition:	Income L	evel:
Race: Religious Affiliation	n:	Highest E	ducation Level:
Current Relationship: \square Single \square Dating / Engaged \square	Living-with Son	neone Else Remarrie	d Dother
Number of Significant Relationships for Bio-Mother since being Quality while together?: \square Excellent \square Close \square Fair			☐ 3 ☐ 4 ☐ More ☐ Conflictual ☐ Abusive
Years Married? Years Together? When Sepa	arated?	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 Separa	ated	Parent's Divorced	Patient was Adopted
Patient's age when: Mother Remarried Father Remark	rried	Mother Died	Father Died
Custody/Placement/Visitation arrangements? Other Information:			

Step-Father (or Father-figure in the Home): Name: Age: □ 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 □ Poor Relationship with StepMom: □ Excellent □ Close □ Fair □ Struggling ☐ Distant ☐ Conflictual ☐ Abusive Work Phone #: () Cell Phone #: () Position: _____ Income Level: ____ Employer: Religious Affiliation: Highest Education Level: _____ Race: 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 ☐ Distant ☐ Conflictual Relationship with StepDad: ☐ Excellent ☐ Close ☐ Fair ☐ Struggling ☐ Poor ☐ Abusive Employer: Position: Income Level: 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: Age: Lives with Patient? \square Yes □ No Name: □ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive Age: Lives with Patient? □ Yes Name: □ No □ Female ☐ Half-Sibling ☐ Full-Sibling □ Male ☐ Step-Sibling ☐ Adoptive Name: Lives with Patient? □ Yes □ No ☐ Full-Sibling ☐ Half-Sibling □ Male ☐ Female ☐ Step-Sibling ☐ Adoptive Age: _____ Lives with Patient? □ No Name: □ Male ☐ Female ☐ Full-Sibling ☐ Half-Sibling ☐ Step-Sibling ☐ Adoptive Age: Lives with Patient? □ Yes □ No Name: ☐ Full-Sibling ☐ Half-Sibling ☐ Female □ Male ☐ Step-Sibling ☐ Adoptive Lives with Patient? ☐ Yes Name: □ No ☐ Half-Sibling □ Male ☐ Female ☐ Full-Sibling ☐ Step-Sibling ☐ Adoptive **Others Living in Home:** Name: Age: ___ Lives with Patient? □ Yes □ No ☐ Relative ☐ Friend ☐ Other: □ Male ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent Lives with Patient? □ Yes Name: Age: ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative □ Male ☐ Friend ☐ Other: Name: Age: Lives with Patient? □ Yes □ No ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: _____ □ Male Name: Age: Lives with Patient? □ Yes □ No ☐ Parent's Girl/Boyfriend ☐ Male ☐ Female ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: Lives with Patient? □ Yes □ No Name: Age: ☐ Female ☐ Parent's Girl/Boyfriend ☐ Grandparent ☐ Relative ☐ Friend ☐ Other: □ Male **Additional** (if Needed):

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		Neve					etimes		,	Always			
	Abusive Aloof Always at home Always on the go Busy all the time Chaotic Close Consistent Controlling Couch-potatoes Critical Detail-oriented Disorganized Distant		□ Easy-going □ Enmeshed □ Fast-paced □ Fighting/Arg □ Flexible □ Inconsistent □ Involved □ Lenient □ Loving □ Never home □ Nurturing □ Organized □ Punitive □ Relaxed				Rigid Social-butte Spontaneous Stable Strict Structured Supportive Take time to Tense Too many th Trusting Trustworthy Truthful Unstructured	s o relax nings		 □ Wa □ Rec 	ry eent Bir eent De eent Div eent Fin eent Job eent Le eent Liv eent Ma eent Ma eent Mo	th ath or Trauma vorce/Separation ancial Change o Change/Loss gal Problems ve-in Change ujor Illness urriage/Relations	
Ch:	Aracteristics of Patient Abusive / Angry Active/Athletic Aloof Always at Home Always on the Go Angry Artistic/Creative Bad Attitude Busy All the Time Chaotic Closed Consistent Controlling Couch-potato	l's Fa	critical Defiant Detail-oriented Distracted Dishonest Disorganized Distant Easy-going Enmeshed Extraverted Fast-paced Fights/Argues Flexible Follower	hat ap		Hyperact Intelligen Introverte Inattentiv Isolative Leader Lenient Loving Manipula Neglectfu Never ho Nurturing Open Organize	et ed ee stive al me		Over/Under Poor Health Punitive Quiet Relaxed Rigid Shut-down Shy Sneaky/Deco Social-butter Spontaneous Stable Strict Structured	eptive rfly		Stubborn Supportive Talkative Tense Too Busy Trusting Trustworthy Truthful Unfocused Unstructured Validating Violent Warm Wary	
Ch:	Aracteristics of Patient Abusive / Angry Active/Athletic Aloof Always at Home Always on the Go Angry Artistic/Creative Bad Attitude Busy All the Time Chaotic Closed Consistent Controlling Couch-potato	l's M	other: (Check all Critical Defiant Detail-oriented Distracted Dishonest Disorganized Distant Easy-going Enmeshed Extraverted Fast-paced Fights/Argues Flexible Follower	that a	pply	Hyperact Intelligen Introverte Inattentiv Isolative Leader Lenient Loving Manipula Neglectfu Never ho Nurturing Open	et ed ee stive al me		Over/Under Poor Health Punitive Quiet Relaxed Rigid Shut-down Shy Sneaky/Decc Social-butter Spontaneous Stable Strict Structured	eptive rfly		Stubborn Supportive Talkative Tense Too Busy Trusting Trustworthy Truthful Unfocused Unstructured Validating Violent Warm Wary	

(11	applicable) Characteri	Suc		111a1-11	_	m rauem s			
	Abusive / Angry		Critical		Hyperactive		Over/Under weigh	t	□ 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 Stable		□ Validating□ Violent
	Consistent Controlling		Fights/Argues Flexible		Nurturing		Strict		☐ Violent ☐ Warm
	Couch-potato		Follower		Open Organized		Structured		□ Wary
									•
	applicable) Characteri	_		_	-	_			
	Abusive / Angry		Critical		Hyperactive		Over/Under weigh	t	□ 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 Closed		Extraverted Fast-paced		Neglectful Never home	☐ Social-butterfly☐ Spontaneous			☐ Unstructured☐ Validating
	Consistent		Fights/Argues		Nurturing		Stable		□ Validating□ Violent
	Controlling		Flexible		Open		Strict		□ Warm
ш			Follower		Organized		Structured		□ Warn
П	Couch-potato								
	Couch-potato								
_	Couch-potato tient's Presenting Histo								L wary
Pat	tient's Presenting Histo Abuse		Problem(s): (Check al	l that a	apply)	Marriage			School Work/Grades
Pat	tient's Presenting Histo Abuse Abusive of Others		Problem(s): (Check al ☐ Communicat ☐ Compulsive	l that a ion Behav	apply)	Medical			School Work/Grades Self-esteem/Identity
Par	tient's Presenting Histo Abuse Abusive of Others Abusive to Self		Problem(s): (Check al ☐ Communicat ☐ Compulsive ☐ ☐ Defiance/Dis	l that a ion Behav	apply) iors ence	Medical Moodiness			School Work/Grades Self-esteem/Identity Separation/Divorce
Par	tient's Presenting Histo Abuse Abusive of Others Abusive to Self Adoption		Problem(s): (Check al	l that a ion Behav sobedie	apply) iors ence	Medical Moodiness Obsessive	Thoughts		School Work/Grades Self-esteem/Identity Separation/Divorce Sexual
Par	tient's Presenting Histo Abuse Abusive of Others Abusive to Self Adoption Alcohol/Drugs		Problem(s): (Check al	l that a ion Behav sobedic	apply) iors ence	Medical Moodiness Obsessive Parent-Chi	Thoughts ld Issues		School Work/Grades Self-esteem/Identity Separation/Divorce Sexual Sleep
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Patient's Abuse & Substan	nce His	tory (Check al	ll that apply	y)						
Patient has been Abused? [☐ Emo	tionally 🗆 N	M entally	☐ Physical	ly l	☐ Sexually	□ Verbal □	Rape		Never/None
Patient was Abused by? □	Parent	☐ Relative	e 🗆 Ac	quaintance		Date \square	Spouse Date		Oth	ier
Frequency of Abuse? D	aily 🗆	l Weekly □	Monthly	☐ Occas	iona	lly 🗆 Oi	ne-time Only	Situa	tiona	ıl
= -	-		-			-				.1
Patient Substances Tried? [_			-	-			
Frequency of Usage? D				=		_	_			
Has Patient been previously	-		-			-				
Does/Did anyone in family										
Was anyone in family ever	abused?	⊓ No □	Yes W	/ho?/How?_						
Does/Did anyone in family										
Describe any significant los	sses, dea	ths, or trauma	s in Patient	t's life:						
Patient's Medical History	: (Check	all that apply	; Past and/	or Present)						
☐ Abortion		☐ Eating I	Disorder			Hospitaliz				cent Weight Changes
☐ Allergies						Joint Prob				ctal Bleeding
☐ Anorexia/Bulimia		☐ Extreme				Liver Prob				zures
☐ Asthma		☐ Extreme					onsciousness			ere Headaches
☐ Back Problems		☐ Eye Pro				Memory P				tually Transmitted
☐ Blood Disease		☐ Frequen	t Headache	es		Meningitis		_		ease (STD)
☐ Bowel Problems		☐ Gallblad		ems		Miscarriag				n Problems
□ Cancer		☐ Head In					roat Problems			ep Problems
☐ Chest Pain		☐ Heart Pr		sease		Neck Stiff				lbirth
☐ Circulatory Problems		☐ Hemorrl					s Problems			mach Trouble
☐ Convulsions		☐ Hepatiti				Overweigh				yroid Disease
☐ Diabetes		☐ High Bl		re	Ш		ual Syndrome	Ш	Uno	derweight
☐ Ear Problems/Poor Hea	aring	☐ HIV/AII	DS			(PMS)				
Please explain anything che	cked ab	ove:								
-										
List any hospitalizations, op	peration	s, and/or major	r injuries: _							
Patient's Characteristics:	(Check	all that apply)							
☐ Abusive / Angry				Hyperactiv	e		Over/Under weig	ht		Stubborn
☐ Active/Athletic		efiant		Intelligent			Poor Health	, .		Supportive
□ Aloof		etail-oriented		Introverted			Punitive			Talkative
☐ Always at Home		stracted		Inattentive			Quiet			Tense
☐ Always on the Go		shonest		Isolative			Relaxed			Too Busy
☐ Angry	☐ Di	sorganized		Leader			Rigid			Trusting
☐ Artistic/Creative	□ Di	stant		Lenient			Shut-down			Trustworthy
☐ Bad Attitude	□ Ea	sy-going		Loving			Shy			Truthful
☐ Busy All the Time	□ Er	meshed		Manipulati	ve		Sneaky/Deceptiv	e		Unfocused
☐ Chaotic	\Box Ex	traverted		Neglectful			Social-butterfly			Unstructured
□ Closed	□ Fa	st-paced		Never hom	ie		Spontaneous			Validating
□ Consistent	☐ Fi	ghts/Argues		Nurturing			Stable			Violent
□ Controlling	□ Flo	exible		Open			Strict			Warm
☐ Couch-potato	□ Fo	ollower		Organized			Structured			Wary
Patient's Talents and Inte	rests:									
List things Patient is interes	ted in, l	ikes to do, and	l/or is good	l at or talente	ed in	•				
List the positive qualities or	strengt	hs you see in I	Patient							
List the negative qualities, v	weaknes	s, or things vo	u see Patie	ent needing to	o im	prove in self				
<u> </u>		2 3		U		-	-			

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Spiritual History: Patient's Faith Heritage: ☐ Christian (Property of the Christian of t	racticing)	☐ Christian (N	Jon-practicing) Atheist	□ Agno	ostic						
Patient's specific Faith/Denomination Heri												
Patient's current Faith: Christian (Prac	•											
Does Patient consider themselves to be Bo												
Patient's current Faith/Denomination:	Ü			C								
	Name of Church Patient currently attends: Name of Pastor/Minister:											
Patient's greatest Spiritual Strength:												
Patient's greatest Spiritual Struggle:												
Patient's Spiritual Involvement: 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	Never	Rarely	Monthly	Weekly	Daily	Multiple x Day						
Spiritual Involvement as a Family: 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	Never	Rarely □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Monthly	Weekly □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Daily □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Multiple x Day						
Please Describe How We Can Help You												
Parent or Guardian's Signature				nte								
FOR CLINICIAN'S NOTATIONS:												
Reviewing Clinician's Signature			Date									