

GCL Ministries, Inc.
Confidential Intake Form

Date: _____

Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Please indicate any restrictions regarding how you wish to be reached for appointments.

Age: _____ Birth date: _____ Gender: Male / Female

Current Status: (Circle One) Single Engaged Married Remarried Separated Divorced Widowed

Family Information

If you have ever been married, please provide for each time: the marriage date, length of time, and spouse's first name.

Date	Length of Time	Spouse's First Name
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_____	_____	_____
_____	_____	_____

If you have children, please provide the following:

Name	Gender	Age	Living with you?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the following information regarding your parents, stepparents, or guardians.

Name	Relationship	Age	Living with you?
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_____	_____	_____	_____
_____	_____	_____	_____

If you have siblings, please provide the following:

Name	Relationship	Age	Living with you?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Counseling/Coaching Information

Who referred you to GCL Ministries? _____

Are you currently participating in any other counseling, coaching or care services? Yes / No

If yes, please provide for each time: the beginning date, the length of time, and kind of service provided.

Date	Length of Time	Service Provided
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Circle any of the following that currently reflects your behavior and rank from most to least prevalent:

Anger	Criticalness	Frustration	Judgmental	Procrastination
Anxiety	Depression	Grief	Laziness	Restlessness
Bitterness	Despair	Irresponsible	Manipulative	Selfishness
Blame	Envy	Hopelessness	Panic	Undisciplined
Controlling	Fear	Jealousy	Pride	Worry

Other conditions not listed? _____

Medical Information

When was your last comprehensive medical evaluation? _____

Who are your primary care physicians? _____

Please list any medication that you are currently taking and the dosage and its purpose.

Medication	Dosage	Purpose
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Circle any of the following that you have experienced:

Allergies	Dizziness	Insomnia	Seizures
Amnesia	Food Cravings	Kidney Disease	Sensory Distortions
Anorexia	Hallucinations	Liver Disease	Sexual Drive Changes
Back/Neck Problems	Headaches	Menstrual Irregularities	Speech Problems
Bowel/Bladder Problems	Head Injury/Trauma	Multiple Sclerosis	Stroke
Brain Tumor	Heart Disease	Nausea/Vomiting	Tremors
Bulimia	Heat/Cold Sensitivity	Parkinson's Disease	Thyroid Dysfunction
Cancer	High Blood Pressure	Personality Change	Visual Problems
Constant Hunger	Hyperglycemia	Rashes	Weakness/Fatigue
Diabetes	Hypoglycemia	Recurrent Fever	Weight Change

Other physical conditions not listed? _____

Legal Information

Are you currently under a court order of any kind? Yes / No

If yes, please explain. _____

Have you ever been arrested for any criminal offense(s)? Yes / No

If yes, please explain. _____

Personal Faith Information

Are you a Christian? Yes / No / Not Sure If yes, how long? _____

Please define your understanding of the gospel. _____

If you were to die and stand before God and He asked you to explain why He should allow you to enter heaven, what would your response be? _____

How often do you participate in the following?

Please answer: Daily / Few Days a Week / Weekly / Bimonthly / Monthly / Few Times a Year / Never

Personal Prayer: _____

Personal Bible Reading: _____

Small Fellowship Group involving Prayer and Bible Study: _____

Same Sex Growth/Accountability Groups: _____

Social Gatherings with close Christian Friends: _____

Read or listen to material regarding your Christian growth: _____

Attend classes on Christian growth: _____

What books have you read that impacted you regarding your relationship with God? _____

What biblical speakers or teachers have had an impact on your relationship with God? _____

Church Information

Church currently attending: _____ How Long? _____

Denomination: _____

Church Address: _____

Church Phone: _____

Are you involved in serving in any type of ministry within or outside your church? Yes / No

If yes, what areas of service? _____

Pastor's Name: _____

If necessary, do you give permission to your counselor/coach to consult with your Pastor? Yes / No

If you are under the age of 18, do you give permission to your counselor/coach to consult with your parents or legal guardians? Yes / No

All information completed on this form is provided by: (Name _____)
and to my knowledge is true as to reflecting my interpretation to the information requested.

Signature: _____ Date: _____