KINGDOM
COMMUNITY MINISTRIES
HELPING PEOPLE FIND FREEDOM IN CHRIST

Thank you for your interest in our services. To establish an effective course of treatment, we ask that you fill out this form before your first session with a KCM Minister.

The information contained on this form applies to (check one): □ Self | □ My Child | □ A Minor In

My Care *Contact Info/Patient Info*
Name: _____Date: _____
Date Of Birth:_____ Age:_____
Address:_____ City: _____,
State: _____ Zip: _____ Phone (Home): _____
(Mobile):_____E-mail:_____.

You have my permission to contact me via (check ***all*** that apply): □ Email | □ Phone (□ home / □ mobile / □ voicemail / □ text) Would you like appointment reminders? (circle one) YES or NO □ Email | □ Phone (□ home / □ mobile / □voicemail / □ text)

Sex (circle one) Male or Female **Sexual orientation**:_____ **Race**:_____
My ethnicity is (optional): _____. **Language**: _____
Marital Status: I am (check one): □ Single (never married) □ Married (if more than once, # of current marriage) _____□ Separated but not divorced (how long, mos/yrs) _____/_____ □ Divorced (if more than once, # of current divorce) _____ □ Widowed (how long, mos/yrs) _____/_____
Current employment status (check one): □ Full time □ Part-time □ Contract □ Per diem □ Full-time student □ Part-time student □ On active duty □ Retired □ Leave of absence □ Temporarily unemployed □ Unemployed □ Other **What is your religious affiliation? _____Smoking Status:** (check one): □ Choose not to disclose □ Current smoker-every day □ Current smoker: some days □ Former smoker □ Never a smoker

<u>Intake Form</u>

Identification

I am a (check one) □ male / □ female, born on (mo/day/yr): ___/___/_____. My ethnicity is (optional): _____. I practice the following religion: _____, and attend (church name): _____, located in (city/state)_____. Do you have children? (□ yes / □ no). If yes, list the sex and age of each: _____
_____

History of Present Problem

1. I am seeking counseling because _____
   _____
   _____
   _____
   _____

I have been experiencing the following major symptom(s) (check all that apply): □ Anxiety (with obsessive worries: □ yes / □ no; with panic: □ yes / □ no) | □ Depression (with mood swings: □ yes / □ no) | □ Inattention (with hyperactivity: □ yes / □ no) | □ Loss of Memory (any head trauma in last year: □ yes / □ no) | □ Times of Confusion (with loss of reality at times: □ yes / □ no) | □ Other (list below):_____
_____. The major stressor(s) that precipitated my symptom(s) are (check all that apply): □ Marital Issues | □ Parent/Child Issues | □ Job Issues | □ Health Issues | □ Relationship Issues | □ Financial Issues | □ Issues of Past (□ Abuse / □ Family of Origin / □ Guilt) | □Other (list):_____
My symptom(s) began (mo/day/yr): ___/___/_____ | My symptom(s) increased (mo/day/yr): ___/___/_____.

My three biggest worries in life at present are:
1._____

2._____

3._____

Mental & Medical Health

Prior psychiatric hospitalization? (□ yes / □ no). If yes, (mo/yr): ___/_____. Location (city/state): _____ Reason for hospitalization (i.e., diagnosis, etc.):
_____
_____
_____. Prior outpatient counseling? (□ yes / □ no). If yes, (mo/yr): ___/_____.
Location (city/state): _____ Psychiatrist(s)/Therapist(s) name(s):
_____
_____

Have you suffered any trauma(s) (i.e., experiences where serious harm/death was threatened or perpetrated upon you/others, etc.)? (□ yes / □ no). If yes, (mo/yr): ___/_____. Please provide a brief description of the event(s):

_____

_____

_____

_____. Have any of your relatives been diagnosed with a psychiatric disorder(s)? (□ yes / □ no). If yes, please list their relation to you and their disorder(s):

_____

_____

_____. Have you had any significant medical issue(s) (i.e., diseases, major illnesses, surgeries, hospital stays, etc.)? (□ yes / □ no). If yes, please list specifics, including dates and locations: _____

_____

_____

_____.

Are you ***currently*** taking any other medications not listed above? (□ yes / □ no). If yes, please list below:

Name of Medication	***Dosage***	***Start Date***	***Side Effects***	***Physician***

Do you have a history of substance abuse? (□ yes / □ no). If yes, please describe (i.e., substance(s) used, start date, date of last use, amount, frequency, etc.):

_____

_____

_____

_____

Family/Social/Developmental History

Briefly describe your family of origin (i.e., personality traits, qualities, short-comings, etc.):

- Father:_____
  _____
- Mother:_____
  _____
- Siblings (i.e., how many, where are you in the birth order, what kind of relationship growing-up/now):
  _____
  _____
- What type of relationship did your parents have when growing up? (check one) □ Good | □ Fair | □ Poor | □ Very poor
- Are your parents: □ Married | □ Divorced | □ Other? If divorced, are any of them remarried? (□ yes / □ no). If yes, please explain:
  _____
- Overall, would you say your childhood was (check one): □ Good | □ Uneventful | □ Painful

  I presently live (check one): □ Alone | □ With spouse | □ With parents | □ Other: _____.

Your social history:

- Significant relationships (i.e., nature and quality):
  _____
  _____
- Social support:
  _____
  _____

Spiritual/Cultural Factors:

Were you raised in the church? (□ yes / □ no). If yes, what denomination? _____. Is this the same denomination you belong to today? (□ yes / □ no). If no, please explain: _____ _____ _____.

If you attended church as a child, did your parent(s) bring you? (□ yes / □ no). If no, then who: _____ _____. Was there a time when you accepted Jesus Christ as your Lord and Savior? (□ yes / □ no). If yes, at what age: _____. Have you ever been baptized via total submersion? (□ yes / □ no). If yes, at what age: _____. Do you have a personal relationship with Jesus Christ? (□ yes / □ no) Do you attend church now? (□ yes / □ no). If yes, how frequently? _____.

If you attend church, do you serve in some capacity? (□ yes / □ no). If yes, please describe: _____ _____. If you attend church, do you tithe? (□ yes / □ no). If yes, how often, and on average what percentage of your gross income do you tithe?_____
How often do you read the Bible?_____How often do you pray to God?_____. Have you ever been healed of a spiritual, emotional, and/or physical ailment by the laying on of hands? (□ yes / □ no). If yes, please explain: _____ _____ _____. Have you ever been associated with a cult or the occult? (□ yes / □ no). If yes, please explain: _____ _____. Has anyone in your family ever been associated with a cult or the occult? (□ yes / □ no). If yes, please explain: _____ _____. Has there ever been a time where you thought you were in the presence of something demonic, or been possessed by the demonic? (□ yes / □ no). If yes, please explain: _____ _____ _____.

Your developmental history:

- Milestones:
  _____
  _____
- Delays, challenges, etc.:
  _____
  _____
  _____.
- Educational / Occupational:
  The highest level of education achieved (check one): □ High school diploma | □ Bachelor degree | □ Graduate degree |□ Other:
  _____
  _____.
- History & current employment status (check one): □ Employed | □ Unemployed | □ Other:
  _____
  _____

Legal history (i.e., arrests, incarceration, litigation, etc.):

_____
_____
_____
_____.

Briefly describe your strengths:

_____
_____
_____
_____.

Goals for Treatment

1. What changes might you sense God is calling you to make to enhance your life?
   _____
   _____
   _____
2. What needs to happen for you to make these changes?
   _____
   _____
   _____
3. How will you and your KCM Minister know when you have made these changes?
   _____
   _____
   _____

Additional Info

In this section you are welcome to add any additional information you believe is important.

_____
_____
_____
_____