



Courageous SELFcare Specialists, LLC

New Client Intake Form

Please answer to the best of your ability. Any questions you feel uncomfortable answering, you can leave blank and discuss with your specialist.

Name: _____ Phone/Cell: _____

Email address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Sex: Male Female

Marital Status: Single Engaged Married Separated Divorced Widow/er

Occupation: _____ Employer: _____

Highest Education: Elementary High School GED Some College College

Type of Degree/s (if applicable): _____

Other Training (List type and years): _____

List of Hobbies: _____

How did you hear about us? Referral Name: _____

Website Other: _____

If you were raised by anyone other than your own parents, briefly explain:

How many siblings do you have? Older brothers: _____ Sisters: _____ Younger brothers: _____

Sisters: _____

Marriage Information

Name of Spouse: _____ Age: _____

Address (if different from yours): _____

Occupation: _____ Phone: _____

Marilyn Marie Dabney offers Biblical based Counseling. She is a certified Christian Counselor, Lay Counselor and Life Coach.



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Spouse's Religious Background: _____ Education: _____

Does your spouse know you are coming to counseling? Yes No

Is your spouse willing to come to counseling? Yes No Uncertain

Have you and your spouse ever been separated? No Yes When? Dates: _____

Your ages when married? Husband: _____ Wife: _____ Wedding Date: _____

How long did you know your spouse before marriage? _____

Length of steady dating: _____ Length of engagement: _____

Give brief information about any previous marriages (if applicable):

Children Information: List the information about your children below :

* PM	Name	DOB	SEX M/F	Still Living? Y/N	Highest Education	Marital Status

*Check this column if child is by previous marriage

History Information:

Have you dealt with severe emotional struggles in your past? Yes No

Have you ever had any therapy or counseling before? Yes No If yes, list counselor or therapist and dates:

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What was the result of your counseling?

Check off any of the following words which best describe you now: self-confident

anxious moody often sad impulsive excitable calm shy fearful

introvert extrovert likeable lonely bitter angry

List any fears you have:

Have you ever been arrested? Yes No If yes, Reason: _____

Health Information:

Rate your health: Very Good Good Average Declining Other: _____

Approximately how much sleep do you get each night? _____

When do you go to sleep at night? _____ When do you get up? _____

Your approximate: Weight ____ Height ____ Weight changes recent Lost ____ Gained ____

Do you have any chronic medical conditions? –List and Describe below:

When was the last time you have been seen by a doctor for a physical? _____

Are you presently taking prescription medications? Yes No If Yes, Please list:

How often do you drink alcohol or wine? Daily Weekly Occasionally Never

In the past five years, have you used illegal or excessive prescription drugs? Yes No

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Religious Background:

Church attended during childhood (if any): _____ City: _____

What church do you now attend (if any)? _____ City: _____

What is the number of church activities you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

Do you desire for us to contact your pastor for background information? Yes No

Do you believe in God? Yes No Uncertain

How often do you pray? Daily Weekly Occasionally Never

Are you a Christian? Yes No Uncertain

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? Yes No Not Sure

How often do you read the Bible? Very Often Occasionally Never

Does your family read the Bible and pray together? Often Occasionally Never

If you died today and God asked you “Why should I let you into my heaven?” What would you say?

Explain any recent changes in your religious/spiritual life, if any:

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Briefly answer the following questions to help us understand your situation better:

1. How do you describe the issues in which you are struggling?

2. What have you tried to do about it?

3. How do you hope counseling might help? (What are your expectations in coming here?)

4. What brings you here at this time? (Did any recent event cause you to schedule the appointment now?)

5. Is there any other information you think we should know to help you?

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