

Thank you for taking time to fill out this intake form to the best of your ability. We sincerely want to give you wise Biblical counsel. The information you provide through this form may take a little time, but be assured, the time will be well spent in assisting us to give you the best Biblical counsel we can. We are praying for you as you seek God's guidance about your concerns. If you need more space to answer any of the questions please use the back of the page on which the info is requested.

Sincerely and Prayerfully,

*The Biblical Guidance Team*

# CALVARY CHAPEL

## Dayton Valley

### BIBLICAL GUIDANCE INTAKE FORM

#### PERSONAL HISTORY AND IDENTIFICATION INFORMATION

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

- Home Phone Number \_\_\_\_\_
- Cell Phone Number \_\_\_\_\_ Receive text \_\_\_\_ Yes \_\_\_\_ No
- Email Address \_\_\_\_\_
- Home Address \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Preferred form of contact \_\_\_\_\_
- Occupation \_\_\_\_\_ Business Phone Number \_\_\_\_\_
- Gender: Male ☐ Female ☐
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Marital Status: \_\_\_\_\_
- Education: (Highest Grade Completed) \_\_\_\_\_
- Other Education/Certification: (List Type and Years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Referred to CCDV by: Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

## MARRIAGE INFORMATION

Name of Spouse: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Age of Spouse: \_\_\_\_\_ Education (In Years): \_\_\_\_\_

Is your spouse willing to come in for Biblical Guidance? \_\_\_\_\_

Have you ever been separated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Has either of you filed for divorce? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Who? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Your ages when married: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating with spouse: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

On a Scale of 1 to 10, how would you rate your marriage? (10 = Very satisfied with relationship) \_\_\_\_\_

Please check any of the following subjects that have produced stress in your marriage relationship:

\_\_\_ Finances      \_\_\_ Communication      \_\_\_ Sex      \_\_\_ Expectations

\_\_\_ Needs      \_\_\_ Goals for self      \_\_\_ Goals together      \_\_\_ Individual roles (Responsibilities)

\_\_\_ Family (Please List) \_\_\_\_\_

Other \_\_\_\_\_

## PRIOR MARRIAGE INFORMATION:

Have you been married before? \_\_\_ Yes \_\_\_ No      If yes, how many times? \_\_\_\_\_

How long were you married? \_\_\_\_\_

Is your divorce final? \_\_\_ Yes \_\_\_ No      If yes, how long ago? \_\_\_\_\_

What was the cause of your divorce? \_\_\_\_\_

\_\_\_\_\_

Do you have children from this marriage? \_\_\_ Yes \_\_\_ No      If yes, please list below

**FAMILY INFORMATION:**

| Child's Name | M/F | Age | Living?<br>Y/N |  | Child's Name | M/F | Age | Living?<br>Y/N |
|--------------|-----|-----|----------------|--|--------------|-----|-----|----------------|
|              |     |     |                |  |              |     |     |                |
|              |     |     |                |  |              |     |     |                |
|              |     |     |                |  |              |     |     |                |
|              |     |     |                |  |              |     |     |                |
|              |     |     |                |  |              |     |     |                |
|              |     |     |                |  |              |     |     |                |

**FAMILY HISTORY:**

How would you rate your present relationships with the following:

(if an item doesn't apply, check "N/A")

Father      \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A  
 Mother      \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A  
 Brother/s   \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A  
 Sister/s    \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A  
 Spouse      \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A  
 Son/s       \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A  
 Daughter/s \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A  
 In-Laws     \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A  
 Employer   \_\_\_ Good      \_\_\_ Fair      \_\_\_ Poor      \_\_\_ Problem for you      \_\_\_ N/A

**OCCUPATIONAL HISTORY:**

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No    Type of work? \_\_\_\_\_

How long have you held your present job? \_\_\_\_\_

Have you had problems gaining employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

What other jobs have you had? Why did you leave? \_\_\_\_\_

\_\_\_\_\_

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Describe your relationship with present and past employers: \_\_\_\_\_

Have you served in the military? \_\_\_\_ Yes \_\_\_\_ No If yes, what branch of service? \_\_\_\_\_

When and how were you discharged? \_\_\_\_\_

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### **MEDICAL HISTORY:**

1. Are you currently being treated for any medical conditions? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe. \_\_\_\_\_

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2. List your current medications: \_\_\_\_\_

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3. Is there any other medical history we should know? \_\_\_\_\_

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### **ALCOHOL/DRUG HISTORY:**

Do you have a history of Alcohol/Drug Abuse? \_\_\_\_ Yes \_\_\_\_ No If yes, please list name of drug (marijuana, cocaine, methamphetamines, etc.)

Drug: \_\_\_\_\_ Length of use: \_\_\_\_\_ Last used: \_\_\_\_\_ Amount used: \_\_\_\_\_

Drug: \_\_\_\_\_ Length of use: \_\_\_\_\_ Last used: \_\_\_\_\_ Amount used: \_\_\_\_\_

Drug: \_\_\_\_\_ Length of use: \_\_\_\_\_ Last used: \_\_\_\_\_ Amount used: \_\_\_\_\_

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Drug: \_\_\_\_\_ Length of use: \_\_\_\_\_ Last used: \_\_\_\_\_ Amount used: \_\_\_\_\_

If you are using alcohol or drugs, has this resulted in:

\_\_\_\_ Marital problems      \_\_\_\_ Memory blackouts      \_\_\_\_ Problem w/family or friends

\_\_\_\_ Preoccupation w/ alcohol/drugs      \_\_\_\_ Problems on the job      \_\_\_\_ Loss of control

\_\_\_\_ Legal problems      \_\_\_\_ Withdrawal symptoms      \_\_\_\_ Physical problems

\_\_\_\_ Periods of abstinence      \_\_\_\_ Financial problems      \_\_\_\_ Charges of DUI or DWI

## PERSONALITY INFORMATION:

Have you been hospitalized for mental health or drug/alcohol addiction? \_\_\_\_ Yes \_\_\_\_ No

Dates (to/from): \_\_\_\_\_

Have you had any psychotherapy or counseling before? \_\_\_\_ Yes \_\_\_\_ No

Counselor/Therapist name: \_\_\_\_\_

Dates (to/from): \_\_\_\_\_ Medication prescribed: \_\_\_\_\_

Outcome/Diagnosis: \_\_\_\_\_

When you become bothered about something, what is your behavior like? \_\_\_\_\_

Circle any of the following words that you believe best describe you: (Circle all that apply)

|                |             |              |                |              |
|----------------|-------------|--------------|----------------|--------------|
| Active         | Impulsive   | Easy-Going   | Leader         | Other: _____ |
| Ambitious      | Moody       | Shy          | Insensitive    | _____        |
| Self-Confident | Often-Blue  | Good Natured | Submissive     | _____        |
| Persistent     | Excitable   | Introvert    | Sensitive      | _____        |
| Nervous        | Imaginative | Extrovert    | Self-Conscious | _____        |
| Hardworking    | Calm        | Likable      | Lonely         | _____        |
| Impatient      | Serious     | Quiet        |                | _____        |

Please check any of the following general problem areas in your personal life:

|                                   |                                 |  |
|-----------------------------------|---------------------------------|--|
| ____ Not resolving conflicts      | ____ Lack of communication      | ____ Struggling in your Christian walk |
| ____ Selfishness                  | ____ Credit or debt problems    | ____ Conflicts over decision-making    |
| ____ Unrealistic expectations     | ____ Possessiveness or jealousy | ____ Interference from in-laws         |
| ____ Drug or alcohol abuse        | ____ Sexual frustration         | ____ Pornography                       |
| ____ Depression                   | ____ Lack of forgiveness        | ____ Anger                             |
| ____ Adultery                     | ____ Gambling                   |  |
| ____ Other, briefly explain _____ |                                 |  |

\_\_\_\_ Lack of involvement or discipline problems with children

\_\_\_\_ Over-commitment outside the home (job, sports, etc.)

### LEGAL HISTORY:

Have you been in trouble with the law? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

Do you currently have legal matters? \_\_\_\_ Yes \_\_\_\_ No

If yes on any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SOCIAL HISTORY:

Do you have any close friends you can confide in about personal matters? \_\_\_\_ Yes \_\_\_\_ No

How many? \_\_\_\_\_ How often do you speak with them? \_\_\_\_\_

What kind of leisure or recreational activities do you enjoy? \_\_\_\_\_

Are these done by yourself or with others? \_\_\_\_\_

Describe how you have been getting along with others and how you have been or not been helped by others: \_\_\_\_\_  
\_\_\_\_\_

### RELIGIOUS BACKGROUND INFORMATION:

What church do you currently attend? \_\_\_\_\_

Church address: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Church phone number: \_\_\_\_\_

May we contact your pastor for more information and help? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Maybe

Church attendance per month: (Circle one) 0 1 2 3 4 5 6 7 8 9 10+

What church did you attend as a child? \_\_\_\_\_

Have you been baptized? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

If married, religious background of spouse: \_\_\_\_\_

What church does your spouse attend? \_\_\_\_\_ Frequency per month: \_\_\_\_\_

Do you consider yourself to be born again? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Uncertain

Do you believe in God? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Uncertain

Do you pray to God? \_\_\_\_ Never \_\_\_\_ Occasionally \_\_\_\_ Often

Do you read the Bible? \_\_\_\_ Never \_\_\_\_ Occasionally \_\_\_\_ Often

Do you have personal devotions? \_\_\_\_ Never \_\_\_\_ Occasionally \_\_\_\_ Regularly

Do you have family devotions? \_\_\_\_ Never \_\_\_\_ Occasionally \_\_\_\_ Regularly

Have you come to the place in your spiritual life where you can say that you know for certain that if you died tonight you would go to heaven? \_\_\_\_ Yes \_\_\_\_ No

What is the basis for answering the above question as you did? \_\_\_\_\_

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Have you received Jesus Christ personally as your Savior? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Uncertain

How do you know Jesus Christ is you Savior? \_\_\_\_\_

If you have received Jesus Christ personally as you Savior, what changes took place in your life when you became saved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **BASIC PROBLEM IDENTIFICATION**

Which of the following best describes the area for which you are seeking guidance?

\_\_\_\_ Marriage      \_\_\_\_ Family      \_\_\_\_ Grief      \_\_\_\_ Addictions      \_\_\_\_ Other

Describe the situation that brings you here? \_\_\_\_\_

\_\_\_\_\_

What have you done about it? \_\_\_\_\_

\_\_\_\_\_

What are you expecting to receive from this biblical guidance? \_\_\_\_\_

\_\_\_\_\_

What circumstances led to your coming here at this point of time? \_\_\_\_\_

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Is there any other information that you think we should know? \_\_\_\_\_

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## CONSENT FOR BIBLICAL GUIDANCE

**Our Goal** – in providing Christian biblical guidance is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy His love and plan for your life.

**Biblical Basis** – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our biblical guidance is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay staff of Calvary Chapel Dayton Valley (CCDV) are trained or licensed as psychotherapists or mental health professionals.

**Confidentiality** – is an important aspect of the biblical guidance process, and we carefully guard the information you entrust to us. However, there are five situations when it may be necessary for us to share certain information with others: when a staff member is uncertain of how to address a particular problem and needs to seek advice from another pastor, elder or biblical guidance staff in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone harm them self or others; when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation; or when a crime has been committed (see Proverbs 15:22; Proverbs 24:11; Matthew 18:15-20; Deuteronomy 13:6-8). Please be assured that our staff members strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

**Resolution of Conflicts** – On rare occasions a conflict may develop between a staff member and a counselee. In order to make sure that any such conflicts will be resolved in a biblical and faithful manner, we require all of our counselees to agree that any dispute that arises with a staff member or with CCDV as a result of biblical guidance will be settled by mediation and, if necessary, legally binding arbitration.

Having clarified the principles and policies of our biblical guidance ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder before your biblical guidance appointment. If these guidelines are acceptable to you, please sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_