



# Courageous SELFcare Specialists, LLC

## New Client Intake Form

### MINORS ONLY

Please answer to the best of your ability. Any question 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

Occupation (if applicable): \_\_\_\_\_ Employer: \_\_\_\_\_

Current Grade & School Attending: \_\_\_\_\_

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: \_\_\_\_

History Information:

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

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



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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?

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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:

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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:

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

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

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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

Religious Background:

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?

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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 with which you are struggling?

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2. What have you tried to do about it?

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

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

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

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