



*Intake Form*  
*Set Free Ministries (SFM)*  
*480 S. Hwy. 50*  
*P.O. Box 214 Gillette, 82717*  
*(307)687-9494*

Please fill out this questionnaire as completely as possible. Your information will be kept confidential.

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

**Basic Information**

Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_ Number of times moved in last 5 yrs \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Can we leave a message? ☐ Yes ☐ No At what number? ☐ Home ☐ Work ☐ Cell

E-mail address: \_\_\_\_\_

**Educational and Vocational**

Highest grade completed \_\_\_\_\_ College (if Attended) \_\_\_\_\_

Degree(s) \_\_\_\_\_ Vocational training \_\_\_\_\_

Military Service: Branch \_\_\_\_\_ Years served \_\_\_\_\_

Employer: \_\_\_\_\_ Job title \_\_\_\_\_

How long have you been at this job? \_\_\_\_\_ # of jobs in the last 5 yrs? \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

**Marital Data**

☐ Never married ☐ In a relationship ☐ Engaged ☐ # of years married \_\_\_\_\_

☐ Separated ☐ Divorced ☐ Widowed ☐ # of times married \_\_\_\_\_  
(Date: \_\_\_\_\_) (Date: \_\_\_\_\_) (Date: \_\_\_\_\_)

If applicable:

Spouse's name \_\_\_\_\_ Age \_\_\_\_\_ # of times married \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_

Does your spouse know you are coming to receive counseling/ministry? ☐ Yes ☐ No



**Children**

Name	Step child?	Age (if living)	Health Conditions	At home?	Age at death	Cause of death

**Family History**

	Age (if living)	Health condition	Age at death	# times married	Alcohol Abuse?	Drug abuse?
Father						
Mother						
Step-father						
Step-mother						
Spouse's father						
Spouse's mother						
Spouse's step-father						
Spouse's step- mother						

Please evaluate the relationship between you and your parents while growing up. Check all that apply.

	Father	Mother	Step-father	Step-mother
Had the greatest effect on you				
Usually did the disciplining				
Was away a great deal				
You identified with the most				
You were close to				
Major conflicts with				
More dominant personality				
Abused drugs and / or alcohol (circle the one that applies)				
Physically abused you				
Was a workaholic				





Total size of family?	Yours	Spouse's
Total sisters?		
Total brothers?		

Were you? ☐ Oldest ☐ Middle ☐ Youngest      Was your spouse? ☐ Oldest ☐ Middle ☐ Youngest

How would you describe your childhood? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Health Survey**

Are you presently under a physician's care? ☐ Yes ☐ No      Date of last visit? \_\_\_\_\_

Physician's name: \_\_\_\_\_ Personal Physician if different: \_\_\_\_\_

For what condition(s) are you being treated? \_\_\_\_\_

Date of your last complete physical examination: \_\_\_\_\_

What, if any, medications are you currently taking (give dosage and reason for medication) \_\_\_\_\_  
\_\_\_\_\_

Have you ever taken any street drugs? ☐ Yes ☐ No      Are you currently? ☐ Yes ☐ No

If so, how frequent? \_\_\_\_\_ Type of drug(s) \_\_\_\_\_

Have you had a history of excessive use of alcohol? ☐ Yes ☐ No      Do you presently? ☐ Yes ☐ No

Have you ever been hospitalized for emotional problems? ☐ Yes ☐ No

If yes, give date(s) & reason(s): \_\_\_\_\_

Have you taken medications for emotion problems? ☐ Yes ☐ No

Please list any other medical problems: \_\_\_\_\_  
\_\_\_\_\_

Have you previously received counseling? ☐ Yes ☐ No      If yes, was it helpful? ☐ Yes ☐ No

Please complete the following questions if you have received counseling previously.

Dates: \_\_\_\_\_

With whom? \_\_\_\_\_

Reason(s): \_\_\_\_\_

Reason(s) for stopping: \_\_\_\_\_



## Religious Background

Did you attend church as a young person? ☐Yes ☐No Denomination? \_\_\_\_\_

How often did you attend? \_\_\_\_\_ Did you enjoy church activities? ☐Yes ☐No

Do you attend church now? ☐Yes ☐No If yes, which church? \_\_\_\_\_

How often do you attend? \_\_\_\_\_ Do you enjoy church activities? ☐Yes ☐No

Have you made the great discovery of knowing Jesus Christ personally? ☐Yes ☐No ☐Unsure

Are you satisfied with your personal faith? ☐Yes ☐No ☐Unsure

Comments: \_\_\_\_\_

Are you interested in a more fulfilling personal faith? ☐Yes ☐No ☐Unsure

Comments: \_\_\_\_\_

Do you have a regular time of personal Bible study? ☐Yes ☐No ☐Unsure

How much have you study the Bible? \_\_\_\_\_

## Personal History

Have you ever experienced any of the following?

☐Child abuse ☐Spousal abuse ☐Rape ☐Incest ☐Sexual molestation

☐Unexpected pregnancy ☐Unwanted pregnancy ☐Abortion ☐Attempted suicide

☐Pregnancy outside of marriage

Has anyone closed to you committed suicide? ☐Yes ☐No If yes, when? \_\_\_\_\_

Do you have a tendency to: Have a high need for achievement / approval? ☐Yes ☐No

Be a workaholic? ☐Yes ☐No

Do you struggle with relationships? ☐Yes ☐No Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are finances a recurring problem? ☐Yes ☐No

Do you experience any phobias? ☐Yes ☐No Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you read or follow a daily horoscope? ☐Yes ☐No

Have you ever had any non-Christian religious or spiritual experiences? (cult involvement, physic experiences, drug use, etc) ☐Yes ☐No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_





Have you ever been involved in criminal activity? ☐ Yes ☐ No

List any arrest and convictions with dates: \_\_\_\_\_

\_\_\_\_\_

What has been your greatest disappointment? \_\_\_\_\_

Describe \_\_\_\_\_

Explain briefly what you believe your problem is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want the Biblical counseling process to accomplish? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you choose Set Free Ministries? \_\_\_\_\_

\_\_\_\_\_

What do you want us to do for you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

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