# Client Intake Information
## US Army Family Life Chaplain Center

**Privacy Act Statement**

1.  The authority for soliciting this information comes from 10 USC 3012

2.  The purpose for soliciting the information is to provide the chaplain or pastoral counselor data to assist in the pastoral counseling you are seeking.

3.  The information will be maintained under strict professional guidelines at the U.S. Army Family Life Chaplains training program until the supervisor releases it to be destroyed.

4.  Providing the information is voluntary.  There will be no adverse effect on you for not furnishing the information other than certain data might not otherwise be available to the chaplain or pastoral counselor to enable him to provide you the most effective pastoral care.

Today's Date_____

Name _____Unit/employer _____ Age_____

Home address _____

Phone (h) _____ (w)_____ Rank _____

MOS_____How long at this installation (this tour)____ Years on Active Duty _____

Deployment History: Last Tour _____Number of tours to combat zone _____

Spouse or Sponsor's Name _____

Unit _____ Phone (w)_____

**Marital Status**:

_____ Never Married _____ Married _____ Divorced _____ Separated_____ Widowed _____

**Marital History:**
Current marriage yrs. married _____

Her previous marriages: yrs. married: _____ _____ _____
                                      1st Marriage         2nd      3rd

His previous marriages: yrs. married: _____ _____ _____
                                      1st Marriage         2nd      3rd

List the names and ages of persons living with you:

| Name & Relationship | Age | Name & Relationship | Age |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**CURRENT PROBLEMS:**
Why have you decided to seek pastoral counseling now?_____

_____

Has anything happened to *make you* seek help now?_____

When did this problem begin?_____

How have you tried to resolve this problem?_____

Are you presently under a doctor's care? YES   NO   If yes, where and why? _____

Are you currently taking medication?  YES   NO  If yes, what type? _____

Are you counseling elsewhere?  YES   NO  If yes, where? _____

Who referred you?      _____

If you have had previous counseling, describe your reaction to previous counseling (check one)
- ❒ Never been in counseling
- ❒ Somewhat satisfied
- ❒ Satisfied
- ❒ Not satisfied

Why? _____

What improvements do you want to have as a result of counseling? _____

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How satisfied are you with your life as a whole these days?  [circle the number]

| Completely Dissatisfied | | | | | | | | | Completely Satisfied |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Resources:  (Circle all that apply) Extended family    friends    pets    faith    other_____**

Religious preference: _____

My faith gives me hope

| Strongly Disagree | | | | | | | | | Strongly Agree |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

My Faith is important to me

| Strongly Disagree | | | | | | | | | Strongly Agree |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

## Possible Areas of Concern [Check all that apply]

| Now | Past | | Now | Past | |
|---|---|---|---|---|---|
| □ | □ | Deployment related stress | □ | □ | Health issues |
| □ | □ | Grief or loss | □ | □ | Anger, rage, loss of control |
| □ | □ | Infidelity or affairs – (circle) | □ | □ | Risky behavior |
| | | physical, emotional or internet | □ | □ | Legal Problems |
| □ | □ | Addictions – (circle) | □ | □ | Thoughts of suicide |
| | | Porn, drugs, alcohol, | □ | □ | Thought of hurting others |
| | | gambling, other _____ | □ | □ | Self Image |
| □ | □ | DUI | □ | □ | Weight Gain / Loss |
| □ | □ | Alcohol use | □ | □ | Feeling Hopeless |
| □ | □ | Drug use (prescribed/OTC/other) | □ | □ | Anxiety, worry, nervousness |
| □ | □ | Financial trouble | □ | □ | Sleeping Problems |
| □ | □ | Depressed feelings | □ | □ | Cannot concentrate |
| □ | □ | Love but not "in love" | □ | □ | Crying spells |
| □ | □ | Work related problems | □ | □ | Cannot get close to others |
| □ | □ | Lack of trust | □ | □ | Bi-polar diagnosis |
| □ | □ | Abuse (circle): | □ | □ | Always on guard / hyped up |
| | | Physical, sexual, emotional | □ | □ | Nervous in crowds |
| □ | □ | Religious concerns | □ | □ | PTSD diagnosis |
| □ | □ | General sexual concern | □ | □ | Depression diagnosis |
| □ | □ | In-laws | □ | □ | Dissociative Disorder (diagnosis) |
| □ | □ | Stress | □ | □ | Personality disorder:_____ |
| □ | □ | Communication | □ | □ | Sexual disorder_____ |
| □ | □ | Fighting, arguing or | □ | □ | Mood disorder_____ |
| | | handling conflict | □ | □ | Parenting issues |
| □ | □ | Hardship discharge | □ | □ | Blended / Step Family issues |
| □ | □ | Compassionate reassignment | □ | □ | Ritual abuse |
| □ | □ | Step-family issues | □ | □ | Physically or Emotionally numb |
| □ | □ | Domestic tasks – tasks at home | □ | □ | Excessive shopping/work/exercise |
| □ | □ | Spouses time spent  with friends | □ | □ | Excessive  time with hobbies |