

Confidential Intake Questionnaire

Mountain Top Ministries
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Please fill out this questionnaire as completely as possible. Your information will be kept confidential and we're looking forward to meeting with you. Thank you for contacting Mountain Top Ministries

Date: _____ Referred by: _____

Basic Information

Name _____ M / F _____ Age _____

Address _____ City _____ ST _____ ZIP _____

How long have you lived at this location? _____ Number of times moved in last 5 years _____

Home Phone# _____ Work Phone# _____ Cell # _____

E-Mail Address: _____

Employer _____ Job Title _____

How long have you been at this job? _____

Educational and Vocational

Highest grade completed _____ College attended _____

Degrees _____ Vocational training _____ Military Service _____

How many jobs have you had in the last 5 years? _____ Reason for leaving _____

Marital Data

Never married Engaged Married (_____ # of years) Separated (date: _____)

Divorced (date: _____) Widowed (date: _____) # of times married _____

If applicable:
Spouse's name _____ Age _____ # of times married _____

Address (if different) _____ City _____ ST _____ ZIP _____

Home # _____ Work # _____ Employer _____

Occupation _____ Education and/or Military Service _____

Does your spouse know you are coming to receive ministry? yes no

Minors

I am a minor. yes no

Do your parents know you are coming to receive ministry? yes no

Children

Please list all children

Name	Step-child?	Age (if living)	Health Condition	At Home	Age at Death	Cause of Death

Family History

	Age (if living)	Health Condition	Age at Death	# times Married	Alcoholic?
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				

	You	Spouse
Total size of family		
Number of brothers		
Number of sisters		

Were you oldest? middle? youngest?
 Was your spouse oldest? middle? youngest?

Was your childhood sad? happy? lonely? rejected? good? other?
 Comments:

Was your Spouse's childhood sad? happy? lonely? rejected? good? other?
 Comments:

Health Survey

Personal Physician _____ Date of last check-up _____

Reason for last visit _____

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

Are you under a doctor's care now? yes no

Have you ever taken any street drugs? yes no Are you currently? yes no

Frequency _____ Type of drug(s) _____

Have you experienced any recent significant weight loss or gain? yes no

Please list any other medical problems.

Religious

Did you attend church as a young person? yes no If yes, what 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 studied the Bible?

Personal History

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

If yes, please describe:

Criminal activity yes no

List any arrests and convictions with the date:

Have you received counseling previously? _____

If yes, please give : Dates _____

With whom _____

Reason _____

Reason for stopping _____

Have you ever been hospitalized for emotional problems? yes no

Give details:

Have you taken medication for emotional issues? yes no

If yes, list type(s):

Problem Analysis

How would you characterize yourself, check those that apply:

<input type="checkbox"/>	Happy	<input type="checkbox"/>	Defeated	<input type="checkbox"/>	Guilt-ridden	<input type="checkbox"/>	Tearful	<input type="checkbox"/>	Sad
<input type="checkbox"/>	Suicidal	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	Angry	<input type="checkbox"/>	Satisfied	<input type="checkbox"/>	Anxious
<input type="checkbox"/>	Hurt	<input type="checkbox"/>	Bitter	<input type="checkbox"/>	Numb	<input type="checkbox"/>	Insecure	<input type="checkbox"/>	Lonely

How would you characterize your spouse, check those that apply:

<input type="checkbox"/>	Happy	<input type="checkbox"/>	Defeated	<input type="checkbox"/>	Guilt-ridden	<input type="checkbox"/>	Tearful	<input type="checkbox"/>	Sad
<input type="checkbox"/>	Suicidal	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	Angry	<input type="checkbox"/>	Satisfied	<input type="checkbox"/>	Anxious
<input type="checkbox"/>	Hurt	<input type="checkbox"/>	Bitter	<input type="checkbox"/>	Numb	<input type="checkbox"/>	Insecure	<input type="checkbox"/>	Lonely

What has been your greatest disappointment? _____

Explain briefly what you believe your problem is: _____

What do you want the Biblical counseling process to accomplish? _____

Why did you choose Mountain Top Ministries _____

What do you want us to do for you? _____

Have you ever: Experienced child or spouse abuse? yes no

Experienced rape, incest or sexual molestation? yes no

Pregnancy out of wedlock / abortion? yes no

Attempted suicide? yes no

Other family members who have attempted suicide? _____

Do you have a tendency to: Have a high need for achievement / approval? yes no

Be a workaholic? yes no

Struggle with alcoholism? yes no

Are finances a recurring problem? yes no

Do you experience any phobias? yes no Comments: _____

Other Information:

What else would you like us to know?

Client/Counselor Contract

“Come to Me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me...and you will find rest for your soul.” Jesus Christ, as quoted in Matthew 11:29

Your counselor is committed to allowing Jesus to use him/her in the process of carrying out His above noted promise to you. You must also be committed to giving the counseling a chance to lift the burden. You are asked to make a commitment to carry out the following:

- 1) Honesty throughout the counseling process.
- 2) Keep counseling appointments, unless urgent matters interfere, in which case I will notify the appointment desk as far in advance as possible.
- 3) Complete homework assignments.
- 4) The Word of God, the Bible, will be authoritative and feeling better will not necessarily be considered ‘healing’.
- 5) I promise to pay the amount: \$ _____ as I have agreed for each session. Please see the financial information page elsewhere in this packet.
- 6) If at any point in time I decide to terminate counseling, I will discuss this with my counselor.

I have read all of the above, understand, and agree with it as evidenced by my signature:

_____ Date: _____

Your counselor’s commitment to you:

- 1) Honesty throughout the counseling process.
- 2) Prayer on a regular and consistent basis.
- 3) Perseverance alongside you throughout the counseling process.
- 4) Respect and protect your Right of Confidentiality for all matters discussed during the counseling sessions.

Counselor’s signature and witness to the above: _____ Date: _____

Disclaimer and Release of Liability and Confidentiality

I have voluntarily sought this counseling on my own initiative: I am under no obligation or compulsion to accept this counseling or any advice I may receive during this counseling process. I further agree to hold Mountain Top Ministries and its staff members, free from any and all liability, loss or damage of any kind that may arise as the result of the counseling.

I understand that Mountain Top Ministries and any employee or other representative of MTM is offering this counseling voluntarily, at a voluntarily pledged cost, and that I or MTM can terminate or limit this counseling at any time.

I understand that this counseling is not a medical, psychiatric, psychological or other professional service, but is exclusively the sharing and explaining of principles set forth in the Bible as applied to my personal situation.

I understand that any counselor representing Mountain Top Ministries might thoughtfully choose to, or may be legally bound to disclose information received from me in the following circumstances:

- 1) The information may be disclosed to my spouse, if the counselor believes that this may strengthen the marriage relationship or correct a misunderstanding in the mind of my spouse;
- 2) The information may be disclosed to law enforcement officers or other governmental officials, if the counselor believes that the information may be about an actual, threatened or potential crime, other violation of law, or other matter within the responsibilities of the officers or officials to whom the disclosure is made;
- 3) the information may be disclosed to whomever the counselor feels should have it, if the counselor believes it is about an actual, threatened or potential suicide, or other act of self-harm;
- 4) the information that minors disclose regarding abuse, illegal activities, social dangers or abortion may be disclosed to parents or other appropriate authorities if the counselor believes such disclosures will enhance the counseling process or provide necessary protection for the minor;
- 5) The information may be disclosed to other counselors representing MTM, as part of the normal assistance that the counselors give to each other in their work.

I have read this Disclaimer and Release of Liability and Confidentiality statement, I understand and agree with it, and I have executed it as my free and voluntary act on the _____ day of _____, 20____ .

Signature of person receiving counsel,
and parent / guardian if a minor