

The Porch Christian Coaching, L.L.C. Adult Intake Form

DEMOGRAPHICS

Name: _____ Gender: _____ Age: _____

Email: _____ Phone: _____

Address: _____

Marital Status: _____ Spouse (if applicable): _____

Spouse's Age: _____ Date Married: _____

If you have ever separated please provide dates and circumstances: _____

Rate Your Marriage: 1 2 3 4 5 6 7 8 9 10

What might make it better? _____

Children from present marriage (Name, Son/Daughter, Age, Where Live, Marital Status, Occupation):

Your Previous Marriages (or Relationships that Produced Children) (if applicable): Name of Spouse/Partner Dates Children (Names and Ages):

Has your spouse been previously married? _____

Number of times: _____ Children names and ages: _____

EDUCATION & CAREER

Education Level: _____ School/Institution attended: _____

Occupation: _____ Company Name: _____

City and State: _____ Years there: _____

Work Phone: _____ Does your present work satisfy you? _____

Explain: _____

What other job positions have you held in the past? _____

FAMILY HISTORY

Father: _____

Father (Age, Location, Marital Status, Occupation):

Mother: _____

Mother (Age, Location, Marital Status, Occupation):

Guardian: _____ Relation to you and dates: _____

Brothers/Sisters: (List in order from oldest to youngest; include yourself in that order): Name
Brother/Sister/Step, Age, Location, Marital Status, Occupation:

Family "Climate": Describe your home life during your childhood and teen years:

Indicate any problems you experienced as a child or teen:

Other: _____

Psychological Problems: Have you, or any parent or brother or sister, been hospitalized or received professional help for psychological problems? Specify person, dates, and problem:

CHRISTIAN COACHING

RELIGIOUS BACKGROUND

Past Denominational Background: _____

Present Denominational Background: _____

Preferred Denominational Background: _____

Church Presently Attending: _____

Church Address: _____

Are you a member? _____ Average times attended per month: _____

Pastor: _____ Pastor Phone: _____

May we contact? _____ Do you believe in God? _____

Do you consider yourself "saved"? _____ How frequently do you pray? _____

How frequently do you read the Bible? _____

What is your view of the Bible? _____

Describe your view of God:

Describe what you think His view of you is:

Do you have a personal relationship with God and if so, what effect does this relationship make in your daily life?

Why do you desire Christ-centered, biblical coaching?

Explain any recent changes in your religious life:

HEALTH

Rate your health: 1 2 3 4 5 6 7 8 9 10

Recent problems: _____

Date of last medical exam: _____ Physician Name: _____

Physician Address: _____

List any prescription medications you take: (Medication, Treatment for, when this began, Daily dosage, Prescribing Physician):

List over-the-counter medications you currently take (diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin, etc.):

Average daily caffeine consumption? (coffee, tea, chocolate, stimulants, caffeinated soft drinks, etc.): _____

How often do you drink alcoholic beverages? _____

How often do you struggle with the temptation to use illegal drugs? _____

Average hours of sleep: _____ Is it restful? _____

LEGAL

Firm Name: _____

Attorney Name: _____

Attorney Address: Has a legal action been filed or is one likely to be filed in this situation? _____
(If yes, give dates and describe action below.)

Date of Action: _____ Describe Action: _____

Other information that might be helpful for us to know about you:

Briefly state in your own words the problem(s) or conflict(s) you are facing:

For how long have you been facing these problems?

What have you done so far about these problems?

How might you like your Christian Coach to try to help you?

What issues or questions do you want to have resolved or answered?

As you see yourself, what kind of person are you? How might you describe yourself?

List any behaviors, thinking, or feelings that you struggle with and would like to change. How have they impacted your life?

List any other information about you or the problems that might be helpful for us to know:

For marriage or family counseling, or for conflict resolution only: In what specific ways do you think God might want you to change (be honest), and might want your spouse and/or your other family members to change (be tentative)?

Possible changes YOU need to make:

Possible changes OTHERS need to make (include name and relationship):

Referred By: _____

CHRISTIAN COACHING