

The Pearl Ministry Intake Form

Please print and give complete information

Name _____ Male/Female _____ Race _____

Date of Birth _____ Current Age _____

Street Address _____ County _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell _____ Work _____ Other _____

May a message be left for you at any of these numbers? Yes _____ No _____

Specify which numbers _____ and indicate any restrictions for leaving messages _____

Current Marital Status: Single _____ Engaged _____ Married _____

Spouse's name if married _____

Separated _____ Divorced _____ Remarried _____ Widowed _____

Living with significant other _____ Name of significant other _____

People living in home (Male)	Age	People living in home (Female)	Age

Church member at _____

Education: High school graduate ___ GED ___ College graduate ___ Master's Degree ___

PhD ___ Post-Doctorate ___

Current employment and job title _____

Medical and Behavioral Health Information

Please list any current medical condition and medications you take (include prescriptions and dosages, over the counter, herbal, etc.)

Primary care physician and contact information

Have you ever received any type of psychological services before? Please provide name of provider, your reason for treatment, dates and outcomes of services.

Are you currently seeing a psychiatrist, psychologist, counselor or therapist? ____ If yes, enter the name and location of your provider:

Have you ever taken any medication for emotional or psychological issues? Please provide the diagnosis, medication, prescribing physician and related dates.

Please indicate the amount and frequency that you currently consume:

	How much	How often	Recent Increase	Recent Decrease	Past Use
Caffeine					
Alcohol					
Tobacco					
Marijuana					
Other					

What circumstances have prompted you to pursue services from The Pearl Ministry? Please summarize the issues you wish to discuss with the Lay Caregiver: