

CrossLife Ministries
 Parent Initial Intake
 Personal Confidential Information

Please print clearly:

				Date of Initial Visit:			
Last Name:				First Name:			
				DOB:			
Mailing Address:				Home Phone:			
				Work Phone:			
City, State And Zip:				Cell Phone:			
				Cell Phone:			
Marital Status:				Wedding Date:			
Spouse's Name:				Spouse's DOB:			
Previous Marriages To:							
Date of Prior Marriage:							
Date Marriage Ended:							
Children: Name		DOB:		Children: Name		DOB:	
Children: Name		DOB:		Children: Name		DOB:	
Children: Name		DOB:		Children: Name		DOB:	
Your Occupation: And Employer				Spouse's Occupation: And Employer			
Your Education: If college—degree and where				Spouse's Education: If college—degree and where			
Present Health: Describe							
Current Medications: Name and dosage							
Do you smoke?				Use drugs? (Illegal drugs)			
						Alcohol?	
Are you saved? If so, when				Is your spouse saved? If so, when			
Church Affiliation? (What church do you attend?)							
How did you hear about CrossLife Ministries?							
Why do you seek counseling today?							