

CrossLife Ministries
 Adult Initial Intake
 Personal Confidential Information

Please print clearly:

				Date:	
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:			
Email:		Email:			
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?					