

CrossLife Ministries
Minor Initial Intake
 Personal Confidential Information

This form is to be filled out by the minor age 12-17 or by a parent if under age 12

Please Print Clearly:

		Date of Initial Visit:			
Last Name:		First Name:		DOB:	
Mailing Address:					
City, State, Zip				Phone:	
School Attending:				Grade:	
Your Employer: (if applicable)					
Email:					
Father's Name:			Father's Phone:		
Mother's Name:			Mother's Phone:		
Present Health: Describe					
Current Medications: Name and dosage					
Do you smoke?		Have you used drugs?		Do you drink alcohol?	
Are you saved? If so, when					
Church Affiliation? (What church do you attend?)					
Why are you coming for counseling today?					