**Client Intake Information**  
**US Army Family Life Chaplain Center**

**Privacy Act Statement**

1. The authority for soliciting this information comes from 10 USC 3012

2. The purpose for soliciting the information is to provide the chaplain or pastoral counselor data to assist in the pastoral counseling you are seeking.

3. The information will be maintained under strict professional guidelines at the U.S. Army Family Life Chaplains training program until the supervisor releases it to be destroyed.

4. Providing the information is voluntary. There will be no adverse effect on you for not furnishing the information other than certain data might not otherwise be available to the chaplain or pastoral counselor to enable him to provide you the most effective pastoral care.
Today's Date____________
Name __________________________ Unit/employer ___________________________ Age ______
Home address _________________________________________________________________
Phone (h) ___________________ (w) ___________________ Rank ______
MOS_________ How long at this installation (this tour) _____ Years on Active Duty _____
Deployment History: Last Tour _____ Number of tours to combat zone __________________________

Spouse or Sponsor’s Name ____________________________
Unit ___________________________ Phone (w)______________________

Marital Status:
_____ Never Married _____ Married _____ Divorced _____ Separated _____ Widowed _____

Marital History:
Current marriage yrs. married ______________
Her previous marriages: yrs. married: _______ 1st Marriage _______ 2nd _______ 3rd _______
His previous marriages: yrs. married: _______ 1st Marriage _______ 2nd _______ 3rd _______

List the names and ages of persons living with you:

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<th>Name &amp; Relationship</th>
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CURRENT PROBLEMS:
Why have you decided to seek pastoral counseling now? __________________________
_____________________________________________________________________________
Has anything happened to make you seek help now? ________________________________
When did this problem begin? _________________________________________________
How have you tried to resolve this problem? _________________________________

Are you presently under a doctor’s care? YES  NO  If yes, where and why? ______________
Are you currently taking medication? YES  NO  If yes, what type? ______________
Are you counseling elsewhere? YES  NO  If yes, where? _______________________________
Who referred you? _____________________________________________________________
If you have had previous counseling, describe your reaction to previous counseling (check one)

- Never been in counseling
- Satisfied
- Somewhat satisfied
- Not satisfied

Why? ____________________________________________

What improvements do you want to have as a result of counseling? ____________________________

How satisfied are you with your life as a whole these days?  [circle the number]

Completely Dissatisfied  1  2  3  4  5  6  7  8  9  10  Completely Satisfied

Resources:  (Circle all that apply) Extended family  friends  pets  faith  other

Religious preference: ____________________________

My faith gives me hope

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<th>Strongly Disagree</th>
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My Faith is important to me

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Possible Areas of Concern [Check all that apply]

- Deployment related stress
- Grief or loss
- Infidelity or affairs – (circle) physical, emotional or internet
- Addictions – (circle) Porn, drugs, alcohol, gambling, other
- DUI
- Alcohol use
- Drug use (prescribed/OTC/other)
- Financial trouble
- Depressed feelings
- Love but not “in love”
- Work related problems
- Lack of trust
- Abuse (circle): Physical, sexual, emotional
- Religious concerns
- General sexual concern
- In-laws
- Stress
- Communication
- Fighting, arguing or handling conflict
- Hardship discharge
- Compassionate reassignment
- Step-family issues
- Domestic tasks – tasks at home
- Spouses time spent with friends
- Health issues
- Anger, rage, loss of control
- Risky behavior
- Legal Problems
- Thoughts of suicide
- Thought of hurting others
- Self Image
- Weight Gain / Loss
- Feeling Hopeless
- Anxiety, worry, nervousness
- Sleeping Problems
- Cannot concentrate
- Crying spells
- Always on guard / hyped up
- Bi-polar diagnosis
- Nervous in crowds
- PTSD diagnosis
- Depression diagnosis
- Dissociative Disorder (diagnosis)
- Personality disorder:__________
- Sexual disorder ________________
- Mood disorder ________________
- Parenting issues
- Blended / Step Family issues
- Ritual abuse
- Physically or Emotionally numb
- Excessive shopping/work/exercise
- Excessive time with hobbies