

## INITIAL ASSESSMENT - CHECK LIST

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Counselor: \_\_\_\_\_ Client: \_\_\_\_\_

Are they born-again? \_\_\_\_\_

Are they submitted to a local church? \_\_\_\_\_

Are they walking in a personal relationship with the Lord? \_\_\_\_\_

Are they praying and reading their Bible? \_\_\_\_\_

Any suicidal behavior? \_\_\_\_\_

Are they sleeping and eating well? \_\_\_\_\_

Any indication of being involved in child abuse? \_\_\_\_\_

Are they in any physical danger? \_\_\_\_\_

Have they been to other counselors in the past? \_\_\_\_\_

Are they on any prescription medications? \_\_\_\_\_

Were they abused as a child? \_\_\_\_\_

Any indications of drug, alcohol, or medication addiction? \_\_\_\_\_

Level of co-dependency? \_\_\_\_\_

Any indication of cult, occult, or demonic involvement? \_\_\_\_\_

Any involvement in sexual sins? \_\_\_\_\_

Amount of current stress level? \_\_\_\_\_

Level of depression? \_\_\_\_\_

Level of unresolved anger? \_\_\_\_\_

Level of unforgiveness? \_\_\_\_\_

Level of grief/emotional loss? \_\_\_\_\_

Level of guilt/shame/condemnation? \_\_\_\_\_

Sufficient outside emotional support? \_\_\_\_\_

Are they will, mind, or emotion dominant? \_\_\_\_\_

What are they feeling? \_\_\_\_\_

What are they thinking? \_\_\_\_\_

What do they want? \_\_\_\_\_

What are they believing? \_\_\_\_\_

What is their stated problem? \_\_\_\_\_

What is the Holy Spirit saying to you? \_\_\_\_\_

What is their real problem? \_\_\_\_\_

What are the steps and choices you intend to present to this client? \_\_\_\_\_

What assessments and evaluations should you administer? \_\_\_\_\_

Can you handle this situation, or should you refer it to someone else? \_\_\_\_\_

# GENERAL INFORMATION

(Confidential)

Name:		Age:	
Spouse:		Age:	
Children:		Age:	
		Age:	
		Age:	
Address:		Email:	
		Phone:	
Employment:		Phone:	
Church Membership:			
Years Member:		Pastor's Name	
Born again?	How long?	Spirit filled?	How long?
Are you a tithing member?		To where?	
Previously Counseled?	When?	Where?	
Nature of the problem:			
Current Medications Taken:		Describe:	
Presently under medical treatment?		Type of ailment:	
Have you ever been sexually abused?			
Have you ever had thoughts of suicide?		When?	
Reason for Seeking Counsel:			
Are you sleeping well?		Are you getting exercise?	
Are you praying?	Reading your Bible?	Attending a church?	
Signature:			Date:



### SPIRITUAL ASSESSMENT

Are you a Christian? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not sure

What church do you attend, if any? \_\_\_\_\_

How long? \_\_\_\_ Regularly \_\_\_\_ Frequently \_\_\_\_ Infrequently \_\_\_\_ Occasionally \_\_\_\_

Do you feel loved by God? \_\_\_\_ Others? \_\_\_\_ Yourself? \_\_\_\_

If you were to die tonight, do you know where you would spend eternity? \_\_\_\_\_

Suppose you did die tonight and appeared before God in heaven, and He were to ask you, "By what right should I allow you into My presence," how would you answer Him?

\_\_\_\_\_  
\_\_\_\_\_

I John 5:11-12 says, "God has given us eternal life, and this life is in His son. He who has the Son has the life; he who does not have the Son of God does not have the life."

Do you have the Son of God in you? \_\_\_\_\_

When did you receive Him? \_\_\_\_\_

How do you know that you have received Him? \_\_\_\_\_

Are you plagued with doubts concerning your salvation? \_\_\_\_\_

Have you been water baptized? \_\_\_\_\_

Have you been filled with the Holy Spirit? \_\_\_\_\_

Are you spending time in prayer? \_\_\_\_\_

Are you spending time in Bible study? \_\_\_\_\_

Do you tithe? \_\_\_\_\_

Are you currently in obedience to all that you know God has told you to do? \_\_\_\_\_

Is there anyone you need to forgive? \_\_\_\_\_

Do you need to forgive yourself? \_\_\_\_\_

Do you feel tormented in your mind by harmful or evil thoughts? \_\_\_\_\_

Have you or anyone in your family ever been involved in occult practices? \_\_\_\_\_

Explain \_\_\_\_\_

Have you ever had a homosexual experience? \_\_\_\_\_ or thoughts? \_\_\_\_\_

incestuous experience? \_\_\_\_\_ other? \_\_\_\_\_

Have you ever had an abortion? \_\_\_\_\_ or been a party to an abortion? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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