# **INITIAL ASSESSMENT - CHECK LIST**

	Date: Time: Counselor: _ Are they born-again?	Client:
	Are they born-again?	
	Are they submitted to a local church?	
	Are they walking in a personal relationship with the	e Lord?
	Are they praying and reading their Bible?Any suicidal behavior?Are they sleeping and setting their Bible.	
18	Are they sleeping and eating well?	
	Any indication of being involved in child abuse?	
	Are they in any physical danger?	
,	ridve triey been to other counselors in the past?	
	rue tries on any prescription medications?	
١	Were they abused as a child?	the same of the sa
	rily indications of drug, alcohol, or medication add	iction?
L	_evel of co-dependency?	
А	any indication of cult, occult, or demonic involvement	ent?
	involvement in sexual sins?	
Aı	mount of current stress level?	And the said
Le	evel of depression?	
Le	evel of unresolved anger?	
Le	evel of unforgiveness?	
Le	evel of grief/emotional loss?	
Lev	vel of guilt/shame/condemnation?	
Suf	fficient outside emotional support?	Placed ratio (in rest
Are	they will, mind, or emotion dominant?	
Wha	at are they feeling?	A state of the second control of the second
Wha	at are they thinking?	
Wha	at do they want?	And the second s
Wha	at do they want?at are they believing?	the state of the s
	at is their stated problem?	Court and anything again
vviia	it is their stated problem?	And the second s
\A/I 1		
vvnat	t is the Holy Spirit saying to you?	Company of the second s
A/hat	in their real problem?	
vviial	is their real problem?	to the property of the control of th
Vhat a	are the steps and choices you intend to preser	nt to this client?
/hat a	assessments and evaluations should you adm	inister?
		Control of the second of the s
an yo	ou handle this situation, or should you refer it t	o 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?** Where? When? Nature of the problem: Describe: **Current Medications Taken:** Type of ailment: Presently under medical treatment? Have you ever been sexually abused? annually large to harmond vid based much as being much look any officers. Have you ever had thoughts of suicide? When? Reason for Seeking Counsel: Are you getting exercise? Are you sleeping well? Attending a church? Reading your Bible? Are you praying? Date:

Signature:

## SPIRITUAL ASSESSMENT

Are you a Christian? Yes No	Not sure
What church do you attend, if any?	tinds on disable on disagram response distribution and assumed time, the charges part content or assumed in
How long? Regularly Frequently Infre	equently Occasionally
Do you feel loved by God?Others?	_ Yourself?
If you were to die tonight, do you know where you w	
Suppose you did die tonight and appeared before G	od in heaven, and He were to ask
you, "By what right should I allow you into My prese	
apt vida	
u q	ik pro-ik
	griensdr uich no
I John 5:11-12 says, "God has given us eternal life,	
has the Son has the life; he who does not have the	
Do you have the Son of God in you?	ragan? Incident one?
When did you receive Him?	A constitutive established to be approximate, according to the safety of
How do you know that you have received Him?	response to the second
Are you plagued with doubts concerning your salvat	ion?
Have you been water baptized?	realding paths on
Have you been filled with the Holy Spirit?	The second secon
Are you spending time in prayer?	
Are you spending time in Bible study?	
Do you tithe?	The state of the s
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?	enti, uno er macioal treatment?
Do you feel tormented in your mind by harmful or ev	il thoughts? Saudic virguing most revisions
Have you or anyone in your family ever been involve	
Explain	and control of the co
Have you ever had a homosexual experience?	or thoughts?
incestuous experience?	other?
Have you ever had an abortion?or been a pa	rty to an abortion?
COMMENTS.	Try to all abolitons
COMMENTS:	DOWN

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How long? Regularly Frequently Infrequent	ntly Occasionally
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has the Son has the life; he who does not have the Son	of God does not have the life."
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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?	And the second state of the second se
Are you spending time in Bible study?	1. 24. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Do you tithe?	
Are you currently in obedience to all that you know Goo	d has told you to do?
Is there anyone you need to forgive?  Do you need to forgive yourself?	and the same and t
Do you need to forgive yourself?	The state of the s
Do you feel tormented in your mind by harmful or evil t	
Have you or anyone in your family ever been involved	
Explain	TOTAL STATE OF THE
Have you ever had a homosexual experience?	or thoughts?
•	
incestuous experience?or been a part	And the second s