



Clinical Counseling Intake Form

Thank you for reaching out to Compass Asia. This form helps us understand your background, experiences and needs so we can provide tailored care. Please complete each section to the best of your ability. Some questions ask for brief responses, which we will explore further during your intake session. Your information will remain confidential.

Personal Information

1. Full Name:

2. Preferred Name:

3. Date of Birth (DD/MM/YYYY):

4. Gender:

5. Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

If applicable, Spouse's Name:

6. Children (Names and Ages):

Contact Details

7. Current Physical Address:

8. Mailing Address (if different):

9. Permanent Address in Home Country:

10. Current Location (City, Country):

Background Information

11. Where were you born?

12. What ethnicity do you identify with?

13. How long did you live in your birth country?

14. List other countries where you have lived and how long you stayed in each:

15. How long have you been in your current country of residence?

Mission, Church, and Employment

16. Name of your mission agency:

Contact Person:

Phone Number/Email:

17. How long have you served with this agency?

18. Would you like your member care and organization involved in your care plan? ☐Yes/☐No

19. Name of your sending church:

Pastor/Contact Person:

Phone Number/Email:

How long have you been a part of this church?

20. List any previous sending churches or mission agencies and the dates you were affiliated with them:

21. What is your current job or role?

22. How long have you been in this position?

23. Describe any job stresses you are experiencing:

Emergency Contact Information

24. Primary Emergency Contact:

Name:

Phone Number:

Email Address:

25. Local Emergency Contact (during telehealth calls):

Name:

Phone Number:

Email Address:

Medical History

26. Briefly describe any current medical issues:

27. Briefly describe any significant past medical issues:

28. List any current medications, including how long you have been taking them, dosage, and reason for taking them:

29. Have you ever been hospitalized? ☐Yes ☐No

If so, please describe the reason and duration:

30. Is there any additional medical information we should know?

Lifestyle and Substance Use

31. Do you drink alcohol?

- ☐ Never
- ☐ Rarely
- ☐ Occasionally
- ☐ Frequently
- ☐ Daily

32. Do you use recreational drugs?

- ☐ Never
- ☐ Rarely
- ☐ Occasionally
- ☐ Frequently
- ☐ Daily

If yes, please specify the type:

33. Have you experienced issues with pornography or sexual addiction?

Please rate on a scale of 1 to 5:

- ☐ 1 (Not at all)
- ☐ 2 (Rarely)
- ☐ 3 (Occasionally)
- ☐ 4 (Frequently)
- ☐ 5 (Constantly)

34. Have you experienced any other major addictions (e.g., food, gambling, internet use)?

Please rate the severity on a scale of 1 to 5:

- ☐ 1 (Not at all)
- ☐ 2 (Rarely)
- ☐ 3 (Occasionally)
- ☐ 4 (Frequently)
- ☐ 5 (Constantly)

Mental Health History

35. Check any mental health challenges or symptoms you have experienced in the past 24 months and rate their impact on a scale of 1 to 5:

- | | |
|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Overwhelm |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Severe stress |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Work problems |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Impulsive behavior |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Spiritual issues | <input type="checkbox"/> Transitional challenges |
| <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Personality changes |

36. Have you ever had thoughts of self-harm or suicide?

Please rate the severity of your thoughts on a scale of 1 to 5:

- ☐ 1 (Never)
- ☐ 2 (Rarely)
- ☐ 3 (Occasionally)
- ☐ 4 (Frequently)
- ☐ 5 (Constantly)

37. Have you ever had thoughts of hurting or harming someone else?

Please rate the severity of your thoughts on a scale of 1 to 5:

- ☐ 1 (Never)
- ☐ 2 (Rarely)
- ☐ 3 (Occasionally)
- ☐ 4 (Frequently)
- ☐ 5 (Constantly)

38. Have you received counseling, coaching, or psychiatric care in the past?

☐ Yes ☐ No

If yes, please list the type of care, the dates, the provider, and the outcome:

39. Have you received pastoral or biblical counseling?

☐ Yes ☐ No

If yes, please provide details:

40. Have you ended treatment with these providers? ☐Yes ☐No

41. How did you hear about Compass Asia?

42. What are the reasons you are seeking counseling or care at this time?

43. What care have you received for these issues in the past?

44. What member care has your organization provided for these issues?

45. Is your organization or member care aware of these issues? ☐Yes ☐No

Global Worker History

46. Have you ever been emergency evacuated from a foreign field?

☐Yes ☐No

If Yes, please explain:

47. Describe any significant challenges or conflicts you've faced with your team or leadership:

Family, Trauma, and Life Stressors

48. Rate your relationship with the following on a scale of 1 to 5:

- ☐ Pastor
- ☐ Member Care
- ☐ Parents
- ☐ Siblings
- ☐ Children
- ☐ Spouse (if applicable)

49. Rate the impact of trauma or stress you've experienced on a scale of 1 to 5 and briefly share about these experiences:

- ☐ Life adjustments
- ☐ Illness
- ☐ Trauma
- ☐ Finances
- ☐ Other (please specify):

50. Do you have siblings? ☐Yes ☐No If so, how many?

51. How many times did your family move during your childhood?

52. Briefly describe your relationship with your parents (e.g., mother and father):

53. Share any significant events or family situations from your childhood:

54. Have you experienced any significant conflicts with family members?

Support System

55. Rate the strength of your current support system on a scale of 1 to 5:

- ☐ Emotional Support
- ☐ Social Connections
- ☐ Spiritual Community

56. Share a little about who you rely on for emotional support.

Spiritual Development

57. When did you accept Jesus as your Savior and Lord?

58. Rate your current spiritual life on a scale of 1 to 5:

☐ Personal Devotions

☐ Connection with God

☐ Engagement in a Spiritual Community

59. Share any significant spiritual experiences or milestones:

60. Describe your current spiritual community and church involvement:

61. Have you experienced any conflicts related to your faith or spiritual leadership?

Additional Information

62. Is there anything else you feel is important for us to know?

Consent and Agreement

By completing this form, you consent to Compass Asia collecting and reviewing this information to provide care. All details will remain confidential.

Signature

(Type Name):

Date: