

Bottom Line Counseling Ministry

A Pastoral Ministry of the Northwest Georgia and Lookout Valley Baptist Associations.

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Rock Spring, GA 30738

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Intake Information for Adults

(Please print; use the reverse side of the sheets to complete information, as needed)

Name: _____
Last First Middle

MEDICAL HISTORY

Family Physician's Name, Clinic Name, and Phone Number: _____

When was the date of your last physical exam? _____

Anything noteworthy? _____

Are you presently taking any medication? Yes ___ No ___ If Yes, What & Why?

How would you rate your general physical health?

Excellent ___ Good ___ Fair ___ Poor ___ Very Poor ___

Are you presently experiencing any physical problems? Yes ___ No ___

If Yes, what? _____

EMOTIONAL HISTORY

Have you ever sought any type of counseling before? Yes ___ No ___ If yes, please
describe the experience: _____

Have you ever been hospitalized for an emotional or mental illness? Yes ___ No ___

If Yes, In-patient ___ or Out-patient ___ Please describe the experience: _____