

Chronic Illness Spiritual Counseling Intake

Personal Information

Full Name

Date of Birth

Email

Phone Number

Address

Health Information

Chronic Illness Diagnosis

How long have you been living with this diagnosis?

Current Treatments/Medications

Other Relevant Health Conditions

Spiritual Background & Preferences

Describe your spiritual or religious background

Current Spiritual Practices (if any)

What kind of spiritual support are you seeking?

Emotional & Psychological Wellbeing

How are you feeling emotionally at this time?

Coping Strategies you currently use

Mental Health History

Goals and Expectations

What do you hope to gain from spiritual counseling?

Any concerns or questions?