

Faith-Based Family Counseling Intake Form

Family Information

Family Name

Date

Address

Phone

Email

Emergency Contact (Name & Phone)

Household Members

List all household members (Name, DOB, Relationship):

Faith Background

Faith/Religious Affiliation

Spiritual Leader/Church Contact

How would you describe your family's involvement in your faith or faith community?

Presenting Concerns

What brings your family to counseling?

What are your goals for counseling?

Previous Support

Has your family participated in counseling or support services before?

Are you currently working with any other professionals (medical, legal, etc.)?

Additional Information

Anything else you would like your counselor to know?