

Faith-Based Trauma Counseling Intake Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Emergency Contact

Name

Relationship

Phone Number

Faith Background

Religious Affiliation

Church/Community Involvement

Current Spiritual Support

Presenting Issues

Describe the Trauma or Difficult Experiences

How has this experience affected your life?

Current Symptoms or Challenges

Goals for Counseling

What do you hope to achieve through faith-based counseling?