

# Faith-Oriented Depression Intake Form

## Personal Information

Full Name

Age

Email Address

Phone Number

## Faith Background

Faith Tradition

What role does faith play in your life?

## Depression Symptoms

Describe your current feelings and symptoms

How long have you been experiencing these symptoms?

Have you identified any triggers?

How would you rate the severity of your symptoms?

How is this affecting your daily life?

## Faith & Emotional Support

Are you involved in a faith community?

Do you seek support from spiritual leaders or practices?

Have faith practices helped you cope?

## Goals & Expectations

What are your hopes or expectations for seeking help?

Any additional information you'd like to share?