

Pastoral Counseling Client Information Sheet

Full Name

Date

Date of Birth

Age

Gender

Address

Phone Number

Email

Marital Status

Emergency Contact Name & Phone

Relationship to Emergency Contact

Occupation

Home Church (if any)

How did you hear about us?

Presenting Concerns / Reason for Seeking Counseling

Goals for Counseling

Previous Counseling Experience

Relevant Medical Conditions / Medications

Additional Information / Comments