

Trauma-Informed Christian Counseling Intake Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Emergency Contact

Name

Relationship

Phone Number

Faith & Community

Describe your faith background

Do you have a church home?

If yes, what is the name of your church?

Presenting Concerns

What brings you to counseling?

Are you seeking support related to trauma?

If yes or unsure, please describe (as much as you feel comfortable):

Mental & Physical Health

Any history of mental health concerns?

Current medications

Physical health concerns

Additional Information

What are your goals for counseling?

Have you received counseling before?

Anything else you would like to share: