

Faith-Based Counseling Intake Form

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Name

Relationship

Phone Number

Faith Background

Religious Affiliation / Denomination

Church/Place of Worship (if any)

How important is faith in your life?

Presenting Issues

Briefly describe why you are seeking counseling

How long have you been experiencing these concerns?

What would you like to achieve through counseling?

Previous Counseling Experience

Have you received counseling before?

If yes, please provide details