



SANCTUARY COUNSELING GROUP

Client Intake Information

PLEASE PRINT LEGIBLY & COMPLETE FULLY

Date of Initial Visit ____/____/____

First Name/ Middle Initial _____ Last Name _____

Preferred Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Preferred Phone _____ Cell Work Home

Alternate Phone _____ Cell Work Home

Email Address _____

+++++

Racial/Ethnic Identity: African American Asian Caucasian Hispanic Native American

Other _____

Religious Preference _____ Local Congregation _____

Who Referred you to Sanctuary Counseling Group? _____

Emergency Contact _____

Relationship _____ Telephone _____

+++++

Relationship Status: Single Married Partnered Separated Divorced Widowed

If married, year married _____ Spouse's Name _____

Names/Ages of Children _____

Names/Ages of Siblings _____

Recent Transitions: Family Death(s) Other Death(s) Marriage Child Left Home
 Job Loss Serious Illness/Surgery (Self) Serious Illness/Surgery (Family Member)
 Marital Separation/Divorce Significant Financial Changes Home Loss Move
 Birth of Child Other _____

++++
College Education _____ Degree _____
Graduate School _____ Field of Study _____
Business/Technical School _____ Field of Study _____
Employer _____ Length of Employment _____
Type of Work You Do _____

++++
List current illness(es) or symptom(s) _____

List any major surgeries, serious crises, losses, or disabilities (with dates) _____

Last medical exam (date) _____ Reason _____

Name of Physician _____ Telephone _____

Have you ever received counseling or other treatments for personal, marital, or family problems?
Yes No If yes, date(s) _____ Name of doctor, agency, pastor, etc. _____

Current medications (and doses):

Prescription Date	Physician	Medication	Dosage	Directions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Substances used _____

Please describe your reason(s) for seeking help _____

What would you like to have happen for you as a result of pastoral counseling? _____