



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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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

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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? \_\_\_\_\_