



Intake Form

Today's date _____ How did you hear about us? _____

Personal Data

Name _____ Home Phone _____ msg ok _____
Address _____ Cell Phone _____ msg ok _____
_____ Work Phone _____ msg ok _____
Birthday _____ Age _____
Occupation _____ Employer _____

Marital Data

Circle one: Dating/Married / Single / Living together / Separated / Divorced

1st Marriage / 2nd Marriage / 3rd Marriage Years married/together _____

Partner's Name _____ Home Phone _____ msg ok _____
Cell Phone _____ msg ok Work Phone _____ msg ok _____
Birthday _____ Age _____ Occupation _____ Employer _____

Children Data

Name	Age	Gender	Which Marriage	Living with you
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family of Origin Data

Who	Name	Age	Living/Deceased	Marital Status
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____
Siblings	_____	_____	_____	_____
Siblings	_____	_____	_____	_____
Others	_____	_____	_____	_____

Previous Counselling Data

Previous counsellor _____ When _____
Issues _____ How many sessions _____

Other Data

Name of family doctor _____ Contact information _____
Any medical condition? _____ Any medications _____

Faith Background:

Reasons for counselling:
