



Lynchburg First Church of the Nazarene
 1737 Wards Ferry Rd
 Lynchburg, VA 24502

(434)226-0222

Counseling Information Intake Form

Counseling Client Information

Today's Date: ____/____/____
 Referred by: _____
 Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone (Home): _____
 (Work): _____
 married): _____
 Phone (Cell): _____
 Birth: ____/____/____ Age: _____
 E-Mail: _____
 Occupation: _____
 Permission to leave message at home, cell or
 Employer: _____
 email? No Yes, where? _____
 Date of Birth: ____/____/____ Age: _____
 Education: _____
 Are you a church member? Yes No

Divorced (date): ____/____/____
 Separated (How long?) _____
 Widowed (date): ____/____/____
 Previous marriage(s): _____

Spouse's Name(if

Spouse's Date of

Spouse's

Spouse's

Do you have children? Yes No
 If yes, please list them on the back of this
 page including ages.

If you are from another church congregation please
 fill in the following:

Church name: _____
 Pastor's name: _____
 Religious background: _____

1. _____ age _____

2. _____ age _____

Occupation: _____

3. _____ age _____

Employer: _____

4. _____ age _____

Marriage and Children

Parents and Siblings and Children

Father's name: _____ age: _____

Mother's name: _____ age: _____

Name's and Ages of Brother's and Sister's:

Please include yourself, and any half brothers
 or sisters and children.

5. _____ age _____

*If you have never been married and have no children, you can skip to the next section.

Marital Status (fill in the ones that apply):

No

Single

Name: _____

Engaged (wedding date): ____/____/____

From: _____

Married (date): ____/____/____

Outcome: _____

Date of last medical exam: ____/____/____

Please rate your health: Excellent Good

Average Poor

Are you on medication? If yes, what kind(s)?

to

Have you had any previous trauma? (Physical, emotional or sexual abuse, abortion, etc.)

Yes No Uncertain

Is your spouse aware of your desire for counseling? Yes No

Have you been arrested? Yes No

In case of emergency, who should we notify?

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Telephone (home): _____

(work): _____

Relation: _____

Basic Information

Briefly answer the following questions.

What concerns has caused you to come for counseling at this time?

Medical and Personal

Have you had any counseling before? Yes

Counseling/Therapist

Dates To /

Do you have an addiction?

Yes No Uncertain

What has been done about you concern up

this present time?

What specifically do you expect your counselor to do to help you with your concern?

Area of functioning affected?
Academic Family Social
Career Emotional Spiritual

Current coping habits: _____

Support system: _____

Please complete the following:
experienced...

In order to understand me _____

What really hurts me _____

What I wish I could change _____

My childhood was _____

What I wish I could change about myself _____

My greatest regret is _____
achievement

My biggest hurt is _____

Is there any other information that you think we should know?

In the past 12 months I have

- ___ death of a spouse
- ___ divorce
- ___ marital separation
- ___ jail term
- ___ death of a close family member
- ___ personal injury or illness
- ___ marriage
- ___ fired from work
- ___ marital reconciliation
- ___ retirement
- ___ change in family member's health
- ___ pregnancy
- ___ sex difficulties
- ___ addition to family
- ___ business readjustment
- ___ change of financial status
- ___ death of a close friend
- ___ change in # of marital arguments

- ___ foreclosure of mortgage or loan
- ___ change in work responsibilities
- ___ spouse beginning or ending work
- ___ son or daughter leaving home
- ___ trouble with in-laws
- ___ outstanding personal

- ___ starting or finishing school
- ___ change in living conditions
- ___ revision of personal habits
- ___ trouble with boss
- ___ change in work, hours, conditions

God is _____

Jesus Christ is _____

Have you accepted Christ as your personal Savior?

Yes No Uncertain

- ___ change in residence
- ___ change in schools
- ___ change in recreational habits
- ___ change in church activities
- ___ change in social activities
- ___ change in sleeping habits
- ___ change in # of family gatherings
- ___ change in eating habits
- ___ vacation
- ___ violation of the law