

Fireside Grace – Biblical Counseling Intake Form

Client Information

Full Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____

Marital Status: Single Married Divorced Widowed

Children (ages): _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Church & Faith Background

Church affiliation (if any): _____

How long have you been a believer (if applicable)? _____

How would you describe your current relationship with God?

Reason for Seeking Biblical Counseling

What are the primary concerns or struggles you would like to address?

How long has this issue been present? _____

Spiritual Life & Practices

Check all that apply:

Regular prayer Bible reading Church attendance Small group/community None currently

Are there specific scriptures, beliefs, or spiritual struggles you are wrestling with?

Emotional & Relational Background

Have you experienced significant life events, trauma, or losses? (optional)

How are your relationships currently affected by this struggle?

Medical & Mental Health Disclosure

Are you currently under the care of a medical or mental health professional? Yes No

Are you currently taking medication for mental health or emotional concerns (optional)? Yes No

Other Comments

Important Notice & Scope of Biblical Counseling

Biblical counseling is faith-based and focuses on spiritual guidance, biblical truth, prayer, and personal growth. It is not a substitute for licensed medical, psychological, or mental health care and does not involve diagnosis or treatment of mental health conditions. Referrals to licensed professionals will be made when needs fall outside the scope of biblical counseling.

Confidentiality

Information shared in counseling is confidential except when disclosure is required by law, including risk of harm to self or others, abuse, or court order.

Consent

I understand the nature and scope of biblical counseling and consent to receive services from Fireside Grace.

Client Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____