

# Christian Centered Counseling

## Intake Form

1. Name: \_\_\_\_\_

2. Age: \_\_\_\_\_

3. Marital status: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Religious preference: \_\_\_\_\_

6. Reason for seeking counseling: \_\_\_\_\_

7. Have you ever been to counseling before? If so, what were the results? \_\_\_\_\_  
\_\_\_\_\_

8. What are some of your goals for counseling? \_\_\_\_\_

9. Do you believe God's written Word contains solutions to your problems? \_\_\_\_\_

10. Which times and day's work best for you? \_\_\_\_\_

11. Do you have a preference of being paired with a Man or Woman counselor? \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_