

## Pilgrimage Pastoral Counseling PERSONAL INFORMATION SHEET

Instructions: This confidential information form is for the use of your counselor only. Complete the 3 pages as carefully as possible.

Today's Date: \_\_\_\_\_

Client Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (M/D/YEAR): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Land Line: \_\_\_\_\_

Personal Email: \_\_\_\_\_

How do you wish to be contacted? Cell \_\_\_\_\_ Email \_\_\_\_\_ Land Line \_\_\_\_\_

May we leave a message on the phone? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow(er) \_\_\_\_\_

Name of Spouse if applicable: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

### INFORMATION ABOUT CHILDREN

If you have children, both living and/or deceased, please list their names and ages. Identify them for "B" for biological, "A" for Adopted and "S" for stepchildren:

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### HEALTH INFORMATION

Rate your physical health: Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Date of last physical examination and or physical: \_\_\_\_\_

On an average, how many hours do you sleep at night? \_\_\_\_\_

Do you remember your dreams? Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_

Do you have nightmares? If so, how often? \_\_\_\_\_

Are you taking any prescription medication? Yes \_\_\_\_ No \_\_\_\_

If yes, what are the name(s) of the medications? What are they for?

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Have you been diagnosed for any mental health condition? Yes \_\_\_\_ No \_\_\_\_

If yes, what was your last known diagnosis? \_\_\_\_\_

### **BACKGROUND INFORMATION**

How did you hear about Pilgrimage Pastoral Counseling?

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Have you had counseling or therapy before? Yes \_\_\_\_ No \_\_\_\_

If yes, please briefly share the reason(s), then with whom, where and when:

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Is there any drug or alcohol abuse by yourself, or members of your family? If yes, please identify whom and if you or your family members have received in house treatment, are sober and/or attend meetings:

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Have you ever thought about or made a suicide attempt? Yes \_\_\_\_ No \_\_\_\_

If yes, briefly describe the situation and if you were hospitalized:

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Has anyone in your family ever attempted or committed suicide? If yes, whom and when? \_\_\_\_\_

Please briefly share what brings you to seek pastoral counseling:

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What would you like to change about yourself or circumstances as a result of receiving pastoral counseling?

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Please identify if you have a faith tradition: (ie. Catholic? Muslim? Protestant? Denominational? Non-Denominational? Jewish? Messianic Jew? Other?) If so, do your beliefs inform how you live or want to live your life? Describe:

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Is there additional information that would be helpful to know about you as we prepare to meet? \_\_\_\_\_

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Thank you for completing this information!

Signed: \_\_\_\_\_

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

**Office Use:**

Client Initial Contact: \_\_\_\_\_

Disclosure Statement Completed: \_\_\_\_\_

Intake Form Received: \_\_\_\_\_

Intake Form Reviewed: \_\_\_\_\_

Received Notice of Privacy Practices: \_\_\_\_\_

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