

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:

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?

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?

Have you had counseling or therapy before? Yes ____ No ____

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

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:

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

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

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:

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

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:

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

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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