

Client Information

Date _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Address _____

Telephone _____ Email _____

How did you hear about the Counseling Ministry? _____

Where do you go to church? _____

Current Medications or Health Concerns

Previous Counseling

Name and Number _____

Reason for Services _____

Please describe the main difficulty that has brought you to see me
