

ALISON SPIEGEL Biblical Counseling

Intake Form

Today's Date: ____ / ____ / ____

Personal Information				
Name:		M/F:	DOB:	Age:
Have you had counseling before?		Was it helpful?		
Address:		Email:	Best Phone Contact:	
Apt/Suite#:	City:	State:	Zip Code:	
Marital status (circle one): Single / Married / Divorced / Separated / Widowed		Occupation:		
Emergency Contact Name & Number:				
Church Name:		Pastor Name:		
May I speak with your pastor?				

Please explain why you are seeking counseling today:

Put an "X" on the scale to indicate how distressed you feel today.

○ ----- ○ ----- ○
minimally distressed moderately distressed highly distressed

Check if you have ever experienced:

- A severe emotional upset, nervous breakdown or life-changing crisis
- Abuse
- Suicidal thoughts
Plans (Y / N) Attempts (Y / N)
- Homicidal thoughts
Plans (Y / N) Attempts (Y / N)

What are your goals and expectations for counseling?
