

WELLNESS MATTERS / HOHDMV INC.

Christian Counseling Intake Form

PERSONAL INFORMATION

Date: _____

Date of Birth: _____

Age: _____

Full Name: _____

Gender:

Male Female Other: _____

Marital Status:

Single Married Divorced Widowed

Address: _____

City: _____

State: _____

ZIP Code: _____

Primary Phone: _____

Voicemail Text

Secondary Phone: _____

Voicemail Text

Email Address: _____

Occupation: _____

Employer: _____

REASON FOR SEEKING COUNSELING

What brings you to counseling at this time?

What are your goals for counseling?

SESSION PREFERENCES

Counselor Preference

Male Female No Preference

Preferred Session Format

In-Person Virtual

Availability

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Preferred Time

- 10:00 a.m. – 12:00 p.m.
- 1:00 p.m. – 3:00 p.m.
- 4:00 p.m. – 6:00 p.m.
- 7:00 p.m. – 9:00 p.m.