



A W A K E N M E

COUNSELING AND INTEGRATIVE LIFE COACHING

Finding solutions to life challenges

Adult Client Counseling Intake Form

About the Client Name _____

Prefers to be called _____ Gender: Male/ Female

Birth Date ____/____/____ Age _____

Highest Level of Education _____

Home Phone _____/_____/_____

Cell _____/_____/_____

May we leave a message? Yes/No

Occupation _____

Address _____

Reason for coming to counseling today

Medical/Counseling History

Medical Doctor _____

Current medical problem(s) being treated? _____

List all medications currently being taken & Dosage

Date began taking _____

Have you received counseling before Yes/No

What do you hope to achieve through this counseling experience?

Who referred you for

counseling? _____

Religious Affiliation

If affiliated with a church/religious group/denomination, please give the name.

Actively involved? Yes/No

Do you give permission for the counselor to use prayer, scripture and spiritual conversations as part of your counseling? Yes/No