



**Sanctuary Christian Counseling Client Information Sheet**

Thank you for choosing **Sanctuary Christian Counseling** to assist you with your needs. Please complete the following.

Name \_\_\_\_\_

Spouse/partner \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Spouse/partner DOB \_\_\_\_\_

Phone: \_\_\_\_\_ (home/cell) Spouse/partner \_\_\_\_\_ (home/cell)

Email \_\_\_\_\_ Spouse/partner \_\_\_\_\_

Relationship Status: \_\_\_ Single (Never Married, Dating) \_\_\_ Married \_\_\_ Remarried \_\_\_ - Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Cohabiting (Significant other)

Who is in your household?

Name	Age	Sex	Relationship	Residence(home/away)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(continue on back if needed)

Briefly describe what brings you to counseling: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you participated in counseling before? \_\_\_ If yes, when? \_\_\_\_\_

With whom? \_\_\_\_\_ Were

you satisfied with your experience? \_\_\_\_\_

Basic physical health: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Do you have any history of mental health issues (depression, anxiety, etc.)?

Is there any family history of mental health issues?

Have you ever had a brain injury (concussion, sports injury, tumor, etc.)?

Are you being treated for a medical condition currently?

Are you taking medications? Please list below

Smoke?\_\_\_\_\_ Drink?\_\_\_\_\_ What?\_\_\_\_\_ How much?\_\_\_\_\_

Do you attend church regularly? \_\_\_\_ Where?

How did you hear about Sanctuary Christian Counseling?

Thank you!