



Sanctuary Christian Counseling Client Information

Thank you for choosing Sanctuary Christian Counseling to assist you with your needs. We are so glad to have you here, and to help you live your best life!

Name: _____

Spouse/partner: _____

Address: _____

DOB: _____ Partner DOB: _____

Phone: _____ Partner phone: _____

Email: _____ Partner email: _____

Relationship status: _____ Single (never married) _____ Married _____ Separated

_____ Divorced _____ Remarried _____ Widowed _____ Cohabiting

Who is in your household? (continue on back if needed)

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

Briefly describe what brings you to counseling (continue on back if needed):

Have you participated in counseling before? If yes, when and with whom?

Were you satisfied with your previous experience?

Basic physical health: _____ Excellent _____ Good _____ Fair _____ Poor

Do you have any history of mental health issues?

Have you ever had a brain injury?

Are you currently being treated for a medical condition? Tell us about it ...

Are you on medications? Please list here or on the other side, if needed.

Do you attend church? _____ Where? _____

Is there any other information you'd like to share?

How did you hear about Sanctuary Christian Counseling?

Thank you so much!