



GRACE
COUNSELING

Folder Code _____

Today's
Date ____/____/____

Grace Community Counseling Intake Form

Personal Information

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Number _____ Cell Phone _____

Please check if okay to leave a message at..... Home _ Work _ Cell _ Other _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Primary Email Address: _____ @ _____

Employment: Self _ Other _____

How did you find Grace Counseling, or who referred you? _____

Status: Single _ Married _ Separated _ Divorced _ Remarried _ Widow(er) _ Living with _____

Years Married _____ Years Divorced _____ Months Together _____

Partner's Name _____ Their Date of Birth _____

Children's Names & Ages _____

Level of education: HS _____ College _____ Graduate Degree _____ Other _____

Briefly describe why you are presently seeking counseling.