

CLIENT INTAKE FORM B
PAGE TWO

RELIGIOUS AND/OR SPIRITUAL DATA

CIRCLE ONE

- | | | | |
|--|-----|----|---|
| Do you consider yourself religious/spiritual? | YES | NO | ? |
| Do you believe in God? | YES | NO | ? |
| Do you pray to God? | YES | NO | ? |
| Do you meditate? | YES | NO | ? |
| Do you read Sacred Scriptures (i.e., The Bible, Koran, Course in Miracles, others) | YES | NO | ? |
| Have there been any changes in your religious/spiritual life recently? | YES | NO | ? |
| Have you had any remarkable spiritual experiences? | YES | NO | ? |
| Have you felt extremely close to God or a divine presence? | YES | NO | ? |

Earliest childhood memories? _____

What is your favorite Bible or religious story? _____

As a child? _____

What is your favorite myth or fairy tale? _____

As a child? _____

Who is your favorite hero/heroine? _____

Religious affiliation in childhood? _____

Baptized? (Circle One) YES NO

Do you attend a church or religious group regularly? _____

LIST PROBLEMS YOU WOULD LIKE TO DISCUSS IN COUNSELING: _____

LIST YOUR GOALS FOR COUNSELING _____
