



KARIS
COUNSELING

New Client Intake Form

Name:

Age:

Phone Number:

Can I leave a message on this number?

Address:

Email Address:

Are you married? If so, what is your spouse's name?

Do you have any children?

If yes, please fill out the following:

Name

Ages

Are you currently taking any psychotropic medicine?

If so list here:

Are you currently experiencing any suicidal thoughts?

In the case of an emergency, who should I contact?

Do you attend a church? yes If so, where?

How were you referred to Karis Counseling?