



Trinity Christian Counseling
Suites 300 and 309
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Mt. Clemens, MI 48043
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counseling@trinityct.org
www.trinityct.org/counseling

CLIENT INTAKE FORM

Name _____ Date _____ Birth date _____

Address _____

Home phone _____ Cell phone _____

Ok to leave detailed voice messages? Cell Home Work

Email _____

Married Y N How long? _____ Previous Marriage Y N How long? _____

Spouses Name _____

Previous Marriage for spouse Y N

Children and/or stepchildren? Please indicate relationship and ages below.

Highest level of education completed _____

Employer name _____

PCP name _____

Address _____

Phone Number _____

When did you last see your Primary Care Provider _____

When was your last complete physical exam? _____

How would you rate your overall health? Excellent Good Fair Poor

Do you have any chronic medical conditions?

What medications or supplements do you take on a daily basis?

Do you exercise? Y N

What type of exercise? How often?

Do you drink alcohol? Y N How many drinks and how often? _____

Do you smoke? Cigarettes cigars Marijuana How much per day? _____

Do you chew tobacco? Y N Do you Vape? Y N

Religious affiliation _____

Do you consider yourself a spiritual person? Y N Please explain:

In what areas of your life do you feel most confident?

In what areas of your life do you feel least confident?

Why are you seeking counseling?

What efforts have you used to resolve this issue?

Have you had counseling in the past? _____

Please give any other information that may help guide me in achieving your counseling goals. (I.e. Trauma, abuse, death, illness.)

Emergency contact

Name _____ Relationship _____
Phone number _____

Insurance Information

Insurance carrier _____
Subscribers name _____ Date of birth _____
Contract number _____ Group number _____
Signature _____

I _____ hereby understand that if my insurance will not cover my sessions with any provider from Trinity Christian Counseling that I will be responsible for any payment in full at time of session.

Thank you,

Trinity Christian Counseling