

Harrisburg Biblical Counseling Center
420 S 21st Street
Harrisburg, PA 17104
(717) 232-1713

INTAKE FORM

Date _____

Name _____ Date of Birth _____

Address _____

Phone _____ Cell _____

Martial Status: Never Married ___ Married ___ Widowed ___ Separated ___ Divorced ___

Spouse's Name: _____ DOB _____

Children's Names: _____ DOB _____

_____ DOB _____

_____ DOB _____

Occupation _____ How long _____

Hobbies _____

General Health _____

How man hours do you sleep each night _____

Are you now under a doctor's care _____ If yes, name of doctor _____

Reason for doctor's care _____

Please list all prescription and OTC medications currently being taken _____

Reason for medications _____

Have you ever been hospitalized for mental illness

Any recurrent for chronic conditions _____

Do you smoke _____ Do you take drugs _____ If yes, what kind

Do you drink _____ How much _____

Are religious or spiritual issues important to you ? Yes _____ No _____

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INTAKE FORM

Emergency Contact

Who to contact in case of an emergency?

Name _____

Relationship _____

Phone _____ **Cell** _____ **Work Phone** _____

Address _____

City, State, Zip _____