

# HBCC – INTAKE FORM | 20

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

## INTAKE FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Marital Status: Never Married \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_

Spouse's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Children's Names: \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ How long \_\_\_\_\_

Hobbies \_\_\_\_\_

General Health \_\_\_\_\_  
\_\_\_\_\_

How many 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**

**How much do they impact/influence your daily life?**

A great deal \_\_\_\_\_ A reasonable amount \_\_\_\_\_ Some \_\_\_\_\_ Very little \_\_\_\_\_

**Please state why you decided to come for counseling**

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**How long has this been a problem for you** \_\_\_\_\_

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**How have you already tried to change this problem** \_\_\_\_\_

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**What would you like to experience that is different from what you are experiencing now** \_\_\_\_\_

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**What do you hope to achieve with counseling**

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**Any previous Counseling** \_\_\_\_\_ **If yes, describe, when, where, how long, what for** \_\_\_\_\_

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**Please tell me anything else in the space below that you think would be helpful for me, as your counselor, to know:**

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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** \_\_\_\_\_