



Lynchburg First Church of the Nazarene
1737 Wards Ferry Rd
Lynchburg, VA 24502

(434)226-0222

Counseling Information Intake Form

Counseling Client Information

Today's Date: ____/____/____
Referred by: _____
Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone (Home): _____
(Work): _____
Phone (Cell): _____
E-Mail: _____
Permission to leave message at home, cell or
email? No Yes, where? _____
Date of Birth: ____/____/____ Age: _____
Education: _____
Are you a church member? Yes No

Divorced (date): ____/____/____
Separated (How long?) _____
Widowed (date): ____/____/____
Previous marriage(s): _____

Spouse's Name(if married): _____
Spouse's Date of Birth: ____/____/____ Age: _____
Spouse's Occupation: _____
Spouse's Employer: _____
Do you have children? Yes No
If yes, please list them on the back of this
page including ages.

If you are from another church congregation please
fill in the following:

Church name: _____
Pastor's name: _____
Religious background: _____

Occupation: _____
Employer: _____

Parents and Siblings and Children

Father's name: _____ age: _____
Mother's name: _____ age: _____
Name's and Ages of Brother's and Sister's:
Please include yourself, and any half brothers
or sisters and children.
1. _____ age _____
2. _____ age _____
3. _____ age _____
4. _____ age _____
5. _____ age _____

My biggest hurt is _____

God is _____

- ___ change in living conditions
- ___ revision of personal habits
- ___ trouble with boss
- ___ change in work, hours, conditions
- ___ change in residence
- ___ change in schools
- ___ change in recreational habits
- ___ change in church activities
- ___ change in social activities
- ___ change in sleeping habits
- ___ change in # of family gatherings
- ___ change in eating habits
- ___ vacation
- ___ violation of the law

Have you accepted Christ as your personal Savior?

Yes No Uncertain