



Pastoral Counseling Ministry Intake Form

Client Information

First Name

Last Name

Date of Birth

Street Address

City

State

Zip Code

Preferred Phone Number

Preferred Email

Emergency Contact

First & Last Name

Relationship

Phone Number

Spiritual Background

Current Church/Place of Worship

How often do you attend services? ☐ Weekly
☐ Monthly
☐ Once in a while
☐ Never

Counseling Information

What brings you to counseling at this time?

Have you participated in counseling previously? ☐ YES ☐ NO

If YES, please specify when the counseling took place and the nature of the counseling?

What are your goals for counseling?

Personal Information

Marital Status?

- ☐ Single
☐ Married
☐ Divorced
☐ Widowed
☐ Other _____ (please specify)

Current Age

Do you have children?

☐ YES Ages _____

☐ NO

Are you currently taking any medication?

☐ YES Please list _____

☐ _____

☐ NO

Mental Health Status

What is your most difficult emotion right now?

- ☐ Sadness
☐ Fear
☐ Anger
☐ Disgust
☐ Hopelessness
☐ Frustration
☐ Disappointment
☐ Anxiety
☐ Depression
☐ Other

Any current suicidal thoughts, feelings or actions? ☐ YES ☐ NO

Have there been any recent changes to your spiritual life? ☐ YES ☐ NO

CONFIDENTIALITY STATEMENT:

I understand that my information will be kept confidential and will only be shared with consent or if mandated by law.

Signature

Date

Thank you for taking the time to complete this intake form. Your information will help us provide the best support for your needs.

Confidentiality Agreement for Pastoral Counseling

Session Details

Counselor (Pastor's Name):

Date:

Client (Client's Name) Date:

Date:

Purpose

The confidentiality agreement is designed to protect your privacy and establish trust in our counseling relationship.

Confidentiality Statement

I, _____ [Pastor's Name], commit to maintaining the confidentiality of all information shared during our counseling sessions. This includes personal stories, concerns, and any other details discussed.

Limits to Confidentiality

While I strive to keep our discussions confidential, there are certain exceptions where I may be required by law or ethical standards to disclose information, including but not limited to:

1. Suspected abuse or neglect of a child, elder, or vulnerable individual.
2. Threats of harm to yourself or others.
3. Legal requirements or court orders

Your Rights

You have the right to:

- Request that I limit the information shared.
- Ask questions about confidentiality at any time.
- Withdraw consent for counseling at any point.

CONSENT:

By signing below, you acknowledge that you understand the terms of this confidentiality agreement and consent to participate in pastoral counseling.

Client Signature

Date

Pastor Signature

Date

Please feel free to ask any questions or express concerns regarding this confidentiality agreement before signing. Your trust and comfort are important in this counseling process.