

Problem Overview: Basic Intake Form

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

Name: _____ Phone: _____ Email: _____

1. What is your problem? (What brings you here?)

2. What have you done about it?

3. What do you want us to do? (What are your expectations in coming here?)

4. What brings you here at this time? (Why here? Why now?)

5. Is there any other information we should know?

** All information provided on this form will be kept confidential in the same manner as that disclosed during counseling sessions. Please see our Confidentiality Policy in the Trinity Biblical Counseling Information and Agreement form.*