



Adult Initial Intake - Personal Confidential Information

Forms may be completed via the following methods:

1. print, complete, submit a physical copy
2. print, complete, scan as pdf and email to office@clmraleigh.org
3. complete via our HIPAA compliant e-signature servicer



All forms are to be received by our office for processing 24 hours before your initial appointment. Please type or print legibly.

Last Name:		First Name:		DOB & Current Age:		Date:	
Mailing Address:		Home Phone:		Work Phone:			
City, State And Zip:		Cell Phone:		Email:			
Marital Status:		Wedding Date:					
Spouse's Name:		Spouse's DOB & Current Age:					
Spouse's Email:		Spouse's Phone:					
Skype Name (for clients of Dr. Bost):							
Emergency Contact (if not spouse) Name and Phone:							
Previous Marriages To:							
Date of Prior Marriage:							
Date Marriage Ended:							
Children: Name		DOB:		Children: Name		DOB:	
Children: Name		DOB:		Children: Name		DOB:	
Children: Name		DOB:		Children: Name		DOB:	
Your Occupation: And Employer		Spouse's Occupation: And Employer					
Your Education: If college—degree and where		Spouse's Education: If college—degree and where					
Military Experience/ Branch		Spouse's Military Experience/Branch					
Present Health: Describe							
Current Medications: Name and dosage							
Do you smoke?		Use drugs? (Illegal drugs)		Alcohol?			
Are you saved? If so, when		Is your spouse saved? If so, when					
Church Affiliation? (What church do you attend?)							
How did you hear about CrossLife Ministries?							
Why do you seek counseling today?							