

## Intake Questionnaire

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Sex/Gender \_\_\_\_\_ Relationship Status \_\_\_\_\_

Occupation \_\_\_\_\_ Education \_\_\_\_\_

## Religious/Spiritual History

Religious Affiliations you have identified with

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Current Religion or Spiritual Path

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If you are a member of a Unitarian Universalist congregation, please advise them of our relationship so that we may honor one another's covenants.

Describe your experiences of spiritual practice

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### **Family History**

Do you have siblings? Ages?

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Do you have children? Ages?

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If married/partnered, age of partner and length of relationship

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Age of your parents

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## Health History

Relevant Health Concerns?

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Medications that may impact your exploration

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Addictions? \_\_\_\_\_ Are you in Recovery? If so, length of time clean/sober

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Are you currently or have you been in therapy, counseling, or spiritual counseling?

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## General Information

What would you like to gain from spiritual companionship?

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Briefly describe your relationship with the Sacred

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What brought you to Spiritual Companionship at this time?

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When are your most convenient times to meet?

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Please sign and return this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_