



Phone: 720-507-8927
Web: naosdc.com

Long Confidential Intake/Information Questionnaire

Client ID _____

Name: _____

Date: _____

Address: _____

Date of Birth: _____

City State Zip Code

Phone: _____
Home

E-mail: _____

Work or Mobile

Your preferred Contact ___Phone ___ Email ___Post May we leave a message on your voice mail ___Y___N

Career History

Education Level Completed: ___ High School/GED ___ Tech. School ___ College ___ Grad/Prof School (Degree: ___)

Current Profession/Employment: _____ Length of Time: _____

Previous Profession/Employment: _____ Length of Time: _____

Hobbies: _____

Religious/Spiritual History

Birth Religion: _____ Were you raised in that religion? _____

What is your current relationship with your birth religion? _____

Current Religion or Spiritual Path: _____ Involved for how long? _____

Describe your relationship with God, as you understand God: _____

Describe your current prayer life and/or spiritual practice: _____

Health History

Health Issues: _____



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Current Medications: _____

Addictions: _____

In Recovery? Yes No (If yes, how long clean/sober/abstinent, etc? _____)

Are you currently in psychotherapy? Yes No For how long? _____

Have you had previous experience with psychotherapy and/or spiritual counseling? _____

Any other relevant health-related info or concerns: _____

Intake/Information Questionnaire Family History

Father: _____

Alive (Age: _____)

Deceased (Year: _____ Age at death: _____)

Cause of death: _____

Number of Years

Married

Divorced

Remarried (Stepmother)

Describe your father's Spiritual life path below, and if this impacted your own, please describe how?

Mother: _____

Alive (Age: _____)

Deceased (Year: _____ Age at death: _____)

Cause of death: _____

Number of Years

Married

Divorced

Remarried (Stepfather)

Describe your mother's Spiritual life path below, and if this impacted your own, please describe how?



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If you are divorced, briefly describe the reasons for the divorce and describe your current relationship, if any, with your ex spouse:

If you have never been married, briefly describe any significant relationships you've had:
