



Touchstone - Counselling and IHP

Intake Form

Name _____ Gender M F Age _____ Birthdate _____
 Address _____ City _____ Email _____
 H-Phone _____ C-Phone: _____ W-Phone _____
 OK to leave message? Yes NO OK to leave message? Yes NO OK to leave message? Yes NO
 How did you hear about this resource _____ Church you go to _____

COUNSELLING

Are you currently living in supportive/transition housing? Yes NO
 Marital Status: Single Common-Law Married Separated Divorced Widowed
 Years: _____ Spouse/Partner Name _____ Age _____
 Marital Status History (describe briefly)

Name of Children	Age	Gender
_____	_____	_____
_____	_____	_____

 Currently live with _____ Current support system _____
 What is the concern you want counselling for

 How long have these been a concern _____ Have you had counselling before Yes NO
 When _____ Where _____ For what _____ Did it help _____
 When _____ Where _____ For what _____ Did it help _____
 What do you hope to get out of counselling

Office Information

Counsellor: _____
 Intake Date: _____
 First Appt: _____
 Payment Options:
 money _____
 subsidy _____
 time _____
 gift in kind _____
 talent _____
 Additional Information:

INNER HEALING PRAYER

Have you received IHP ministry in the past? Yes NO
 Who referred you to/how did you hear about IHP? _____
 Have you read any of the information about IHP on Evangels website? Yes NO

Office Information

Intake Date: _____
 First Appt: _____
 Additional Information: