

**MUSLIM COUNSELING INTAKE FORM**

Please fill out the entire form so we can get to know you better and help you most effectively. However, your comfort is our priority. Feel free to fill out only the information you would like to share with us and leave the rest of the form blank.

*Let us get to know you so we can serve you most effectively!*

**\* Required Field**

*Name:			
*Phone		*Gender: Male / Female	
*Age:		*E-mail	
*Home Address			

**Primary reason(s) for seeking services at this time (please check all that apply):**

- ☐ Premarital Counselling
- ☐ Marital Counselling
- ☐ Family Counselling
- ☐ Parental Counselling
- ☐ Other (specify):
- ☐ Other \_\_\_\_\_

**Current Life Stressors (please check all that apply)**

- ☐ Children
- ☐ Finances
- ☐ Legal Issues
- ☐ Environment
- ☐ Health
- ☐ Relationship
- ☐ Family
- ☐ Job
- ☐ School
- ☐ Other \_\_\_\_\_



## Relationship and Family Information

### Relationship Status

- ☐ Single
- ☐ Engaged
- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Other \_\_\_\_\_

### Assessment of current relationship (if applicable):

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Other \_\_\_\_\_

### Have you experienced physical, sexual, emotional, economic or psychological abuse in current or past relationships?

- ☐ Yes
- ☐ No
- ☐ Other: \_\_\_\_\_

### Social Relationships

#### Check how you generally get along with other people: (check all that apply)

- ☐ Affectionate
- ☐ Aggressive
- ☐ Avoidant
- ☐ Fight/Argue Often
- ☐ Follower
- ☐ Friendly
- ☐ Leader
- ☐ Outgoing
- ☐ Shy/Withdrawn
- ☐ Submissive
- ☐ Other (specify): \_\_\_\_\_



**Is there anyone in your life that you feel you can talk with about your situation?**

- ☐ Yes
- ☐ No
- ☐ Other:

### **Religion**

**Do you believe Islam is an integral part of your life?**

- ☐ Yes
- ☐ No
- ☐ Other:

**Are you content with your level of activity in regards to your spiritual development?**

- ☐ Yes
- ☐ No
- ☐ Other:

**Is it important for you to raise your family in a religious environment?**

- ☐ Yes
- ☐ No

**How would you describe your level of Islamic knowledge?**

### **Employment**

**Are you currently employed?**

- ☐ Yes
- ☐ No
- ☐ Employed Full Time
- ☐ Employed Part Time
- ☐ Seasonal Employment
- ☐ Disabled
- ☐ Retired
- ☐ Student
- ☐ Other: \_\_\_\_\_



**Medical/Physical Health**

List any current physical health concerns:

**Family history of medical problems (describe):**

**Current prescribed medications**

**Dose**

**Purpose**

**Side Effects**

**Have you ever had a head injury?**

- ☐ Yes  
☐ No

**Do you have a current issue or history of self-injury (cutting, burning, etc.)?**

- ☐ Yes  
☐ No



Please check if there have been any recent changes in the following:

- ☐ Sleep patterns
- ☐ Eating patterns
- ☐ Behavior
- ☐ Energy level
- ☐ Physical activity level
- ☐ General mood
- ☐ Weight
- ☐ Nervousness

**For Official Use Only**

Form received on:	
Donation Optional	Receipt Number:
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No, Reason:
Name and Signed	

**Date for Consultation:**

<b>Date:</b>	
<b>Time:</b>	