



...Healing Spirit, Soul and Body”

A Pastoral Approach

Client Intake Form

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Today's Date _____
Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Employer _____
Spouse _____

Social Security # _____
Date of Birth _____ Sex M F
E-Mail _____
Cell Phone _____
Work Phone _____
 Single Married Separated Divorced
Date of Marriage _____ # Years? _____

Children/Siblings in your household

Name:	Date of Birth:	Relationship to you:

Father _____ Occupation _____
Mother _____ Occupation _____
Former Marriages _____

Church _____ Pastor _____
Referral Source _____ Previous Therapist _____
Medications _____ Physician _____

Significant Illnesses / Injuries / Physical Conditions / Hospitalizations	Dates

Recent Changes in Your Life & Statement of Your Current Problem _____

