

Metaphysical Counseling Intake Form

Personal Information

Full Name _____

Address: _____ City/State/Zip Code _____

Phone Number (____) _____ Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

Date of Birth _____ Gender _____

Spiritual/Metaphysical Background

1. Do you identify with any spiritual or metaphysical traditions? Yes No

- If yes, please describe: _____

2. Briefly describe your spiritual/metaphysical journey: _____

Current Spiritual/Metaphysical Practices

1. Do you currently engage in any spiritual or metaphysical practices (e.g., meditation, journaling, breath work, etc.)? Yes No

- If yes, please describe: _____

2. How often do you engage in these practices Daily Weekly Monthly Occasionally

Purpose for Seeking Metaphysical Counseling

1. What brings you to seek metaphysical counseling at this time?

2. Are there specific issues or concerns you wish to address?

3. What are your goals for metaphysical counseling?

Health and Wellness

1. Are you currently seeing a therapist or counselor for mental health concerns? Yes No

- If yes, please provide the name and contact information: _____

2. Are you currently taking any medications? Yes No

- If yes, please list: _____

Additional Information

1. Do you have any significant life experiences or events that have impacted your spiritual/metaphysical journey? Yes No

- If yes, please describe: _____

2. Is there anything else you would like to share about yourself or your spiritual/metaphysical path?

Consent and Agreement

I understand that metaphysical counseling is a supportive process aimed at enhancing spiritual well-being and does not replace medical or psychological treatment.

Signature: _____

Date: _____