



The Virginia Institute of Pastoral Care
2000 Bremono Road, Suite 105, Richmond, VA 23226
(804) 282-8332

Office Use Only Chart No. _____ Counselor No. _____

INTAKE INFORMATION FOR SUPERVISION, SPIRITUAL DIRECTION, OR COACHING

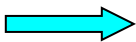
PLEASE PRINT CLEARLY

Today's Date: ____/____/____
Last Name: _____ First Name: _____ Middle Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____
Gender: _____ Racial Heritage: _____ Denomination/Faith: _____
Local Church/Parish/Synagogue/Mosque: _____
Who referred you to VIPCare? _____ Relationship: _____

TO BE COMPLETED BY VIPCARE: Fee per session: _____

CLIENT IS RESPONSIBLE FOR PAYMENT.

I understand I am entering into a professional relationship that is not counseling / psychotherapy, and that the rights, responsibilities and obligations of a counselor and client may not apply to this relationship. I accept these terms during our professional relationship.



Client Signature

Date

VIPCare Staff Member Signature

Date

(YOU MAY REQUEST A COPY OF THIS FORM.)