



In His Holy Name

Family Counseling Form

Please fill out this form to set up an appointment for family counseling with Sheikh.

Today's Date: ____/____/____ **Applicant's full name:** _____
First Last

Phone Number: _____ **Email Address:** _____

Address: _____
Street City State Zip Code

Briefly describe the main issue or concerns you would like to address in counseling:

Are there any specific goals you hope to achieve through counseling?

Signature: _____ **Print Name:** _____ **Date:** _____

Place: _____ **Official spoke to:** _____

About this form

The Family Counseling Application Form is designed to facilitate the intake process for families seeking counseling services. This form is essential for mental health professionals and counseling centers, enabling them to gather vital information about the family dynamics, individual concerns, and specific needs of each member. By using this form, counselors can ensure they have a comprehensive understanding of the family's situation before the first session, which leads to more effective and personalized care.

The first session is free of charge for members of NAC, and it is for 60 minutes to maximum 90 minutes. After the first session, the counselor will determine how many more sessions will be needed.

Each party, please provide a copy of your Driver's License or State ID. Thank You.