



SOULQUEST COUNSELING  
INTAKE FORM

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN & ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

AGE \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_

MARRIED \_\_\_\_\_ YEARS MARRIED \_\_\_\_\_ NAME OF SPOUSE \_\_\_\_\_

CHILDREN (how many and ages) \_\_\_\_\_

\_\_\_\_\_

OCCUPATION \_\_\_\_\_

PRESENT CHURCH AFFLICTION \_\_\_\_\_

EDUCATION (where and what degree)

High School \_\_\_\_\_

College \_\_\_\_\_

Grad school \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

BILLING ADDRESS (If different than your address)

\_\_\_\_\_

## PERSONAL INVENTORY

How would you rate your emotional health? (Use one sentence to describe how you feel?)

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Are you presently taking any medication? \_\_\_\_\_

Have you ever had counseling before? (Briefly describe) \_\_\_\_\_

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What crisis or need led you to seek counseling at this time? \_\_\_\_\_

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In your own words, describe what you hope to accomplish/receive through this counseling relationship and soul care process?

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## COMMITMENT

Are you willing to do "homework" after sessions?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to give the soul care process a minimum of 5-6 sessions in order to determine soul struggles and work through the healing process?

Yes \_\_\_\_\_ No \_\_\_\_\_

## FINANCES

The counseling fee is \$90 an hour. If finances become a problem please indicate this to me and the board can consider your need and the opportunities we have for benevolence assistance. **We do not want anyone to miss out on counseling due to financial need!**

Fees are settled at the end of each month. You will receive a statement in the mail. If two counseling sessions are canceled by the client without prior notification to reschedule, a charge of \$25 will be given. Unless of course there is an emergency or other legitimate reason. Notifying that you're unable to meet on a planned session is no problem at all. If you have any questions, concerns or ideas, please do not hesitate to talk to Dr. Pete. We want this to be a meaningful and effective time for you!

## PASTORAL PROFESSIONAL COUNSELING and LIFE COACH

My name is Dr. Pete Cannizzaro but feel free to call me Pete. I am an ordained minister in the Christian and Missionary Alliance and served in full time ministry for over 30 years. Along with my wife Ellen, I am the co-founder of SoulQuest Ministries International which includes SoulQuest Counseling Services. I am currently in the process of completing a Life Coach Certification.

During the soul care process if you need to email me, don't hesitate to write and ask for prayer or feedback to your questions and/or struggles. I will try to get back to you within a 24-hour period. My email is [pcannizzaro@gmail.com](mailto:pcannizzaro@gmail.com).

My approach with you will bring in all my years of ministry, working with people through their soul troubles and personal bouts with all the toxic emotional and traumatic life experiences. My approach will be from a biblical perspective, but I work with both atheists and agnostics and will be sensitive and respectful to your beliefs.

Be willing to understand, if you want to take care of your symptoms (for example, anxiety and/or panic attacks) this takes time! Soul care requires taking on a lifestyle of working with God, yourself and others for soul health, freedom, fullness and living life from the longings of the soul! As Proverbs reminds us *"Hope deferred makes the heart sick, but longings fulfilled is a tree of life."* Be aware as we walk together through these areas of life, you may feel worse than when you first started. That is often the case when we work through our emotional, personal, sexual and spiritual pain. You are not alone in that experience! I believe it is the will of God to heal every soul.

### CONFIDENTIALITY

Our counseling relationship will be confidential and will not be discussed or released to anyone. Trust is the lifeline in any counseling relationship. Please note that by law we are required to inform family members and possibly others when there is sufficient cause to believe that your life is in danger and you may be considering suicide.

### RELEASE FORM

If at some point I believe that it will be helpful for me to speak with a person in your life whether at home, work, church or your circle of friends, I will seek your permission through a Release Form. All this does is give me authorized permission to speak to a person in your life. This conversation would be crafted with limits from you. You can limit what I can speak about. I am also willing to do whatever it takes for your healing and restoration and am open to meeting with others involved in your life, with your permission.

### CLIENT

signature\_\_\_\_\_Date\_\_\_\_\_