



Shannon McLean, MSW, CMC

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Name: (please print) _____

Age: _____ DOB: _____

Address: _____

Phone # _____ Cell # _____

Emergency Contact Name and # _____

Email: _____

Gender: _____

Preferred pronouns: _____

Occupation: _____

Tell me a little about your Religion/Spirituality: _____

Have you had previous experience with spiritual counseling/pastoral counseling in the past?
Y / N

Please describe the experience, including for when, how long, what you sought and whom you met with: _____

Are you seeing a psychotherapist or other counselor at this time? Y / N

If yes, who? _____

How did you hear about Liminal Raven Ministry? _____

Tell me a little about what brings you to Liminal Raven Ministry and spiritual counseling _____
