

## Counseling Intake Forms

Date: \_\_\_\_\_ Who referred you? \_\_\_\_\_

Name (Please print): \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May we leave a message here? Yes \_\_\_\_\_ No \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ May we leave a message here? Yes \_\_\_\_\_ No \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we leave a message here? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Avg. Hours/Week: \_\_\_\_\_ Length of time at current job: \_\_\_\_\_

Email Address: \_\_\_\_\_ May we email you at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

**Who do you currently live with: (Please check all that apply)**

Alone \_\_\_\_\_ Spouse \_\_\_\_\_ Parent(s) \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Boyfriend \_\_\_\_\_

Girlfriend \_\_\_\_\_ Other: \_\_\_\_\_



## Spiritual/Religious Information

Church Name: \_\_\_\_\_ City: \_\_\_\_\_

Are you a member: Yes \_\_\_\_\_ No \_\_\_\_\_ # of Years as a Member \_\_\_\_\_

Attendance Monthly (avg): \_\_\_\_\_

Are you part of a Sunday School class? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you part of a home/small group Bible Study? Yes \_\_\_\_\_ No \_\_\_\_\_

What are you learning through sermons and Bible studies at your church?

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Do you consider yourself to be a religious person? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

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Please list any ministry involvement:

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Spouse's church attendance: \_\_\_\_\_ (Times per month)

Do you and your spouse openly discuss and encourage one another in your faith?

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

**Have you received Jesus Christ personally as your Savior?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_ Not sure what you mean \_\_\_\_\_

Have you been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

What is the religious background of your spouse? \_\_\_\_\_

Do you pray to God? Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_

What do you pray about?

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## Spiritual/Religious Information (continued)

How would you define the Gospel and what it means to be a Christian?

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Do you read the Bible? Yes \_\_\_\_ No \_\_\_\_ How often? \_\_\_\_\_

Do you have personal devotions? Yes \_\_\_\_ No \_\_\_\_ How often? \_\_\_\_\_

Describe your personal devotions:

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Favorite Christian Authors: \_\_\_\_\_

Please note any recent changes in your spiritual life:

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Are there beliefs or other religions you have participated in other than Christianity? If so, please explain:

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## Health Information

Have you had counseling before? Yes \_\_\_\_ No \_\_\_\_ Currently \_\_\_\_

Have you seen a psychiatrist before? Yes \_\_\_\_ No \_\_\_\_ Currently \_\_\_\_

Age	Duration	Counselor/Center	Issue(s)/Topics/Diagnosis	*Your Evaluation of Counseling

**\*Use another sheet of paper if necessary**

Approximately how many hours of sleep do you get each night? \_\_\_\_\_

When do you normally:      go to bed? \_\_\_\_\_ fall asleep? \_\_\_\_\_ wake up? \_\_\_\_\_  
get out of bed? \_\_\_\_\_

Describe any recent changes in sleep habits: \_\_\_\_\_

State of current health: Very good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Declining \_\_\_\_

Other: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Are you presently taking any medication? Yes \_\_\_\_ No \_\_\_\_

Prescribing Doctor(s): \_\_\_\_\_

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Medication	Dosage	Frequency	Prescribed for...	Date began taking...

**\*Use another sheet of paper if necessary**

Have you ever used drugs for other than medical purposes? Yes \_\_\_\_ No \_\_\_\_

When? \_\_\_\_\_

## **Health Information (Continued)**

What types of drugs have you used? \_\_\_\_\_

Amounts/Dosages: \_\_\_\_\_

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ How much? \_\_\_\_\_

Describe your eating habits or changes in appetite:

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Describe your exercise routine:

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Current weight? \_\_\_\_\_ lbs. Weight changes: 6 months +/- \_\_\_\_\_ lbs.; 1 year +/- \_\_\_\_\_ lbs.

5 years +/- \_\_\_\_\_ lbs.

Number of non-working hours per week spent... watching television \_\_\_\_\_

computer \_\_\_\_\_ hobbies \_\_\_\_\_ cell phone \_\_\_\_\_

Please check any of the following physiological symptoms that apply to you:

Headaches	Past	Present
Visual Trouble	Past	Present
Weakness	Past	Present
Difficulty Sleeping	Past	Present
Difficulty Breathing	Past	Present
Tension	Past	Present
Fatigue	Past	Present
Change in Appetite	Past	Present
Rapid Heart Rate	Past	Present
Dizziness	Past	Present
Pain	Past	Present
Other (on back)	Past	Present

Indicate how distressed you are by circling a number on the scale below  
(1 = very little distress; 10 = extreme distress):

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1      2      3      4      5      6      7      8      9      10

**Please complete the following:**

My ambition in life is to \_\_\_\_\_

What really hurts me \_\_\_\_\_

I get nervous when \_\_\_\_\_

I wish I could lose my fear of \_\_\_\_\_

What I wish I could change about myself \_\_\_\_\_

My best childhood memory \_\_\_\_\_

My worst childhood memory \_\_\_\_\_

My biggest regret is \_\_\_\_\_

My greatest achievement is \_\_\_\_\_

To be happy I need \_\_\_\_\_

I would do anything for \_\_\_\_\_

I often wonder why \_\_\_\_\_

It embarrasses me to \_\_\_\_\_

I think God sees me as \_\_\_\_\_

One word to describe myself is \_\_\_\_\_

1. Please describe the current problem as you understand it.

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2. What have you done about it (most effective and least effective)?

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3. Other than counseling, what help are you seeking?

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4. Please describe any family history (the family that you grew up in), which might be pertinent to the concerns that you bring to counseling (your relationship with your parents, their relationship with each other, significant losses or event):

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5. What are your expectations in coming here?

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6. What, if any, are your concerns about coming to counseling?

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7. What do you believe you will have to change to see the progress you desire?

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8. Is there any other information we should know about?

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## Philosophy of Care

We are committed to providing a balanced and biblical approach to counseling. Biblical counseling involves making application of biblical truths to our lives with the view that Scripture is the authoritative word of God. We believe that the Bible speaks into the life of individuals and effectively acts in guiding us toward a life dependent upon Christ and His salvific work on the cross, spiritual growth enabling us to become who God desires for us to be in Christ, and obedience to the will of God for His glory and our good. Scripture is the guide for each individual as they encounter challenges in day-to-day life.

\*\*\*Initial here if you understand and agree with this Philosophy of Care: \_\_\_\_\_

## **Waiver of Liability**

In seeking counseling from Santuck Baptist Church (SBC), you must acknowledge your understanding of the following conditions and further release SBC, its staff, counselors, employees, and all organizational leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling will be provided by ordained ministers by students earning their Master's degree or Doctoral degree in counseling. The counseling staff are not licensed counselors as LPC (Licensed Professional Counselor), LMFT (Licensed Marriage and Family Therapist), LCSW (Licensed Clinical Social Worker), or LFBPPC (Licensed Fee-Based Practicing Pastoral Counselor) through the state of Alabama;
2. All counseling is provided in accordance with the biblical principles adhered to by SBC and are not necessarily provided in adherence to any local or national psychological or psychiatric association for the evaluation and treatment of mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques;
3. No representation has been mentioned by SBC counselors as to accepted customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;
4. It is understood by the participant counselee(s) that all complaints and grievances will be handled outside the legal court system for the purpose of reconciliation. If the goal of reconciliation cannot be achieved, then the participant counselee(s) may elect to involve Peacemaker Ministries, Inc., at their expense, for the purpose of mediation or arbitration.

\*\*\* Initial here if you understand and agree with this Waiver of Liability: \_\_\_\_\_

## Confidentiality Clause

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, we do not guarantee absolute confidentiality. Your counselor reserves the right to consult with other counselors at SBC for the purpose of providing the highest level of care.

There are times when counseling information may be shared outside the SBC context. Those exceptions would include, but are not limited to: (1) known or suspected child or elderly abuse; (2) the intent to take criminal actions or violence against another person; (3) active suicidal thoughts or intentions; or (4) is necessitated for proper care.

As a para-church ministry, SBC reserves the right to involve the church where you hold membership for the purpose of cooperative pastoral care. The persistent refusal to renounce a particular sin may require the disciplinary involvement of your church. Confidentiality for counseling at SBC, as a para-church organization, is defined by pastor-parishioner privilege and, therefore, our counselors operate as agents of the church (pastors/ministers) not agents of the state (licensed counselors).

If you have thoughts of harming yourself, i.e., suicidal ideation, during the course of counseling, it is crucial that you talk with your counselor about these matters. By initialing this paragraph you are indicating that you agree to share any suicidal thoughts or intentions with your counselor at any time they arise, and that you will seek medical care if you become suicidal in the course of your counseling.

\*\*\*Initial here if you understand and agree with the paragraph above: \_\_\_\_\_

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the relationship and not to the individual.

\*\*\*Initial here if you understand and agree with the statement above: \_\_\_\_\_

**Counseling conversations are inadmissible in the court of law in the same way as conversations with a priest in a confessional booth. If your counseling subject requires professional representation in a court setting by a counselor, Santuck Baptist Church is not the best fit for your needs.**

\*\*\*Initial here if you understand and agree with this confidentiality clause: \_\_\_\_\_

## Consent to Counsel

Having read and understood SBC's... (check each)

Confidentiality Clause  Waiver of Liability  Philosophy of Care

I, \_\_\_\_\_ (print name) grant permission for Santuck Baptist Church to render biblical counseling services to me and the names listed below (please include the names of those who may be involved in the counseling process):

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I also understand that SBC may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other similar issues.

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**Please sign to indicate the following:**

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are enrolling yourself into biblical counseling of your own will.



SIGN  
HERE

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Counselor's Signature

Date



SIGN  
HERE

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Signature of Parent or Guardian (if applicable) Date

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Counselor's Signature

Date