

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: _____

Marriage/Family Information:

Spouse's Name: _____ Age: _____

Spouse's Address: Same or _____

Spouse's Phone Numbers: Home: _____

Mobile: _____

Work: _____

Spouse's Occupation/Employer: _____ Avg. Hours/Week: _____

Is spouse willing to come to counseling? Yes ____ No ____ Uncertain ____

Have you ever been separated? Yes ____ No ____ Currently ____ When/How Long? _____

Date of Marriage: _____

Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating: _____ Length of engagement: _____

Ex-Spouse's Name	Year Married	Length of Marriage	Reason for Divorce	# Kids

Names of Children	Age	Gender	Living	At Home	Married	Special Conditions	
		M/F	Y/N	Y/N	Y/N		

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?

Do you consider yourself to be a religious person? Yes ____ No ____ Explain: _____

Please list any ministry involvement:

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?

Spiritual/Religious Information (continued)

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

Do you read the Bible? Yes ____ No ____ How often? _____

Do you have personal devotions? Yes ____ No ____ How often? _____

Describe your personal devotions:

Favorite Christian Authors: _____

Please note any recent changes in your spiritual life:

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

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): _____

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:

Describe your exercise routine:

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):

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.

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

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

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):

5. What are your expectations in coming here?

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

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

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

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):

_____	_____
_____	_____
_____	_____

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.

* * * * *

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**

Counselee Signature

Date

**SIGN
HERE**

Signature of Parent or Guardian (if applicable) Date

Counselor's Signature

Date