

COUNSELING INTAKE FORM

NAME	DATE OF BIRTH	SEX	AGE	NATIONALITY/ETHNICITY
ADDRESS (Street)	(City)	(State)	(Zip)	
PHONE #	EMAIL ADDRESS			
OCCUPATION	EMERGENCY CONTACT NAME, RELATIONSHIP & PHONE #			
TODAY'S DATE	REFERRED TO COUNSELING BY	PREFERRED GENDER OF COUNSELOR	OR, CHOOSE A SPECIFIC COUNSELOR	

PERSONAL HISTORY

INDICATE WHICH MIGHT HAVE APPLIED DURING CHILDHOOD AND/OR ADOLESCENCE:

- | | | | |
|-------------------------------|-----------------|------------------|-----------------|
| EMOTIONAL/BEHAVIORAL PROBLEMS | SCHOOL PROBLEMS | MEDICAL PROBLEMS | |
| DRUG/ALCOHOL PROBLEMS | FAMILY PROBLEMS | LEGAL PROBLEMS | SOCIAL PROBLEMS |

HAS ANYONE IN YOUR IMMEDIATE FAMILY BEEN HOSPITALIZED OR RECEIVED SOME FORM OF PROFESSIONAL HELP FOR PSYCHOLOGICAL PROBLEMS? IF SO, PLEASE SPECIFY WHO, WHEN THEY RECEIVED HELP, AND THE NATURE OF THE PROBLEM.

STATE IN YOUR OWN WORDS THE NATURE OF THE MAIN PROBLEM(S).

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WHEN DID YOUR PROBLEMS BEGIN? PLEASE SPECIFY A DATE IF POSSIBLE. DESCRIBE ANY SIGNIFICANT EVENTS OCCURRING AT THAT TIME.

LIST ANY OTHER INFORMATION ABOUT YOU THAT MIGHT BE HELPFUL FOR YOUR COUNSELOR TO KNOW:

WHAT CHANGES DO YOU WANT TO SEE HAPPEN?

OCCUPATIONAL HISTORY

WHAT POSITIONS HAVE YOU HELD IN THE PAST?

DOES YOUR PRESENT WORK SATISFY YOU? IF NOT, PLEASE EXPLAIN.

MARITAL HISTORY

MARITAL STATUS (PAST & CURRENT)

SINGLE ENGAGED MARRIED REMARRIED SEPARATED DIVORCED WIDOWED

IF APPLICABLE, SPOUSE'S NAME

AGE

OCCUPATION

SPOUSE'S RELIGIOUS BACKGROUND

HAVE YOU EVER BEEN SEPARATED FROM YOUR PRESENT SPOUSE? (If yes, please specify when.)

1. FROM _____ TO _____ 2. FROM _____ TO _____

C H I L D R E N	NAME	AGE	RELATIONSHIP (Daughter, Stepson, etc.)	NOTES

RELIGIOUS BACKGROUND

DENOMINATIONAL PREFERENCE

NAME OF CHURCH PRESENTLY ATTENDING

PERSONAL RELIGIOUS HISTORY

WHAT IS YOUR RELATIONSHIP WITH GOD/JESUS LIKE?

MEDICAL HISTORY

HAVE YOU HAD OR DO YOU CURRENTLY HAVE ANY MEDICAL CONDITION(S) OR ISSUES(S)? IF YES, DESCRIBE:

DO YOU CURRENTLY TAKE ANY MEDICATION? IF YES, DESCRIBE:

HAVE YOU SUFFERED ANYTHING TRAUMATIC FOR YOU? IF YES, DESCRIBE:

ARE YOU A HARM TO YOURSELF OR OTHERS? IF YES, DESCRIBE:

COUNSELING AGREEMENT

Thank you for your interest in counseling. We look forward to the opportunity to serve you. In order to clarify the counseling you will be receiving, please read through the following agreement, sign and date the agreement at the bottom and return before your first appointment.

- **DESCRIPTION OF COUNSELING**

Your counseling will be biblical (Christian) counseling. You don't have to be a Christian to receive counsel, but your counselor will be using biblical principles. Your counselor is trained in both Scripture and counseling. However, your counselor is **not** a licensed psychologist or licensed professional counselor. No representation has been made, either expressly or implied, that the biblical counseling you receive is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions.

- **FEES, APPOINTMENTS AND SESSIONS | CANCELLATIONS**

Session fee/payments are to be made *before* the session and can be made through our website by going to the GIVE (navigation menu) and following the same directions as Donations - <https://www.thewaybcm.com/give>
The standard fee is \$120 for a 50-minute remote/virtual counseling session. Please let us know if you are going to be late to an appointment. There will be a 7-minute grace period. **For cancellation, please let us know 24 hours before the session. Fees will be applied to same-day cancellations or no-shows.** We do not accept insurance; however, there is limited financial assistance available for those who qualify.

- **CONFIDENTIALITY**

Your counselor is very sensitive to the issue of confidentiality. To release counseling information without your consent would violate both biblical standards and commonly accepted codes of counseling ethics. There are situations, however, where it may be necessary for us to share certain information with others such as when there is an indication that a counselee or another may be harmed unless others intervene. In order to provide the highest level of care, your case may occasionally be reviewed by counselors in a supervision group, but every effort is made to safeguard the identity of each counselee, and confidentiality is applied by the group as a whole. As a ministry of the church, your counselor reserves the right to involve the church where you hold membership or are a regular attendee for the purpose of cooperative pastoral care with your consent.

- **MEETING LOCATION (OTHER THAN REMOTE)**

Your counselor may or may not be affiliated with the church or organization at which the sessions take place. You agree to waive, release, and discharge the church or organization from any and all liability. You agree to indemnify, defend and hold harmless the church or organization, its employees, owners, members, and agents, as applicable, for any and all personal injury and/or property damage of any kind that may arise out of use or occupancy of their facility and property.

- **HELP BETWEEN SESSIONS**

In emergencies we cannot guarantee that you will quickly reach your counselor. If you face a medical emergency, please dial 911. If you have an urgent message, call your counselor who will respond as soon as possible.

- **RESOLVING DISPUTES**

If you have any dispute with, or claim against your counselor, you agree to participate in a process of conciliation which involves a commitment to (1) meet with the Director of Counseling; (2) seek to settle it by mediation; and, if necessary, (3) settle it by legally binding arbitration. Each of these steps shall be carried out in accordance with the rules and guidelines of the Institute for Christian Conciliation. A copy of these rules is available upon request. If these guidelines are acceptable to you, please sign below:

SIGNATURE

DATE

SIGNATURE

DATE
