



Confidential Counselee Intake Form

Date: _____

Name: _____

Gender: _____ Age: _____

Address: _____ City/State: _____ Zip : _____

Primary Phone Number: _____ May we leave a message here: _____

Second Phone Numbers: _____ May we leave a message here: _____

Birth date: ____ / ____ / ____ Email Address: _____

With Whom Do You Currently Live: (Please check all that apply)

Alone Parent(s) Spouse Children Boyfriend Girlfriend Other: _____

Marriage & Family Information: (Please complete if you are currently engaged)

Name of Spouse: _____ Your Spouse's Age: _____

Address: _____

Phone Number: _____ Email Address: _____

Occupation / Employer: _____ Avg. Hours/Week: _____

Highest degree(s) earned: _____ School: _____

Is spouse willing to come for counseling? _____

Have you ever been separated? _____ When/How Long? _____

Date of Marriage: _____ Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Give brief information about any previous marriages:

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

• Other relevant information can be written on the back of this page

Child's Name	Living	Age	Gender	At Home	Married	Special Condition(s)	*CM/PM/A

* Check this column if child is by current marriage (CM) previous marriage (PM), or adoption (A).

Spiritual / Religious Information

DO YOU CONSIDER YOURSELF A RELIGIOUS PERSON?

Church Name (if applicable): _____ Number of Years at Church: _____

Pastor's Name: _____

Can we speak to your pastor about our counseling sessions?

Denominational Preference: _____ Church Attendance: _____ Times per month

If applicable, what is the religious background of your spouse: _____

Spouse's church attendance: _____ Times per month

Do you have personal devotions?

Do you pray?

Have you come to the place in your life where you can say that you know for certain that you would go to be with God if you died?

Explain:

Have you received Jesus Christ as your Savior?

Explain:

Please note any recent changes in your spiritual life: _____

Health Information

Have you had counseling before? Yes No Have you seen a psychiatrist before? Yes No Currently

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

* Use back of this page if necessary or if you need more space

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: _____

Current illness, injury, or disability: _____

Number of non-working hours per week spent watching television ____ on computer ____ hobbies ____

Are you presently taking any medication? Yes No

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

Check any of the following struggles you and/or your family are experiencing at this time:

You			Family			You			Family		
Abuse			Envy			Perfectionism					
Physical			Fear			Pornography					
Sexual			Financial Mngt.			Pre-Marital Sex					
Verbal			Greed			Pride					
Past			Grief			Priorities					
Addiction			Guilt			Procrastination					
Anger			Homosexuality			Purpose, Lack of					
Anxiety			Humility			Rebellion					
Apathy			Identity			Rejection					
Bad Memories			Impatience			Relationships					
Bitterness			Infertility			Respecting					
Caring for Parents			Insecurity			Authorities					
Chronic Pain			In-Law Conflict			Parents					
Codependency			Jealousy			Spouse					
Communication			Judgment			Same Sex Attraction					
Affection			Leadership			Self-Control					
Day to day			Lifestyle Change			Self-Injury					
Emotions			Loneliness			Selfish					
Planning			Lying			Shame					
Problem Solving			Manipulation			Social Anxiety					
Compulsions			Marital Intimacy			Spiritual Growth					
Depression			Moodiness			Submission					
Debt			On-Line Sins			Suicidal Thoughts					
Discontentment			Panic Attacks			Time Management					
Divorce Recovery			Parenting			Work Unfulfilling					
Doubt Salvation			Parenting Adult Child								
Eating Disorder			Peer Pressure								
Empty Nest			People Pleasing								

Explain/List other struggles:

Other Information

If you were reared by someone other than your own parents, briefly explain: _

Number of older brothers: ____ Older Sisters: ____ Younger brothers: ____ Younger Sisters: ____

Step/half: ____ Step/half: ____ Step/half: ____ Step/half: ____

The town I grew up in was:

My family's financial situation was:

Did you have any significant traumatic events as a child?

Which of the following words best describe your home of origin (check all that apply):

Traditional	Authoritarian	Unpredictable	Divorced	Lonely
Substance Abuse	Physical Abuse	Verbal Abuse	Perfectionist	Critical
Sexual Abuse	Affectionate	Affirming	Safe	Permissive

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. Who referred you to this ministry for help?

5. 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 events):

6. What are your expectations in coming here?

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

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

9. Is there any other information we should know?

10. Is your spouse aware of the above listed information? Yes No If no please explain on the reverse side.

Thank you for taking the time to complete these forms. The information you have provided will enable us to better serve you.

Lifepoint Baptist Church Policy Review

Instructions for Policy Review: After carefully reading each policy please place your initials in the space provided to indicate your understanding and agreement with each policy. If you have questions please direct them to your counselor before your next meeting. If you are a minor your parent/legal guardian must initial and sign this document in your place. If parental consent is an issue because of fear of or actual abuse from the parent involved please explain to the counselor.

Philosophy of Care

It is our goal to provide the highest quality of care that meets your specific needs and honors Christ. We seek to encourage you to understand your identity in Christ so that you are able to meet the challenges of life in a way that will please and honor God and allow you to enjoy His love and plans for you. Scripture serves as our sole authority in faith and practice. The following verses give vision for how we seek to love people well, as we speak the truth in a way that will encourage the counselee to enjoy and grow in Christ-likeness.

- *Rather, speaking the truth in love, we are to grow up in every way into him who is the head, into Christ, (Eph. 4:15)*
- *All Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be complete, equipped for every good work. (2 Tim 3:16-17)*
- *His divine power has granted to us all things that pertain to life and godliness, through the knowledge of him who called us to his own glory and excellence, by which he has granted to us his precious and very great promises, so that through them you may become partakers of the divine nature, having escaped from the corruption that is in the world because of sinful desire. (2 Peter 1:3-4)*

We believe that our past helps shape our present beliefs and behaviors and also influences future beliefs and behaviors. We will address some of the strategies that obstruct us, the foundational issues of our identity, and outline practical steps on how to live by faith, renew your mind, manage your emotions, and resolve emotional trauma of the past or present through faith and forgiveness.

If necessary and at your request we will work with your physician to ensure you receive the appropriate medical care in conjunction with the counseling services you receive.

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

Confidentiality Clause

The privacy and confidentiality of our conversations and records are a privilege of yours and are protected by our ethical principles in all but a few circumstances. Those exceptions are limited to the following: known or suspected child or elderly abuse; the intent to take criminal actions against another person; active suicidal ideations; and, counseling that is mandated by a legal authority, then it is assumed by your initials that you agree that your counselor may give/receive updates and opinions and share records for the purpose of professional continuity.

I understand that the biblical counselor are not ecclesiastical priests and are bound by law to report illegal activity on my part. I understand that if I am breaking the civil law I am under the authority of the state (Romans 13:1-7) and it is my Christian duty to reconcile with the state.

Your counselor reserves the right to consult with other counselors for the purpose of providing the highest level of care. Your counselor reserves the right to involve the church where you hold membership for the purpose of cooperative pastoral care and exercise the principles of Matthew 18:15-20.

*** Initial here if you understand and agree with this Confidentiality Clause: _____

Waiver of Liability

In seeking counseling from Lifepoint Baptist Church, we ask that you must acknowledge your understanding of the following conditions and further release Lifepoint Baptist Church, its agents, affiliates, counselors, employees, Board of Deacons, and all ministry team leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling will be provided by a counselor from a pastoral and biblical perspective. The counseling staff at this time are not licensed counselors in the state of Texas.
2. All counseling is provided in accordance with the biblical principles adhered to by Lifepoint Baptist Church and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above mentioned counselors, is accepted as 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 heard by the Pastor. If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant counselee(s) will involve the Deacons for the purpose of mediation or arbitration.

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

Consent to Counsel

Having read and understood Confidentiality Clause, Waiver of Liability and Philosophy of Care, I,

_____ (print name)

grant permission for Lifepoint Baptist Church to render 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 Lifepoint Baptist Church 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 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 counseling of your own will.

Counselee Signature: _____ Date: _____

Counselor Signature: _____ Date: _____