

DISCIPLESHIP COUNSELING INFORMATION INTAKE FORM

1. CALL FOR AN APPOINTMENT

Counseling Office: 770-502-8050

2. PRINT OUT THESE INTAKES

If you do not have a printer, simply call us and we will mail them to you.

3. COMPLETE AND SIGN INTAKES

Fill out these forms completely.

4. BRING THESE INTAKES WITH YOU

Bring these completed forms with you on the day of your first counseling appointment.

COUNSELING CLIENT INFORMATION

Today's Date: ___ / ___ / ___ Referred By _____

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Phone (Home) _____ (Work) _____

Phone (Cell) _____ (Cell 2) _____

E-mail: _____

Date of Birth: ___ / ___ / ___ Age: _____

Education: _____

Are you a church member? Yes No

Church Name _____

Pastor's Name _____

Religious Background _____

Occupation _____

Employer _____

MARRIAGE AND CHILDREN

*If you have never been married and have no children then you can skip to the next section.

Marital Status (circle the ones that apply):

Single Engaged (wedding date): ___ / ___ / ___

Married (Date): ___ / ___ / ___ Divorced (Date): ___ / ___ / ___

Separated (How long?): _____ Widowed (Date): ___ / ___ / ___

Previous Marriage(s): _____

Spouse's Name (if married): _____

Spouse's Date of Birth: ___ / ___ / ___ Spouse's Age _____

Spouse's Occupation: _____

Spouse's Employer: _____

Do you have children? Yes No

If yes, please list them below and designate step-children as ("Step").

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

5. _____ Age _____

6. _____ Age _____

7. _____ Age _____

PARENTS AND SIBLINGS

Father's Name: _____ Age: _____

Mother's Name: _____ Age: _____

Names & Ages of Brothers & Sisters:

Please include yourself, and any half brothers and sisters names.

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

5. _____ Age _____

6. _____ Age _____

7. _____ Age _____

8. _____ Age _____

9. _____ Age _____

COUNSELING INFORMATION INTAKE FORM

MEDICAL AND PERSONAL

Have you had any counseling before? Yes No

Counseling/Therapist Names: _____

Dates To / From: _____

Outcome and Diagnosis: _____

Date of Last Medical Exam ____ / ____ / ____

Please rate your health? Excellent Good Average Poor

Are you on medication? If yes, what kind(s) _____

Do you have an addiction? Yes No Uncertain

Have you had any previous trauma? (Physical, Emotional, or Sexual Abuse, Abortion, Etc.) Yes No Uncertain

Is your spouse aware of your desire for counseling? Yes No

Have you ever been arrested? Yes No

In case of emergency, who should we notify?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Relation: _____

What has been done about your concern up to this present time?

What specifically do you expect your counselor to do to help you with your concern?

BASIC INFORMATION

Briefly answer the following questions.

What concern has caused you to come for counseling at this time?

Is there any other information that you think we should know?

COUNSELING INFORMATION INTAKE FORM

Please complete the following:

In order to understand me _____

What really hurts me _____

What I wish I could change _____

My childhood was _____

What I wish I could change about myself _____

My greatest regret is _____

My biggest hurt was _____

God is _____

Jesus Christ is _____

If you died today would you spend eternity in heaven? Yes No Uncertain

If you checked YES, please explain.

IN THE PAST 12 MONTHS I HAVE EXPERIENCED

- Death of spouse
- Divorce
- Marital separation
- Jail term
- Death of close family member
- Personal injury or illness
- Marriage
- Fired from work
- Marital reconciliation
- Retirement
- Change in family members health
- Pregnancy
- Sex difficulties
- Addition to family
- Business readjustment
- Change of financial status
- Death of close friend
- Change in # of marital arguments
- Mortgage of loan over \$10,000
- Foreclosure of mortgage or loan
- Change in work responsibilities
- Son or daughter leaving home
- Trouble with in-laws
- Outstanding personal achievement
- Spouse begins or ends work
- Starting or finishing school
- Change in living conditions
- Revision of personal habits
- Trouble with boss
- Change in work hours, conditions
- Change in residence
- Change in schools
- Change in recreational habits
- Change in church activities
- Change in social activities
- Mortgage of loan under \$10,000
- Change in sleeping habits
- Change in number of family gatherings
- Change in eating habits
- Vacation
- Christmas season
- Minor violation of the law

COUNSELING INFORMATION AND CONSENT TO COUNSEL

A. MINISTRY COUNSELING CONCEPT

Jesus said, "...you shall know the truth, and the truth shall make you free." CFT ministry counselors believe that the Bible is truth and sufficient for addressing all of life's problems that are not organic in nature, and that reliance on the Holy Spirit is essential. Therefore, CFT ministry counselors use the Bible as their primary tool in bringing a counselee's concerns to resolution while relying on the Holy Spirit for the results. A vital part of the ministry counseling process is attending a Grow In Grace Seminar. Therefore, all counsees are expected to attend. (Please see receptionist for registration.)

B. MINISTRY COUNSELING CREDENTIALS

CFT's ministry counselors are either ordained pastoral counselors or under the supervision of an ordained pastoral counselor and have been Biblically trained to minister God's grace to others through the Exchanged Life discipleship counseling process. CFT is a member of the Association of Exchanged Life Ministries which suggests the standards for training Exchanged Life ministry counselors. Please feel free to inquire about the training and background of your ministry counselor. CFT's staff are not psychologists, psychiatrists, licensed counselors or therapists.

C. FINANCIAL POLICY

CFT staff counselors raise their own salaries like most missionaries. The office expenses are paid from the counseling contributions. Scripture says, "If we sowed spiritual things in you, is it too much if we should reap material things from you?" Therefore, counsees are asked to contribute financially for the counseling services they receive. Our suggested rate* is \$95 per hour. It is to be noted that no one will be refused counseling for financial reasons. We only ask that when God does bless you financially, you remember CFT's ministry to you. CFT is a non-profit Christian ministry, and any amounts donated above \$95 are tax-deductible to the full extent allowed by law and will be used to help other counsees who are unable to contribute.

*If your counselor determines that an assessment is beneficial, there is a one-time \$30 cost per person for the assessment.

D. BOOK AND AUDIO POLICY

Books and Audio related to counselee's concern will be recommended by the counselor to facilitate the counseling process. If counselee is unable to purchase the materials recommended, then the counselee should avail themselves to CFT's rental library. Should counsees choose to rent the prescribed books or audios, a \$5.00 rental fee per item will be charged. When renting books and/or audios, counselee agrees to return all items within 2 weeks. By not returning the materials on the prescribed date, counselee consents to purchase the rental materials, and expects to be billed by CFT for the materials plus applicable taxes.

E. APPOINTMENTS AND CHILDCARE

If the counselee has to reschedule an appointment, they should do so at least 24 hours in advance so that the counselor may reschedule their time and give others an opportunity to fill the vacated time slot. Should no one be available to speak with you personally, please leave a message on the CFT's voice mail to reschedule your appointment. Child care is the responsibility of the parent or guardian. Child care is not provided by CFT. Parents or guardians must remain on the premises while a child is being counseled in order to facilitate communication with the counselor and in order to be present in the event of an emergency.

F. CONFIDENTIALITY COMMITMENT

Confidentiality is essential to our discipleship counseling process. CFT ministry intakes, notes and personal testimonies taken, given, or shared will not be transferred to any one except when the information is used in consultation (See Consultation Consent).

When we do release information about a client, it will only be the fact that the person has been in for counseling and the number of sessions a client has attended. We are not licensed therapist, psychologists or psychiatrists. We do not diagnose psychological disorders. If one desires to be psychologically diagnosed, one will have to see a licensed therapist, psychologist or psychiatrist who is proficient in evaluating individuals by the Diagnostic and Statistical Manual of Mental Disorders.

Persons receiving counseling can expect confidentiality to be modified in the following situations: 1. When the personal safety of the counselee or another person is an issue. 2. When any form of child abuse (physical or sexual) or child neglect is disclosed to or suspected by your counselor.

G. GROUP OR FAMILY COUNSELING

All communication that occurs in a group counseling or training environment is confidential and is not to be shared outside of the group.

H. CONSULTATION CONSENT

I do hereby give my consent for my counselor to consult with others (i.e. pastors), that the ministry counselor may deem appropriate to consult with, in order to assist in the assessment of my counseling concerns, for the purpose of providing the best possible help, in making recommendations, formulating treatment strategies, or in considering an appropriate referral.

I. PRAYER MINISTRY

I do do not give my consent that my counseling concerns be made a matter of prayer by CFT's Prayer Ministry. I would would not like for my concerns to be associated with my initials only.

I. MAILING LIST

CFT has a free ministry newsletter sent out quarterly with encouraging articles and updates on our ministry. Would you like to be added to our mailing list? Yes No

By my signature, I affirm that I have read and do understand the above statements.

Counseling Client's Name (please print)

Counseling Client's Signature

Date

Parent or Guardian's Name (please print)

Parent or Guardian's Signature

Date