

YOUTH INTAKE FORM

1. CALL FOR AN APPOINTMENT

Phone: 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

Please fill out these forms with as much detail as possible.

4. BRING THESE INTAKES WITH YOU

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

----- Part 1 - To be completed by the parent or guardian. -----

CLIENT INFORMATION

Today's Date: ___ / ___ / ___ Referred By _____
 Child's name: _____
 Date of Birth: ___ / ___ / ___ Age: _____
 Grade Level: _____
 Does the child attend church? Yes No
 Church Name _____
 Pastor's Name _____
 Religious Background _____
 Child's custodian/guardian(s) is/are: _____
 Child's Address: _____
 City: _____ State: ___ Zip: _____
 Phone (Home) _____ (Work) _____
 Phone (Cell) _____ (Cell 2) _____
 E-mail: _____

FATHER'S INFORMATION

Father's Name: _____ Age: _____
 Father's Address: _____
 City: _____ State: ___ Zip: _____
 Phone (Home) _____ (Cell) _____
 Occupation _____
 Employer _____
 Religious Affiliation: _____
 Father's Marital Status: Married Engaged Widowed Divorced
 Separated Live with Partner Other _____

MOTHER'S INFORMATION

Mother's Name: _____ Age: _____
 Occupation _____
 Employer _____
 Religious Affiliation: _____
 Phone (Home) _____ (Cell) _____
 Mother's Marital Status: Married Engaged Widowed Divorced
 Separated Live with Partner Other _____
 *If parents living apart then please fill in the address blanks below.
 Mother's Address: _____
 City: _____ State: ___ Zip: _____

FAMILY COMPOSITION

Who currently resides in the same house as the youth? Please include everyone including any half or step brothers and sisters names.

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

YOUTH INTAKE FORM

MEDICAL AND PERSONAL

Has your child had any counseling before? Yes No
Counseling/Therapist Names:
Dates To / From:
Outcome and Diagnosis:
Date of Last Medical Exam
Please rate child's health? Excellent Good Average Poor
Is your child on medication? If yes, what kind(s)

Does your child have an addiction? Yes No Uncertain
Have they had any previous trauma? (Physical, Emotional, or Sexual Abuse, Abortion, Etc.) Yes No Uncertain
Has your child ever been arrested? Yes No
In case of emergency, who should we notify?
Name:
Address:
City: State: Zip:
Telephone (Home): (Work):
Relation:

Briefly answer the following questions.

BASIC INFORMATION

What concern has caused you to bring your child in for counseling at this time?
What is your assessment of the child's personality? Strengths, weaknesses, etc.
What is the current family situation?

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

Has anyone in the family experienced similar problems?

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

YOUTH INTAKE FORM

How do the parents relate to each other?

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

What is the parents style of discipline?

What are your expectations for this child?

How is the child different from other members in the family?

How does the child handle stress?

PLEASE CHECK ANYTHING YOUR CHILD HAS GONE THROUGH IN THE LAST 12 MONTHS

- Death of Parents
- Divorce of Parents
- Separation of Parents
- Remarriage of Parents
- Death of close family member
- Personal injury or illness
- Fired from work
- Change in family member's health
- Pregnancy
- Sexual Abuse
- Addition to family
- Change of financial status of parents
- Death of close friend
- Foreclosure of parent's mortgage or loan
- Change in work responsibilities
- Brother or Sister leaving home
- Trouble with in-laws
- Outstanding personal achievement
- Parent begins or ends work
- Jail term
- Starting or finishing school
- Change in living conditions
- Revision of personal habits
- Change in parents work hours, conditions
- Change in residence
- Change in schools
- Change in recreational habits
- Change in church activities
- Change in social activities
- Change in sleeping habits
- Change in number of family gatherings
- Change in eating habits
- Vacation
- Christmas season
- Minor violation of the law
- Other

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.

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 from those who believe in their ministry to others. The office expenses are paid from the financial contributions of counselees. Scripture affirms this method of supply when it says, "If we sowed spiritual things in you, is it too much if we should reap material things from you?" Therefore, counselees are asked to contribute financially for the counseling services they receive. Our suggested rate* is \$85 per hour. If a counselee is unable to contribute \$85 per hour they should discuss what they can contribute with their CFT staff counselor. 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 \$85 are tax-deductible to the full extent allowed by law and will be used to help others counselees 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 by the counselor, then the counselee should avail themselves to CFT's rental library. Should counselees 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 on the date set by the CFT staff counselor. 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.

F. CONFIDENTIALITY COMMITMENT

All information disclosed to your counselor will be kept in strict confidence. CFT ministry intake forms, 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). However, 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

Confidentiality within group sessions is an essential aspect of a safe and restorative environment. All communication that occurs in a counseling or training environment is confidential and is not to be shared outside of the group. CFT ministry notes and personal testimonies taken, given, or shared during the group session will not be transferred to any one except when the information is used in consultation (See Consultation Consent).

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 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

