129 N. Central Avenue • Laurel, DE 19956 • 302.519.1503 • 302.519.9540

Confidential Client Intake Form

Name: _____ Date: _____

Sex: □ M □ F Date of Birth: _____ Age: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Prefer way of contact: _____

Please **DO NOT** contact me at: □ Home □ Work □ Cell

Email Address: _____

Employer: _____

Occupation/Title: _____ Hours per week: _____

Years on the job: _____ Highest level of education completed: _____

Religious orientation: _____

How did you hear about our services? _____

If A Minor:

Parent/Guardian (Mother's Name): _____

Contact Information: _____

Parent/Guardian (Father's Name): _____

Contact Information: _____

TRAUMA HISTORY

□ No □ Yes Nature of Trauma: _____

□ Experienced physical/verbal/sexual abuse (circle all that apply)

□ Witnessed physical/verbal/sexual abuse (circle all that apply)

□ Major stress-inducing or life-threatening event: _____

When Occurred: _____

Persons Involved: _____

Relational Information

Marital status: □ Single □ Engaged □ Married □ Separated □ Divorced □ Widowed

If engaged, married, divorced, or widowed, how long have you been so? _____

Number of previous marriages for you? _____ For your current spouse? _____

Name of spouse: _____ Spouse's age: _____

Spouse's occupation: _____

Please provide a brief description of your spouse (e.g., angry, controlling, outgoing, supportive):

_____

_____

_____

Please list your children, including step, adopted and foster children:

Name	Sex	Age/Year of death	Relationship to you	Living with whom?

Family Origin

Please list your mother, father, brothers, sisters, stepfamily and/or relatives who had a significant effect upon your life (positive or negative).

Name	Sex	Age/Year of death	Relationship to you	Positive/Negative

Please identify any of the following you experience in your family:
□ Physical Abuse □ Emotional Abuse □ Sexual Abuse □ Abortion(s) □ Gambling

□ Major Losses □ Drug/Alcohol Addiction □ Religious upbringing □ Multiple Marriages

Please describe the kind of family you grew up with:

_____

_____

_____

Counseling History

If you have had any previous counseling, psychiatric treatment, substance abuse treatment, or residential/inpatient care, please list the name of the therapists and/or programs:

Name of Therapist/Program	Issues Addressed	Dates in Treatment

List all medications you have taken for any emotional or psychiatric problem(s) and the reason for medication.

_____

_____

_____

Has anyone in your family ever been treated or hospitalized for substance abuse, mental health issues, or psychiatric conditions? □ Yes □ No
If yes, please describe:
_____

Have any of your family or friends ever attempted or committed suicide? □ Yes □ No

If yes, who and when: _____

Medical History

Name and town of current physician:

_____

Date of last physical exam:

_____

Please list any illnesses, conditions, or surgeries that might be relevant to your reason for seeking counseling: _____

_____

Please list all current medications you are taking (even if use is seldom or as needed):

Name of Medication	Dosage	Reason for taking medicine

Do you: □ Smoke □ Drink □Take drugs If so, how often:_____

What kind: _____

Present Issues and Goals

Please describe why you are coming to counseling (issues, problems, symptoms, how long, etc.):

_____

_____

_____

_____

_____

Check any of the following symptoms or problems that you are currently or have recently experienced:

□ Impulsive behavior □ Sexual problems □ Verbal abuse □ Fears

□ Grief/Loss □ Sexual abuse □ Sexual addiction □ Physical Abuse

□ Obsessive thoughts □ Depression □ Loneliness □ Stress

□ Emotional Abuse □ Chronic pain □ Panic Attacks □ Anxiety

□ Indecisiveness □ Withdrawal □ Gender identity □ Anger

□ Hearing voices □ Hallucinations □ Fatigue □ Poor concentration

□ Low self-esteem □ Loss of appetite □ Bad dreams □ Aggression

□ Racing thoughts □ Trouble sleeping □ Apathy □ Spiritual Apathy/concerns

□ Alcohol use □ Drug use □ Eating problems □ Career choices

□ Relational issues □ Work issues □ Loss of control □ Controlled by others

□ Feeling worthless □ Pornography □ Unwanted memories

□ Pregnancy/Abortion □ Uncertainty of salvation □ Compulsive behavior

Please place an "X" on the scale to indicate how distressing your problems are to you.

(----------)

Very minimal distress Moderate distress Very extreme distress

Are you currently experiencing any suicidal thoughts? □ Yes □ No

Have you experienced suicidal thoughts or attempted suicide in the past? □ Yes □ No

Are you currently experiencing any violent or homicidal thoughts? □ Yes □ No

How long has the current situation been present?

_____ _____

Client's Signature (Parent or Guardian if a Minor) **Date**

Informed Consent for Counseling Services

This document describes how counseling services will be provided through A Father's Heart (AFH). Please review carefully. Your signature(s) indicates your agreement to received care or authorize care for a minor under the following conditions.

1) Our ministry is dedicated to maintaining the privacy of your personal information and is an integral part of providing quality care. All that is discussed as well as your counseling records are kept confidential, except where disclosure is required by law:

a. When you indicate intent to seriously harm yourself or others.
b. When you indicate involvement in, or know about, incidents of abuse to children, the elderly, or the mentally handicapped.
c. When the Pastoral Counselor is directed by legal authority, such as a judge's order as part of a court proceeding.
d. When you have signed the appropriate release of information forms.

Additionally, the Pastoral Counselor will be taking notes during the sessions which will receive the same confidentially.

2) Counseling will cover emotional, physical and spiritual aspects of your life and may sometimes be distressing and difficult. However, you understand working through your present situation will enable you to achieve increased wellness spiritually, personally and relationally.

3) You have the right to ask questions pertaining to your treatment, help set goals and follow through with agreed upon goals and may discontinue counseling at any time. You understand terminating counseling is best decided after consulting with my Pastoral Counselor.

4) The Pastoral Counselor is not licensed by the state of Delaware, yet has receive a Master's of Arts in Pastoral Counseling: Marriage and Families through Liberty University and has met criteria required to providing pastoral or Biblical counseling services for those issues and problems within the sphere of training and competency. The Pastoral Counselor's goal is to help clients explore their central values in life, including religious and spiritual values, in an effort to help resolve the issues brought for counseling. Her Christians beliefs are the foundations from which she operates coupled with the education, training and credentialing received to perform as a Pastoral Counselor. Her personal and counseling values are guided by the Bible and Christian faith, and is open to helping people who share that faith as well as others who have different faith values. However, serious differences in basic life values or counseling goals may hinder the effectiveness of the counseling process.

5) Pastoral Counselor commits to six – eight, 60 minute sessions. Because the Pastoral Counselor is not licensed by the state of Delaware, insurance is not accepted. **The cost for each individual session is $40; pre-marital and marriage is $50 which is payable at time of session** in the form of cash, check or credit card. If you choose to pay by personal check and it is returned from the bank as "insufficient funds", a charge of $35.00 per return will be added to your account. If this should occur, personal checks will no longer be accepted and any outstanding balance will need to be paid prior to next counseling session. It is asked that **24 hours** notice be given if you cannot make an appointment.

6) In the instance where no progress is being achieved, the type of counseling needed is beyond the scope of this Pastoral Counselor, or Pastoral Counselor is not able to continue meeting with client for appropriate reasons, every reasonable effort will be made to provide counseling to another professional who has greater competency in the required area of treatment. It is not the intention to abandon or neglect counselee, but to provide continuity of services. Pastoral Counselor or counselee has the right to terminate the counseling relationship at any time.

7) It is the Pastoral Counselor's duty to maintain relationships with clients on a professional basis. Pastoral Counselor will ensure all reasonable steps are taken to avoid harming counselees and look out for the best interest of the counselee at all times.

8) Pastoral Counselor realizes the power that can be associated within the counselee relationship and will not take advantage of counselee by abusing trust and encouraging dependence. Dual relationships with individuals that could potentially impair judgment and compromise integrity are discouraged. In instances when dual relationships are unavoidable, particularly within congregation, with friends or business relationships, the Pastoral Counselor will ensure reasonable steps are in place to protect the clients clear and appropriate boundaries are established.

9) Any form of sexual behavior or romantic involvement is considered unethical and strictly prohibited regardless if it is consented to or initiated by the counselee.

I have read and understood the preceding information and agree to the policies as stated.

_____ _____

Client's Signature (Parent or Guardian of Minor) Date

_____ _____

Client's Signature Date

_____ _____

Pastoral Counselor's Signature Date