

Northern Michigan Christian Counseling

Counseling Intake Form **CONFIDENTIAL**

"Life History" Questionnaire

Contact Information

Today's Date: _____

Name: _____

Male / Female

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Referred by: _____

Phone: home/work or cell: _____ **May I call:** Yes/No **Leave MSG:** Yes/No

E-mail: _____ **May I Email:** Yes/No

In case of emergency, who can we contact?

Name	Relationship	Phone Number
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Presenting Problem

Please state in your own words the main reason for seeking counseling.

Please Circle Any Of The Following Which Concern You:

- | | | | |
|------------------|----------------------|------------------------|-----------------|
| Shyness | Divorce | Friends | Relaxation |
| Making Decisions | Education | Temper | Unhappiness |
| Being A Parent | Binge Eating | Unforgiveness | Nervousness |
| Sexual Problems | Finances | Sleep Problems | Headaches |
| Ambition | Loneliness | Career Choices | Nightmares |
| Sexual Abuse | My Thoughts | Eating Too Little | Depression |
| Suicidal Thought | Anger | Stress | Tiredness |
| Energy | Inferiority Feelings | Marriage/Relationships | Children |
| Physical Abuse | Stomach Problems | Too Heavy Or Thin | Fears |
| Separation | Self-Control | Work/School | Legal Matters |
| Insomnia | Concentration | Health Problems | Eating Problems |
| Bowel Troubles | Gambling | Spirituality | Memory |

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Please Circle Any Of The Following Strengths You Have:

Confident	Dependable	Decisive	Responsible
Hard Worker	Sensitive	Understanding	Organized
Logical	Sense Of Humor	Very Upsetting	Sympathetic
Loyal	Patient	Extremely Upsetting	Good Listener
Gracious	Totally Upsetting		

Please circle the severity of your problems:

Mildly Upsetting	Moderately Upsetting	Very Upsetting	Extremely Upsetting	Totally Upsetting
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When did your problems begin? *Please give dates.*

Please describe significant events occurring at the time, or since then, which may relate to the development or maintenance of your problems.

Have you been in counseling before or received any professional assistance for these or other problems?
Yes No *If so, please give names, professional titles, dates of treatment and results.*

Have you ever been hospitalized for psychological problems? Yes ___ No ___ If yes, when and where?

Please complete the following sentences:

I came here today...,

My marriage...,

Growing up in my family...,

If I could change one thing...,

Six months from now...,

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PERSONAL AND SOCIAL HISTORY

Are you a student? Yes ___ No ___ Where? _____

Studying what? _____

Employed? Yes ___ No ___ Full Time Part time

Employer _____

Occupation _____

Marital Status (circle one)

Single Engaged Married Separated Divorced Widowed

Name of your Spouse (current) _____

Spouse's Age ___ Spouse's Occupation _____ When married? _____

How long did you know one another before your engagement? _____

PREVIOUS MARRIAGES: *(List how long you were married and the reason for the end of the marriage)*

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CHILDREN: *Please list children by sex, name, and age.*

Name	Male/Female	Age	Your Relationship	Issues

SIBLINGS: *Please list all of your siblings by sex, name, age.*

Name	Male/Female	Age	Your Relationship	Issues

FATHER

If your father is living, what is his age? _____ State of his health? _____

State of your relationship? _____

If your father is deceased, what was his age at the time of death? _____

How old were you at the time? _____ Cause of death? _____

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MOTHER

If your mother is living, what is her age? _____ State of her health? _____

State of your relationship? _____

If your mother is deceased, what was his age at the time of death? _____

How old were you at the time? _____ Cause of death? _____

Please let me know about your relationship with step parents!

FRIENDS

Do you have one or more friends with whom you feel comfortable sharing your most private thoughts and feelings? Yes___ No___

Circle any of the following that applied during your childhood/adolescence:

Happy Childhood School Problems Family Problems Alcohol Abuse Strong Religious Convictions
Drug Abuse Medical Problems Unhappy childhood Emotional / Behavior Problems Incest
Legal Problems Other

RELIGION

As a child? _____

As an adult? _____

Church Affiliation: _____ Pastor _____

Do you find religion: satisfying ___ challenging ___ dull ___ meaningless ___ irrelevant ___

How often do you attend church? _____

How often do you read the bible? _____ How often do you pray? _____

EDUCATION

Last grade completed? _____ Degree? _____

How would you describe your academic performance:

Excellent___ Above Average___ Average ___ Low Average___ Poor___

What were scholastic strengths and weakness?

Did you date much in high school? Yes___ No___

Did you date much in college? Yes___ No_

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MEDICAL HISTORY

Do you have a family physician? If YES, please provide the following:

Physician's Name _____

Address _____ Phone Number _____

Have you ever attempted suicide? Yes__ No__

Does any member of your family suffer from, Alcoholism, Epilepsy, Depression, Mental Disorders?

If yes, please describe:

Has any relative attempted or committed suicide? Yes__ No__

If yes, please describe:

Has any relative had serious problems with the law? Yes__ No__

Do you own a gun? Yes__ No__

Do you have any current concerns about your physical health? Yes__ No__

If yes, please describe:

Are you currently taking medications? Yes__ No__

If yes, please list any medications you are currently taking, or have taken during the past six months
...include aspirin, birth control, and prescription or over the counter medicines.

Please list any possible hereditary health conditions in your family

Are you currently (or have ever been) in an abusive relationship? Yes__ No__

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CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU

	<i>NEVER</i>	<i>RARELY</i>	<i>FREQUENTLY</i>	<i>VERY OFTEN</i>
Marijuana				
Tranquilizers				
Sedatives				
Aspirin				
Cocaine				
Painkillers				
Alcohol				
Coffee				
Cigarettes				
Narcotics				
Stimulants				
Hallucinogens, LSD				
Diarrhea				
Constipation				
Allergies				
High Blood Pressure				
Heart Problems				
Nausea Vomiting				
Insomnia				
Headaches				
Backaches				
Early Morning Awakening				
Fitful Sleep				
Overeat				
Poor Appetite				
Eat "Junk Foods"				

Is there anything else you feel I should know about you and your situation?

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DISCLOSURE AND CONSENT FORM

GENERAL

Since counseling is based upon a particular theoretical orientation as well as the personal style and experience of the counselor, I believe it is in your best interest to briefly explain to my views of the counseling process. In addition, I wish to clarify my administrative policies to avoid any future misunderstandings.

VIEW OF THE COUNSELING PROCESS

I believe in the sufficiency of God's Word to handle issues of life. We follow the Bible's description of man as a fallen creature living in a fallen world. The solution for living in this world is found in God's Word. I am trained to lead you to Scriptures that deal directly with the issues you are facing. I want to show you where the Bible says you are, where the Bible says you should be, and most importantly how to get there.

We are confident that the Bible has all the information necessary for life and godliness. The Bible says in 2 Peter 1:3-4 that God's "divine power has granted to us everything pertaining to life and godliness, through the true knowledge of Him who called us by His own glory and excellence. For by these He has granted to us His precious and magnificent promises, in order that by them you might become partakers of the divine nature, having escaped the corruption that is in the world by lust."

There are no problems between persons or in persons that the Bible fails to address either generally or specifically. Biblical counseling involves giving Scriptural teaching and making practical application to counselees. The Bible will be the authority in all cases.

I view the counseling process as forming an alliance with you, in dependence on God, to explore the nature of your problem. Although we will spend much of our time exploring the specific problem that brought you into counseling, we will also explore, in depth, the nature of your relationship with God and other significant people in your life.

DESIRES AND RESPONSIBILITIES OF COUNSELOR

I desire to see the problem that brought you into counseling resolved to your satisfaction. I also desire to see you entering deep joy and growing in your ability to love others powerfully. In order to help you, I need to get to know you, how you view your problem and how you relate to significant people in your life. I am responsible to be honest with you, and to keep careful records about the directions we pursue in counseling (these records are confidential; no one else will be allowed to see them). I will follow a course of counseling that is in your best interest, and will attempt to resolve only those problems that are within the scope of my training.

CONFIDENTIALITY

Confidentiality is an important element of the therapy process. Your identity and ongoing work in therapy will be kept strictly confidential, with only the following exceptions:

- I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas on how to best help you reach your goals. Such consultations are obtained in a way that maintains complete confidentiality. No identifying information is shared in such consultations.
- If a court of law orders a subpoena of case records or testimony I will first assert "privilege" (which is your right to deny the release of your records). I will release records with your written permission or if a court denies the assertion of privilege and orders the release of records.
- If I feel you are a threat to yourself or others (suicidal or homicidal statements) I may need to report these statements to your family and/or other appropriate mental health or law enforcement professionals.
- There are a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over the age of 18, I am not legally mandated to report it unless I believe that there are minors still living with the abuser who may be in danger of being abused.

Northern Michigan Christian Counseling

FEES AND PAYMENT OF FEES

The standard fee for individual, couple, and family counseling is \$50.00 per fifty minute session. The group rate is \$40.00 per ninety minute session. Fees are paid at the end of each counseling session by personal check, or cash. Arrangements other than this must be made with me. Financial considerations are a real and necessary part of counseling. Openness and flexibility are necessary when determining a client's financial obligation and I sincerely invite you to discuss your fee with me at any time during this relationship.

Appointments are generally made on a regular, weekly basis. In the event you are unable to keep your appointment, a 24 hour notice is required for cancellations. Except for emergencies, you will be charged full fee for a "no show" or for a cancellation without a 24 hour notice. If you are attending a group, you will be required to pay for your place in group whether present or not.

When a client is a minor, counseling fees are the responsibility of the parent/parents or legal guardian. If there is a need for psychological testing, fees are additional and are determined according to the number and type of test(s) administered.

CLIENT'S RIGHTS AND RESPONSIBILITIES

The course of therapy is determined mutually by myself, the counselor, and you, the client. You are encouraged to freely ask me any questions you have regarding my educational and professional background, therapeutic approach, and the specific therapy plan and progress. People often ask how long they will be in counseling. Some clients need fairly brief therapy to understand their conflicts and reach the goals they set for themselves. However, others may require many months or even years of work to achieve the growth they desire. I attempt to work with people in such a way that they have sufficient time to meet their individual therapy goals but I discourage clients becoming inappropriately dependent upon therapy. Consequently, treatment duration varies from person to person. Clients typically know when they are beginning to "feel finished" with therapy work and I encourage you to discuss this when it happens for you so that we can close our relationship as carefully as we begin it. It is your responsibility to determine whether the services offered are appropriate and ultimately helpful. It is always my intention to provide services in a professional manner that is consistent with all accepted ethical standards. If at any time in the course of our work together you feel that there may have been a misunderstanding or you have any question or complaint about my services, please bring this up with me immediately so that I can become aware of your concern and resolve the matter with you. You have the right to end therapy at any time without any moral or legal obligations. Financial obligations will be only those already accrued. If you choose to end the counseling relationship, I do ask that you participate in a termination session.

For the safety and welfare of your child, parents of minor children must remain on the premises and available to the counselor while their child is in session. Please note that if you are waiting on the premises but away from our lobby you need to come in at least 10 minutes prior to the end of your child's session so that you are available to your child and their counselor when the session is over.

COMMUNICATIONS

Email/ texting is not a secure or confidential medium, I cannot guarantee that any email/text that you may send to me will remain confidential. I do consider your communications private and do all I can to maintain confidentiality. If you choose to email/text me, include a phone number where I may reach you if a reply is requested. I do monitor email/text messages throughout the day, but EMAIL/TEXTING IS NOT

RECOMMENDED AS A METHOD FOR CONTACTING ME IN AN EMERGENCY.

Please note that if you choose to email/text me and I decide to respond, I will respond to the address/phone number from which it is sent. If you do not wish others who may have access to the email/text account you are using to also have access to my response, please consider another means of contacting me.

Northern Michigan Christian Counseling

ACKNOWLEDGEMENT

By signing this disclosure and consent statement, the client acknowledges having been informed of his/her rights and responsibilities. In addition, the client acknowledges he/she has read and understands the administrative policies for this counseling office.

Signature of client

Date

Signature of Spouse/Guardian

Date