Life Counseling Center

Confidential In-Take Form
2600 Marriottsville Road – Marriottsville MD 21104
lifecounselingcenter.org - 443-419-3884

Personal Data Inventory

General Information (Person Receiving Counseling)

Name: _____ Today's Date: _____

☐ Male ☐ Female Birth Date: _____ Age: _____

Full Address: _____

☐ Check here to stay up to date on events and information from the counseling center.

Home Phone: _____ Cell Phone: _____ *please indicate best number to reach you*

Occupation: _____E-Mail: _____

Are there any restrictions to send you information to your home address ☐ Yes ☐ No
e-mail address? ☐ Yes ☐ No

How did you hear about Life Counseling Center:_____

Emergency Contact: _____Relationship: _____ Phone _____

Consent for Minors (To be filled out by parents if counseling is for minor)

Mother/Guardian Name: _____ Age: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____ *please circle best number to reach you*

Occupation: _____E-Mail: _____

Father/Guardian Name: _____Age: _____

Full Address (if different than above) _____

Home Phone: _____ Cell Phone: _____ *please circle best number to reach you*

Occupation: _____E-Mail: _____

I/we _____ give consent for our minor son/daughter _____
to receive counseling at Life Counseling Center.

Life Counseling Center Confidentiality Policy

Life Counseling Center believes confidentiality is a vital aspect of the counseling relationship. Counselors agree to carefully guard the information entrusted to us by our counselees to the fullest extent possible in order to ensure the integrity of the counseling process. However it is our responsibility to appropriately protect and warn. We are therefore unable to maintain confidentiality in any of the following areas.

- Any known or suspected child/elderly abuse or neglect.
- Suicidal intention or plans for suicide are disclosed.
- Terrorist plans or involvement.
- Homicidal intention.

In addition, there are certain circumstances where your counselor may need to discuss some of the content of a counseling session with others. These circumstances can include supervision, observation, oversight, and when others are involved in your counseling process.

Supervision is a normal part of counseling. In supervision, counselors share only what is necessary to receive support and direction from their supervisor.

Observation provides continual training and critique to help counselors grow in their abilities. You will never be observed without your permission and consent.

We believe the local church is an essential part of a person's continued growth. Because Life Counseling Center is a ministry of Chapelgate Presbyterian Church there may be times where pastoral oversight is fitting for members. If you do not attend Chapelgate we may suggest pastoral support from your local church if appropriate. Pastoral oversight will not be sought without your knowledge and consent.

Finally, in the case of marriage or family counseling confidentially is limited. In most situations the confidentiality belongs to the relationship. Your counselor will appropriately work with you to determine the best way to proceed in these circumstances.

We do not provide services relating to testifying in court on behalf of the individuals we counsel. If your counseling subject requires testimony or representation in a court setting by a counselor, Life Counseling Center will not be able to accommodate your needs.

I understand and agree with this Confidentiality Statement:

_____

Signature Date

Note: Counseling of children and adolescents:

Our policy is that when a counselor meets with children and adolescents, to ask their parents or guardians to agree that most details of what their children or adolescents tell the counselor will be treated as confidential. However, parents or guardians do have the right to general information about how counseling is going. The counselor may also have to tell parents or guardians about information if their children or others are in any danger. If this situation comes up, the counselor will discuss it with the child or adolescent first before talking to the parents or guardians.

I understand _____

Counseling Agreement:

Thank you for your interest in counseling at the Life Counseling Center. We look forward to the opportunity to serve you. In order to clarify the counseling you will be receiving, please read the following agreement, sign and return the agreement before your first appointment.

- *Description of Counseling*

Your counseling will be biblical Christian counseling. You do not have to be a Christian to receive counsel. We are biblical counselors, not clinical mental health providers or therapists. All of our counselors are professionally trained and highly experienced to walk alongside you in your struggle and suffering.

- *Fees*

The fee for a 50-minute counseling session is $95. In situations that require multiple counselors (i.e. family counseling, certain marriage counseling, or other group training events), fees will be adjusted to reflect the number of counselors working with you or your family. Payment is due at each visit before you meet with your counselor. We accept cash, checks and major credit cards. Sliding scale information is available upon request. Please discuss any special circumstances with the Director There may be additional fees for other services or counseling needs such as phone or text conversations, e-mails, report writing, authorized consultations, preparation of records or treatment summaries, attending hearings or other services requested will incur additional fees.

- *Confidentiality*

The Life Counseling Center is very sensitive to the issue of confidentiality. To release counseling information without your consent would violate both biblical standards and commonly accepted codes of counseling ethics. Your case may be occasionally reviewed in a weekly supervision group, but every effort is made to safeguard the identity of each counselee and confidentiality is applied by the group as a whole.

- *Scheduling Appointments*

Initial appointments are set up with Pam Riley in the Life Counseling Center at 443-419-3884 or priley@chapelgate.org

- *Missed Appointments*

As a non-profit ministry, the Life Counseling Center must be a careful steward of our resources, including time. ***Therefore, sessions must be cancelled 24 hours in advance or a cancellation fee of $60 will be charged***. A $40 returned check fee will be charged if your check does not clear the bank when presented.

I have read and agree to the counseling agreement. _____

Personal In-Take Information

The information below will be given to your counselor before the start of your first appointment. There is no obligation to answer every question, however your answers help your counselor better care for you.

Marital Status (check all that apply):

☐ Single ☐ Dating ☐ Engaged ☐ Married ☐ Divorced ☐ Separated

☐ Widowed ☐ Remarried ☐ Living together & unmarried

I consider myself: ☐ Heterosexual ☐ Homosexual ☐ Not Sure

Religious Background

Church presently attending:_____

How often do you attend church? _____ Are you actively involved? _____

Are you a member? ☐ Yes ☐ No Pastor's Name: _____

Does your pastor know of your decision to seek biblical counseling? ☐ Yes ☐ No

Do we have your permission to contact your pastor? ☐ Yes ☐ No

What do you feel are God's expectations of you currently?: _____

What is your greatest spiritual need at this point?: _____

Family Information

Is your father living? Y / N Is your mother living? Y / N

Describe your parents' involvement in your life: _____

Parents were (circle all that apply): Never Married Married Separated Divorced Remarried

Your age when parents separated: _____ Your age when parents divorced: _____

Siblings younger or older than you _____

Check all that apply regarding siblings:

☐ Adopted ☐ Biological ☐ Step

Were you raised by anyone other than your biological parents during your childhood? ☐ Yes ☐ No

Relative(s) you feel closest to: _____

Children

Check if applies:
SC = your stepchild, no biological relation to you
NM = your biological child whose other parent you were not married to

SC NM Age/Gender Living? (Y/N) Marital Status

☐ ☐ _____

☐ ☐ _____

☐ ☐ _____

☐ ☐ _____

Other Pregnancies (that you fathered or carried)

# of miscarriages: _____ # of abortions: _____

Men only - I could have other children that I haven't met. ☐ Yes ☐ No

Personality Information & Present Situation

Circle any of the following words which best describe you currently:

Active Ambitious Self-Confident Persistent Nervous Hardworking Impatient
Impulsive Moody Often-Blue Excitable Imaginative Calm Serious Shy
Easy-Going Good-Natured Introvert Likeable Leader Quiet
Submissive Self-Conscious Lonely Sensitive Outgoing Fearful Anxious Organized
People Pleaser Other _____

Have you ever experienced…

- A severe emotional upset, nervous breakdown or life-changing crisis? ☐ Yes ☐ No
- Hallucinations (not chemically induced)? ☐ Yes ☐ No
- Suicidal …thoughts? ☐ Yes ☐ No …plans? ☐ Yes ☐ No … attempts? ☐ Yes ☐ No
- Homicidal …thoughts ☐ Yes ☐ No …plans? ☐ Yes ☐ No … attempts? ☐ Yes ☐ No
- Physical/mental/emotional abuse? ☐ Yes ☐ No
- Rape, inappropriate touch or sexual abuse? ☐ Yes ☐ No
- I've abused another person: ☐ Yes ☐ No I've molested another person ☐ Yes ☐ No

First exposure to pornography (age): _____
Use of pornography (Circle what applies): A Lot Medium A Little None Never

Total # of sexual partners: _____

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

☐ Stress
☐ Anxiety
☐ Panic
☐ Depression
☐ Apathy
☐ Fatigue/Lack of Energy
☐ Loss of Appetite/Overeating
☐ Trouble Sleeping
☐ Poor Concentration
☐ Feeling Worthless
☐ Recent Death
☐ Grief
☐ Work Stress
☐ Chronic Pain
☐ Indecisiveness
☐ Spiritual Problems
☐ Controlling
☐ Communication Issues
☐ Marital Problems
☐ Physical Abuse
☐ Emotional Abuse
☐ Verbal Abuse
☐ Sexual Abuse
☐ Sexual Problems
☐ Gender Identity Issues
☐ Anger
☐ Aggressive Behavior
☐ Bad Dreams
☐ Unwanted Memories
☐ Fears
☐ Shyness
☐ Loss of Control
☐ Parenting Problems
☐ Controlled by Others
☐ Guilt/Shame
☐ Relational Conflict
☐ Compulsive Behaviors
☐ Seeing Things Others Don't
☐ Hearing Voices
☐ Racing Thoughts
☐ Eating Problems
☐ Drug Use
☐ Porn Use
☐ Alcohol Use
☐ Pregnancy
☐ Abortion
☐ Legal Matters
☐ Loneliness
☐ Low Self-Esteem
☐ Impulsive Behavior
☐ Financial Problems
☐ Obsessive Thoughts
☐ Other

Please use an "X" on the scale below to indicate how distressing your problem(s) are to you today.

|---------- |

Very Minimally Distressed — Moderately Distressed — Very Extremely Distressed

Have you used drugs for other than medical purposes? ☐Yes ☐No

If so, what drugs? Is this current or past drug use or both? _____

_____

How many alcoholic beverages do you consume, and how often? _____

Have you ever had alcohol-related or drug problems or struggled to control drinking? ☐Yes ☐No

Have you ever struggled with non-chemical addiction(s) such as gambling, sexual activity, overeating, overworking, shopping, romance, etc.? ☐ Yes ☐ No

Explain:
_____

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal), thinking and memory, or work habits? ☐ Yes ☐ No

Explain: _____

In the past year, have you suffered the loss of someone who was close to you? ☐ Yes ☐ No

Have you had any close family/friends commit suicide? ☐ Yes ☐ No

If yes, their relation to you, and when: _____

Briefly Answer The Following Questions:

1. What brings you to counseling? Please write a quick summary of your main concerns.

_____

_____

_____

… how long have you had these concerns? _____

2. What have you already done about these concerns? What have been the results?

_____

_____

_____

3. Please describe any other significant events occurring presently.

_____

_____

_____

4. What are your expectations and goals for counseling?

_____

_____

_____

5. Have you ever participated in counseling in the past? ☐ Yes ☐ No

6. Was it helpful? ☐ Yes ☐ No

7. From whom do you normally receive advice for problems? (check all that apply)

☐ Friend ☐ Pastor ☐ Neighbor ☐ Relative/Family

☐ Counselor/Therapist ☐ Other: _____