LIFE COUNSELING CENTER MINISTRIES

Confidential Intake 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: _____

_____

Home Phone: _____ Cell Phone: _____

Best phone to contact you?_____

Occupation: _____ E-mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

How did you hear about Life Counseling Center Ministries?

_____

_____

Life Counseling Center Ministries Confidentiality Policy

Life Counseling Center Ministries believes confidentiality is a vital aspect of the counseling relationship. We agree to carefully guard the information entrusted to us by our counselees to the fullest extent possible 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 follow 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 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, confidentiality 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 Ministries counselors will not be able to accommodate your needs.

I understand and agree with this Confidentiality Statement:

Signature **Date**

Counseling Agreement

Thank you for your interest in counseling at the Life Counseling Center Ministries. 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. While some of our counselors are licensed mental health workers, we provide faith-based counseling. All our counselors are professionally trained and highly experienced, able to walk alongside you in your struggles 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. Please discuss any special circumstances with the Director. Additional fees may be assessed 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 requested services.

- *Confidentiality*

The Life Counseling Center Ministries is sensitive to the issue of confidentiality. Releasing counseling information without consent violates 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 the counselee and confidentiality is applied to the group as a whole.

- *Scheduling Appointments*

For an initial appointment, contact the Life Counseling Center: 443-419-3884 or lccadmin@chapelgate.org

- *Missed Appointments*

As a non-profit ministry, the Life Counseling Center must be a good steward of resources, including time. Therefore, sessions must be cancelled 24 hours in advance or a $60 cancellation fee will be assessed. 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

_____

Signature **Date**

Personal Information

The information below will be given to your counselor before the start of you first appointment. You are not obligated to answer every question; however, your answers help your counselor better care for you.

Marital Status:

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

☐ Widowed ☐ Remarried ☐ Living together & unmarried

Children? (*Age/Gender*)

_____

_____

_____

Religious Background:

Church presently attending:_____

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

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

Do you profess faith in Jesus? ☐ Yes ☐ No ☐ Unsure

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

Would you like your pastor informed of situations related to your counseling? ☐ Yes ☐ No (*Contact only made after conversation and consent form signed*.)

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

_____

What is your greatest spiritual need at this point?_____

_____

Family Information:

Is your father living? ☐ Yes ☐ No Is your mother living? ☐ Yes ☐ No

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:_____

Were you raised by anyone other than your biological parents? ☐ 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 Easygoing 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
- Do you feel you were abused? ☐Yes ☐No

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
☐ Gender Identity Issues
☐ Trouble Sleeping
☐ Poor Concentration
☐ Marital Problems
☐ Physical Abuse
☐ Emotional Abuse
☐ Verbal Abuse
☐ Sexual Abuse
☐ Sexual Problems
☐ Porn Use
☐ Anger
☐ Aggressive Behavior
☐ Compulsive Behaviors
☐ Seeing Things Others Don't
☐ Hearing Voices
☐ Racing Thoughts
☐ Eating Problems
☐ Drug Use
☐ Loss of Appetite/Overeating
☐ Alcohol Use
☐ Pregnancy

☐ Feeling Worthless	☐ Bad Dreams	☐ Abortion
☐ Recent Death	☐ Unwanted Memories	☐ Legal Matters
☐ Grief	☐ Fears	☐ Loneliness
☐ Work Stress	☐ Shyness	☐ Low Self-Esteem
☐ Chronic Pain	☐ Loss of Control	☐ Impulsive Behavior
☐ Indecisiveness	☐ Parenting Problems	☐ Financial Problems
☐ Spiritual Problems	☐ Controlled by Others	☐ Obsessive Thoughts
☐ Controlling	☐ Guilt/Shame	☐ Other
☐ Communication Issues	☐ Relational Conflict	

Please use an "X" on the scale below to indicate how distressing the problem(s) for which you are seeking counseling currently feel.

[----------]

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

Explain:_____

First exposure to pornography (age): _____

Use of pornography (Circle all that applies): A Lot Medium A Little None Never

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

If yes, what was most helpful to you?_____

_____

What was unhelpful? _____

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

☐ Friend ☐ Pastor ☐ Neighbor ☐ Relative/Family

☐ Counselor/Therapist ☐ Other:_____

Updated: February 2019