



PERSONAL INFORMATION AND HISTORY (INTAKE)

counsel • self-study • teaching • cell group • life

NAME: _____ PHONE: _____

ADDRESS: _____

GENDER: _____ BIRTH DATE: _____ AGE: _____ EMAIL: _____

MARITAL STATUS: Single Engaged Married Separated Divorced Widowed

EDUCATION: Last Grade Completed _____

NAME OF SPOUSE: _____ YEARS MARRIED: _____ OCCUPATION: _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. Please describe the current problem for which you are seeking counseling.

2. What have you attempted to do to alleviate the problem (if anything)?

3. What do you hope to achieve through the counseling process. Briefly list two to three goals.

4. Have you sought other outside help? If so, from whom?



5. Are you a believer in Jesus Christ? Yes No (Circle One)
6. Please explain the Gospel as you understand it in the space provided below: (use back of page if necessary)

CANCELLATION POLICY

Your appointment time is reserved exclusively for you. We do request that you exercise due diligence and contact our offices within 24 hours of realizing a cancellation is necessary.

I agree to this policy as stated above and understand that it is my responsibility to do everything possible to keep my appointment or contact the office at least 24 hours in advance of a cancellation.

Signature _____ Date _____

ASSESSMENT

1. Please check all the following that apply to you at this time:

- | | |
|---|---|
| <input type="checkbox"/> I feel depressed | <input type="checkbox"/> I feel anxious |
| <input type="checkbox"/> I am having marital problems | <input type="checkbox"/> I struggle with my in-laws |
| <input type="checkbox"/> I have children | <input type="checkbox"/> I struggle as a parent |
| <input type="checkbox"/> I abuse alcohol | <input type="checkbox"/> I use illegal drugs |
| <input type="checkbox"/> I use prescription drugs | <input type="checkbox"/> I abuse prescription drugs |



Continued from previous page: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I view pornography | <input type="checkbox"/> I struggle sexually |
| <input type="checkbox"/> I feel hopeless | <input type="checkbox"/> I feel fearful |
| <input type="checkbox"/> I feel angry | <input type="checkbox"/> I struggle with anger |
| <input type="checkbox"/> I am a poor communicator | <input type="checkbox"/> I feel sad |
| <input type="checkbox"/> I struggle with bitterness | <input type="checkbox"/> I feel worthless |
| <input type="checkbox"/> I do not attend church regularly | <input type="checkbox"/> I do not read my Bible often |
| <input type="checkbox"/> Jesus is important in my life | <input type="checkbox"/> I don't think about Jesus much |
| <input type="checkbox"/> I strongly fear rejection | <input type="checkbox"/> I have been sexually abused |
| <input type="checkbox"/> I have been physically abused | <input type="checkbox"/> I have been verbally abused |
| <input type="checkbox"/> I have been sexually abusive | <input type="checkbox"/> I have been physically abusive |
| <input type="checkbox"/> I am a loving husband | <input type="checkbox"/> I am a respectful wife |

CHURCH AFFILIATION

1. Are you a member of a local church? Yes No (Circle One)
2. If so, how long have you attended this church? _____
3. Are you actively involved in your church? Yes No (Circle One)
4. Do you have a person/people to whom you are accountable at your church? Yes No (Circle One)
5. Do you believe being an active part of a community of believers is important to reaching your goals in counseling? Why? Why Not? (use back of this page if necessary)



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REFERRAL

Please provide the information below regarding who referred you to Restoring Hope Biblical Counseling. May we send them a card extending our appreciation for their trust in our services? Yes No (Circle One)

Name: _____ email: _____

Address: _____ Phone: _____

Church/Ministry Affiliation: _____

INFORMED CONSENT COUNSELEE RIGHTS AND RESPONSIBILITIES

In an effort to make informed decisions about your counseling experience, the following paragraphs are provided in order to discuss pertinent information regarding your counselor's background and qualifications as well as your rights and responsibilities as a client. If you have any questions or concerns as it relates to the following information, please feel free to express them.

LICENSURE:

YOUR COUNSELOR IS NOT A LICENSED PROFESSIONAL. IT IS UP TO HIM OR HER TO MAKE SURE HE/SHE IS OPERATING ACCORDING TO THE LAWS OF HIS/HER STATE AS IT PERTAINS TO COUNSELING.

MEMBERSHIP TO THE ASSOCIATION OF BIBLICAL COUNSELORS

Your counselor is a member of the Association of Biblical Counselors. While such membership provides opportunity for training and exposes members to quality biblical counseling resources, membership in the Association of Biblical Counselors alone does not necessarily qualify a person to provide sound biblical counseling. Do not hesitate to ask your counselor about his or her training and education in the realm of counseling prior to entering counseling with him or her.

METHOD OF COUNSELING:

Your counselor's method of counseling is based on biblical principles. He/she is a Christian counselor, which means that he/she believes Jesus Christ is the Son of God, and that by trusting in His atoning death, anyone may have life in his name (John 5:24). Your counselor's beliefs impact and shape the counseling process significantly, and if you are willing he/she is eager to work with you even if you do not share his/her faith.



GOALS, RISKS, AND BENEFITS:

There is often a risk of emotional or relational turmoil that may stem from counseling. Sometimes feelings and situations worsen before they get better. Often counseling brings up painful emotions or memories, or exposes sinful and hurtful patterns (of self and/or others). Our goal is to biblically address these issues and emotions together in order to work through them in a timely manner. Other types of counseling, such as life groups or discipleship groups may also be appropriate in your situation. Together we will determine if one or more types of counseling are indicated and/or appropriate.

LENGTH OF COUNSELING:

Length of counseling is very difficult to predict. Each individual and marriage has unique strengths and weaknesses, and each problem is different from the next. The goal is that each counselee will finish counseling in a timely manner, without unnecessary waste of time and money.

FEES:

Counseling sessions will be 50 minutes long. Together with your counselor, decisions concerning how often and how long you should come will be discussed. Each session has a suggested donation of \$25. Personal checks or cash are accepted and an envelope for the donation can be requested. This is simply a suggested donation to help the ministry continue, and counseling is provided whether one can donate or not. Our goal is to help the hurting find wholeness in Christ. Restoring Hope is an ongoing ministry of New Hope Church. All donations should be made out to Restoring Hope Ministries and earmarked Biblical Counseling.

RIGHT TO PRIVACY and COUNSELOR ACCOUNTABILITY:

Since your counselor is not licensed, he or she is not responsible to the ethics outlined by the state board in which he or she ministers. However, he or she is responsible to the authority of the Bible and his or her church community. Therefore, conduct that would be deemed inappropriate or sinful in the Bible should be reported to the local pastor under which the counselor operates. It is recommended that you consult the counselor prior to beginning the counseling process, and gather the name and number of his or her pastor in the event you encounter inappropriate or abusive behavior from your counselor. Such behavior includes, by is not limited to, sexual contact, sexual innuendo, and inappropriate disclosure of personal information to others. If you have questions about the methods of counsel you are receiving, do not hesitate to contact his or her pastor. If the conduct of your counselor is considered illegal by law, do not hesitate to contact the proper authorities.

Content of your counseling sessions is confidential. However, legally and biblically there are several conditions under which your counselor may break confidentiality. They are listed as follows: (continued on next page)



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1. If you threaten to hurt yourself or someone else.
2. If you disclose any involvement in child-abuse.
3. If your conduct merits church discipline as outlined in the by-laws of the church of which you are a member.

REFERRALS:

Should the counselee and/or counselor believe that a referral is needed, alternatives will be provided. A verbal exploration of alternatives to counseling will also be made available upon request. The counselee will be responsible for contacting and evaluating those referrals and/or alternatives.

CONSENT FOR COUNSELING MINORS:

I, _____ (counselor name), represent that I have legal authority to obtain counseling for any minor child/children.

EMERGENCIES:

During office hours, the counselee can contact the counselor at 330-601-0419 ext 306. If the counselee is unable to reach his counselor in a timely manner, he should contact , his pastor, his physician, a local emergency room or the local police department when necessary and appropriate. It is the counselee's responsibility to seek the appropriate resources in emergency situations.

By your signature below, you indicate that you have read and understood this statement, and any questions about this statement were answered to your satisfaction. You also indicate that you have received a copy of this statement for your records. Your counselor's signature, _____ (counselor name) verifies the accuracy of this statement and acknowledges his/her commitment to conform to its specifications.

Counselee/Guardian Name (Print): _____

Signature: _____

Date: _____

Counselor Name (Printed): _____

Signature: _____

Date: _____