

Arise To Thrive Intake Forms

Please answer to the best of your ability. Any question you feel uncomfortable answering, you can leave blank and discuss with your counselor.

1. Name _____
2. Phone _____ Cell _____
3. Email address: _____
4. Address _____
City _____ State _____ Zip _____
5. Occupation: _____ Employer: _____
7. Birth Date: _____ 8. Sex: Male Female
9. Age: _____
10. Marital Status: Single Engaged Married Separated Divorced Remarried Widow
11. Education: Elementary High School GED College Graduate Degree: _____
12. Other Training (List type and years): _____
13. Hobbies: _____
14. Referred to us by: _____ Relationship: _____
15. If you were raised by anyone other than your own parents, briefly explain:

16. How many siblings do you have? Older brothers: ___ Sisters: ___ Younger brothers: ___ Sisters: ___

Marriage Information:

17. Name of Spouse: _____
Address: _____
Occupation: _____ Phone: _____
Age: _____
Business Phone: _____ Religion: _____
Education: _____
18. Does your spouse know you are coming for counseling? Yes No
19. Is your spouse willing to come to counseling? Yes No Uncertain
20. Have you ever been separated? Yes No When?
From: _____ Till: _____

21. Your ages when married: Husband: _____ Wife: _____ Wedding Date: _____

22. How long did you know your spouse before marriage? _____

23. Length of steady dating with spouse: _____
Length of engagement: _____

24. Give brief information about any previous marriages:

Children Information:

25. List the information about your children below :

*(PM)	NAME	AGE	SEX
LIVING ?	EDUCATION	MARITAL STATUS	
		yes/no	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Check this column if child is by previous marriage

History Information:

26. Have you dealt with severe emotional struggles in your past? Yes No

27. Have you ever had any therapy or counseling before?

Yes No

If yes, list counselor or therapist and dates:

What was the result of your counseling?

28. Check off any of the following words which best describe you now:

<input type="checkbox"/> self confident	<input type="checkbox"/> anxious	<input type="checkbox"/> moody
<input type="checkbox"/> often sad	<input type="checkbox"/> impulsive	
<input type="checkbox"/> excitable		<input type="checkbox"/> calm
<input type="checkbox"/> fearful	<input type="checkbox"/> shy	
<input type="checkbox"/> extrovert	<input type="checkbox"/> introvert	<input type="checkbox"/> likeable
<input type="checkbox"/> lonely	<input type="checkbox"/> bitter	
<input type="checkbox"/> angry		

29. List fears you have:

30. Have you ever been arrested? Yes No Reason: _____

Health Information

32. Rate your health: Very Good Good Average Declining Other _____

33. Approximately how much sleep do you get each night? _____

34. When do you go to sleep at night? _____ When do you get up? _____

35. Your approximate: Weight _____ Height _____

36. Weight changes recent Lost ____ Gained ____

37. Do you have any chronic medical conditions? –List and Describe below:

38. When is the last time that you have been seen by a doctor for a physical? _____

39. Are you presently taking prescription medications? Yes No

Please list:

39. How much alcohol do you consume? Daily Weekly Occasionally Very little or never

40. In the past five years, have you used illegal or excessive prescription drugs? Yes No Not sure

Religious Background

41. Church attended in childhood (if any): _____ City: _____

42. What church do you now attend (if any)? _____ City: _____

43. What is the number of church activities you attend per month? (circle)

0	1	2
3	4	5
6	7	8
9	10	10+

44. Do you desire for us to contact your pastor for background information? Yes No

45. Do you believe in God? Yes No Uncertain

46. Do you pray to God? Yes No Occasionally

47. Are you a Christian? Yes No Uncertain

48. Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? Yes No Not Sure

49. How often do you read the Bible? Often Occasionally Never

50. Does your family regularly read the Bible and pray together? Often Occasionally Never

51. Religious background of spouse: _____

52. If you died today and God asked you "Why should I let you into my heaven?" What would you say?

53. Explain any recent changes in your religious/spiritual life, if any:

Briefly answer the following questions that help us understand your situation better

1. How do you describe the issues with which you are struggling?

2. What have you tried to do about it?

3. How do you hope counseling might help? (What are your expectations in coming here?)

4. What brings you here at this time? (Did any recent event cause you to schedule the appointment now?)

5. Is there any other information you think we should know to help you?

POLICIES AND PROCEDURES

POLICIES AND PROCEDURES Welcome to _____. Please read all documents thoroughly and complete them where necessary, so that you are prepared to discuss any questions with your counselor during your first session.

1. CONFIDENTIALITY All information obtained/derived by the course of counseling is fully confidential. Exceptions to this guideline include instances when (a) the client is a clear danger to themselves or others; (b) the client is a minor (under the age of 18) and reports that he or she is or has been a victim of physical or sexual abuse; and (c) there is any suspected abuse to a child or elder abuse. If you desire Randall Family Counseling to release or obtain information from a specific individual or agency, ask your counselor for an “Authorization to Release Information” form. I understand that cases are occasionally discussed between Randall Family Counseling counselors to provide the best Christian Counseling as possible. **(Initial)**_____

2. TELEPHONE CALLS Occasions may arise when you need to talk to your counselor in between normally scheduled sessions. If you leave a message with your counselor, they will make every effort to respond in a timely manner. Any consultation by telephone made between scheduled sessions will incur a charge to the client if the telephone call exceeds 50 minutes. If there is a life-threatening emergency, call 911 or go immediately to your local Emergency Room. **(Initial)**_____

3. LENGTH OF SESSION All sessions scheduled through _____ will be in 1 hour increments. **(Initial)**_____

4. FEES AND PAYMENT*

All payments are due at the time service is rendered. Payment may be made in the form of cash or credit. Please advise your counselor which form of payment you will be utilizing prior to your first session. Our current fee for individual sessions are \$ _____ | **Couples sessions are \$ _____ per session** with a recommendation of a minimum amount of 4 sessions. **(Initial)**_____

5. CANCELLATIONS AND MISSED APPOINTMENTS When your appointment is scheduled, a particular time slot is reserved for you on either a weekly or bi-weekly basis. It is your responsibility to give at least 24 hours' notice if you must miss or cancel an appointment so that the counselor can make use of that time slot. Therefore, a cancellation fee of \$30.00 will be assigned every time an appointment is missed or cancelled with less than 24 hours' notice. This fee is assessed regardless of the reason for missing or cancelling the originally scheduled appointment. Repeated cancellations or missed appointments may affect the retention of your allotted time slot. There is a limit of one cancellation every three months in order to keep your allotted time slot in place. Therefore, if a second cancellation occurs within the three month time frame, the counselor may be unable to reserve your allotted time slot for you. However, your counselor will likely be able to keep you on their caseload via a floating time slot.

(Initial) _____

7. INCLEMENT WEATHER POLICY The counselor is responsible for determining if the weather is too hazardous to commute to your practice location. If your counselor decides to hold the session as originally scheduled, you are expected to show and will be charged a cancellation fee for missed appointments. If your counselor decides to cancel your session, they will contact you to inform you of the change. We trust that your experience with Randall Family Counseling will be helpful and profitable to you. If you have any questions regarding these policies or other aspects of your relationship with us, please discuss them with your counselor.

My signature certifies that I have read, understand, and have been given a copy of the Policies and Procedures document.

_____ Client's Signature

_____ Date

COUNSELOR'S LOG

Name: _____

Last

First

E- mail Address : _____

Home #: _____ Work#: _____

Cell#: _____

Best time reach: _____ Morning | Afternoon | Evening

Presenting Problems:

Counselors Comment

Counselor

Date

TOP 5 FAQ

1. What can I expect during the initial session?

During the initial session we attempt to gather some helpful background information. We also realize that there may be some issues that you desire immediate help with. Therefore, we attempt to balance assessment and counseling with beginning to work on the issues that brought you in.

2. How structured are the sessions?

In this area we also attempt to provide a balance. We attempt to provide feedback and direction without stifling clients or watching them wander aimlessly through the counseling process. We also provide guidance and direction while respecting the direction that the client wants to take with their session. We frequently make suggestions regarding issues that we perceive need focusing on. However, it is ultimately the decision of the client as to how they desire to deal with and apply these suggestions.

3. How long does the counseling last?

We have found through experience that clients should consider committing to a min of 4-6 sessions to see positive results.

4. How much are parents involved when a child / adolescent comes in for counseling?

This depends upon the nature of the problem. Normally, we involve the parents in some capacity in every session when a child is in Counseling. The older the child, the more he or she is treated individually. Conversely, the assessment may reveal that the young person needs to have a safe place to talk confidentially with someone regarding particular issues. If this is the case, we still provide general feedback to the parents regarding progress and what we think they can do to offer support to their child. Under very few, if any circumstances, would we ever counsel a child or adolescent and never give the parents any feedback or involve them in any way.

5. What do I do if I need marriage counseling, but my spouse will not come in?

The short answer is—come in by yourself. The reason for this is that we have seen many occasions where one spouse begins to change and make improvements. In turn, this provides motivation for the other spouse to come in.

Welcome to _____

To get started, please download and fill complete these two intake forms. Please Print them and bring them to your first appointment with your Christian counselor. (If you do not have a printer, no worries please forward the intake forms back via email _____ with-in 24 hours of your first scheduled session. Thank you!

- ✓ **CONFIDENTIAL INTAKE FORM**
- ✓ **INFORMED CONSENT FORM**
- ✓ **POLICIES AND PROCEDURES**
- ✓ **TOP 5 FAQ (Clients copy)**