

**COMMUNITY BIBLE CHURCH  
CARE & SUPPORT MINISTRY  
COUNSELING INTAKE FORM  
\*\*\*CONFIDENTIAL INFORMATION\*\*\***

1. Name: \_\_\_\_\_  

Last
First
Middle
Birth date
Age
2. Address: \_\_\_\_\_  

Street
City
State
Zip
3. Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  

Home
Work
Mobile

E-mail address: \_\_\_\_\_
4. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Occupation: \_\_\_\_\_ Education: \_\_\_\_\_  

Years of school
6. Special training(s): \_\_\_\_\_
7. Military history: \_\_\_\_\_ Combat: \_\_\_\_\_
8. Current Marital status (circle one): Single Married Divorced Separated Widowed In a Relationship
9. Spouse: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  

Name
Work Phone
Mobile Phone

Spouse/ Significant other's (S/O) e-mail address: \_\_\_\_\_
10. Spouse's/ (S/O) Occupation: \_\_\_\_\_ Education: \_\_\_\_\_  

Years of school
11. Spouse's/ (S/O) special training(s): \_\_\_\_\_
12. Spouse's/ (S/O) military history: \_\_\_\_\_ Combat: \_\_\_\_\_
13. Number of years of marriage: \_\_\_\_\_
14. Previous Marriages  

Spouse's Name	# of children from Marriage	Length of marriage	Reason marriage ended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
15. Your Children:  

Name	M/F	Age	Does the child live with you?	Is the child a result of current relationship?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Primary Language (circle one): English Spanish Other: \_\_\_\_\_
17. Ethnicity (circle one): Caucasian Hispanic African American  
Middle Eastern Other: \_\_\_\_\_

18. Who else, if anyone, shares your residence.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

19. Your Family of Origin (your parents and your siblings):

Name	Their Relationship to You	Age (If Living)	If Deceased		
			Age at Death	Date of Death	Cause of Death

20. In relation to your siblings, when were you born? (Example: I was born 2<sup>nd</sup> of 5 children):

I was born \_\_\_\_\_ of \_\_\_\_\_ children.

21. Spiritual/Religious Background: \_\_\_\_\_

22. What church do you attend? \_\_\_\_\_

Do you know Jesus as your Savior?		Does your spouse/fiancé(e) know Jesus as his/her Savior?	
When did you come to know Him?		When did he/she come to know Him?	

On a scale of 1 to 10 rate your closeness to God (1- distant, 10- very close) \_\_\_\_\_

Please help us understand your relationship with Christ. Which of the following are true:

- Weekly worship attendance \_\_\_\_\_ At CBC? \_\_\_\_\_
- Involvement in Life Group \_\_\_\_\_
- Regular reading of bible and other spiritual materials \_\_\_\_\_
- Prayer, Privately \_\_\_\_\_ As a couple \_\_\_\_\_

Describe your involvement with CBC: \_\_\_\_\_

\_\_\_\_\_ Completed membership class \_\_\_\_\_ Active in a Lifegroup \_\_\_\_\_ Active Volunteer \_\_\_\_\_ Visitor

On a scale of 1 to 10 rate your church involvement (1- uninvolved, 10- very involved) \_\_\_\_\_

23. State the main reason you are seeking counseling at this time: \_\_\_\_\_  
\_\_\_\_\_

24. Goals for counseling: \_\_\_\_\_  
\_\_\_\_\_

25. How long have you been experiencing this problem? \_\_\_\_\_  
Is this a reoccurring problem? \_\_\_\_\_  
How long has it been since the last occurrence? \_\_\_\_\_

26. On a scale of 1-10, please rate the overall severity of your situation with 10 being the most severe: \_\_\_\_\_

27. General health condition: \_\_\_\_\_  
Illnesses/disabilities: \_\_\_\_\_  
\_\_\_\_\_

Medications – indicate what condition they are treating and how long you have been taking each:

\_\_\_\_\_  
\_\_\_\_\_

28. Primary Care Physician      Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Date of last visit: \_\_\_\_\_

29. Psychiatrist/Psychologist      Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

30. Are you currently in any other counseling (Circle one):      Personally      Family member      Group

Have you had previous counseling (Circle one):      Yes      No

If yes, give reason(s) for previous counseling: \_\_\_\_\_

Therapist  
Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Dates of  
Counseling \_\_\_\_\_

Therapist  
Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Dates of  
Counseling \_\_\_\_\_

**31. Please indicate which of the following are concerning you at this time (check all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alcohol/Substance abuse by self   | <input type="checkbox"/> Family Problems             | <input type="checkbox"/> Eating Disorders           |
| <input type="checkbox"/> Alcohol/Substance Abuse by others | <input type="checkbox"/> Marital/Relational Problems | <input type="checkbox"/> Poor appetite              |
| <input type="checkbox"/> Sexual Difficulties               | <input type="checkbox"/> Hopelessness, Helplessness  | <input type="checkbox"/> Fatigue                    |
| <input type="checkbox"/> Sexual Addiction                  | <input type="checkbox"/> Guilt, Worthlessness        | <input type="checkbox"/> Muscle Twitching           |
| <input type="checkbox"/> Physical Abuse                    | <input type="checkbox"/> Restlessness                | <input type="checkbox"/> Chest Pain                 |
| <input type="checkbox"/> Emotional Abuse                   | <input type="checkbox"/> Crying Spells               | <input type="checkbox"/> Shortness of Breath        |
| <input type="checkbox"/> Sexual Abuse                      | <input type="checkbox"/> Sudden weight gain/loss     | <input type="checkbox"/> Excessive Sweating         |
| <input type="checkbox"/> Anxiety                           | <input type="checkbox"/> Insomnia                    | <input type="checkbox"/> Muscle Aches               |
| <input type="checkbox"/> Thoughts of Suicide               | <input type="checkbox"/> Excessive Sleeping          | <input type="checkbox"/> Panic Attacks              |
| <input type="checkbox"/> Grief                             | <input type="checkbox"/> Decreased Concentration     | <input type="checkbox"/> Dizziness/Faintness        |
| <input type="checkbox"/> Illness                           | <input type="checkbox"/> Loss of interests           | <input type="checkbox"/> Digestive Problems         |
| <input type="checkbox"/> Mood Changes                      | <input type="checkbox"/> Racing Thoughts             | <input type="checkbox"/> Rapid/Pounding pulse       |
| <input type="checkbox"/> Adjustments to life changes       | <input type="checkbox"/> Uncontrollable thoughts     | <input type="checkbox"/> Numbness in fingers        |
| <input type="checkbox"/> Work, Vocational Problems         | <input type="checkbox"/> Uncontrollable behaviors    | <input type="checkbox"/> Cold Hands                 |
| <input type="checkbox"/> Criminal Problems                 | <input type="checkbox"/> Anger                       | <input type="checkbox"/> Thoughts of Hurting Others |
| <input type="checkbox"/> Financial Problems                | <input type="checkbox"/> Irritability                | <input type="checkbox"/> Dry Mouth                  |
| <input type="checkbox"/> Abortion                          | <input type="checkbox"/> Miscarriages                | <input type="checkbox"/> Other (specify) _____      |

**32. Place a check next to all that apply:**

- ☐ I don't remember being loved physically as a child (hugs, being held, etc.)
- ☐ My parents divorced when I was a child. I was \_\_\_\_\_ years old.
- ☐ I had no father growing up because of (circle one) death/divorce/preoccupation.
- ☐ One of my parents committed suicide. I was \_\_\_\_\_ years old.
- ☐ I suffered abuse ☐ Physical ☐ Verbal ☐ Emotional ☐ Sexual ☐ Other
- By whom? \_\_\_\_\_
- ☐ I had (have) a physical/mental abnormality that brought ridicule from peers.
- ☐ I experienced a severe trauma (e.g. house fire, accident, tragedy) Identify: \_\_\_\_\_
- ☐ I have given up a child for adoption.
- ☐ I have had a very unhappy marriage.
- ☐ I had an alcoholic parent.
- ☐ I was adopted.
- ☐ I have felt abandoned by friends.
- ☐ I suffer with low self-esteem.
- ☐ I have had one or more abortions. How many? \_\_\_\_\_
- ☐ I have had one or more miscarriages. How many? \_\_\_\_\_
- ☐ I have had losses & separations. Identify major ones: \_\_\_\_\_
- ☐ Other significant emotional events: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**33. Please check how often the following occur to you:**

- |                                 |                                |                                 |                                    |                                     |
|---------------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| 1. Life is hopeless.            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 2. I am lonely.                 | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 3. No one cares about me.       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 4. I am a failure.              | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 5. Most people don't like me.   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 6. I want to hurt someone.      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 7. I am so stupid.              | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 8. I am so depressed.           | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 9. God is disappointed with me. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 10. I am disappointed with God. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 11. I can't be forgiven.        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 12. Why am I so different?      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 13. I can't do anything right.  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 14. I am out of control.        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 15. I am unlovable.             | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

**34. Check how you generally get along with other people:**

- |  |                                     |                                   |  |
|--|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Affectionate  | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Avoidant | <input type="checkbox"/> Fight/Argue often |
| <input type="checkbox"/> Follower      | <input type="checkbox"/> Friendly   | <input type="checkbox"/> Leader   | <input type="checkbox"/> Outgoing          |
| <input type="checkbox"/> Shy/Withdrawn | <input type="checkbox"/> Submissive | <input type="checkbox"/> Other:   | _____                                      |

**35. Describe any areas of interest or hobbies.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**36. Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_

**CONSENT AGREEMENT**

I have read the Lay Counseling Policies and Procedures, and I have completed the Lay Counseling Intake Form.  
I desire to receive lay counseling from Pastoral Care Ministries of Community Bible Church.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

## **Pastoral Care Counseling Policies and Procedures**

Community Bible Church provides both Pastoral Staff Counseling and Lay Counseling (referred to as counselors) as a ministry of the church. Lay Counselors are CBC members trained to listen and care for others. Lay Counselors are paraprofessional volunteers (in other words, they are not licensed or professional therapists). Pastoral Staff Counselors are employed staff of Community Bible Church's Pastoral Care ministry. Both Pastoral Staff and Lay Counselors are trained to counsel and care for others using skills of listening, clarifying, and goal-setting. They offer a response to your personal, marital, or family needs based on Biblical principles.

### **OUR COUNSELING PHILOSOPHY**

The Pastoral Care Counseling program is based upon Biblical principles and is designed to create an opportunity for spiritual growth through participating in Biblical counseling sessions with a staff or peer counselor. All counselors have received training in Biblical counseling principles through the lay counseling training program and are supervised by a member of the church's Pastoral Care staff or another person assigned by the Pastoral Care staff for that purpose. The Pastoral Staff and Lay Counselors are not mental health therapists. Please understand that while there may be individuals assisting with the Counseling program that may have mental health degrees and even professional license or medical degrees, Pastoral Care Counseling is not designed or intended to be a professional mental health experience.

God's truth as found in Scripture is presented as the authority for dealing with the trials and crises that each individual faces in daily living. Through the establishment of Christian standards, attitudes, values, and lifestyles, an individual is able to find fulfillment in life. Counselors present the gospel message; encourage individuals to commit their lives to Jesus Christ and to develop values that are based on biblical teaching--instead of living in accordance with humanistic worldly standards. Counselors seek to promote spiritual growth and to encourage confession of sin in order to experience divine forgiveness and freedom in Christ.

Counselors provide short term, biblically based counseling (up to 10 sessions). Most people find counseling very helpful. Depending on the nature of your difficulty, however, you might also experience uncomfortable emotions such as anger, fear, and frustration during the course of counseling. While your counselor cannot remove these feelings from you, he or she will attempt to help you work through the feelings or refer you to an alternate source of assistance for further help. For your protection, we ask that our clients refrain from seeing multiple counselors concurrently.

### **HOMEWORK and LIBRARY**

You will be asked to become involved in your healing process by completing homework assignments in the form of reading and writing. It will be important that you take the time necessary to thoughtfully relate to the homework materials. Each session of counseling is based upon your work in-between sessions. To assist you in completing homework assignments, Pastoral Care Ministries maintains a library with many of the books your counselor may recommend. A library card can be purchased for a fee of \$20 should you choose to participate in this manner.

## **APPOINTMENTS**

Appointments are scheduled various days and evenings, with a limited number of appointments available. There may be two lay counselors present in some sessions and we may have prayer intercessors praying during your counseling session. Your lay counselor will introduce an intercessor if they will be staying in the room during your session.

Appointments are normally scheduled for 45 minutes. Punctuality is important to maximize the use of your session time. We recognize that your time is important, too, and will make every effort to avoid unnecessary delays. If you are ever more than 15 minutes late, the appointment may be considered canceled and we would ask that you reschedule.

All appointments and appointment changes are to be made through the Pastoral Care office of Community Bible Church at 210-253-5971. Clients and counselors do not contact one another directly between scheduled appointments for counseling related issues. If you are in crisis, call 911 or go to the nearest hospital.

CBC continues to provide all counseling appointments free of charge. Sometimes clients desire to give gifts to their counselor; however we ask that you refrain from giving gifts to your counselor. Instead, you may offer a donation to the ministry which will benefit others. (We are sincerely grateful for any donations. A box is located in our reception area for donations and comments.)

On some occasions, you may be asked to complete an assessment or personality profile to assist your counselor in best understanding your needs. Assessment appointments will be scheduled separately from your regular counseling appointments. Some assessments require a minimal fee.

## **MISSED APPOINTMENTS**

As a courtesy to our counselors, staff and others seeking assistance, we ask that you notify us at least 24 hours in advance when you need to cancel or reschedule an appointment. When you notify us, we are able to be better stewards of that time by using it to assist others from our waiting list. Should you fail to notify Pastoral Care in advance about an absence, we will be unable to reschedule your appointment after the second such occurrence. We will be happy to provide you with referrals to professional counseling resources.

## **DISCONTINUING COUNSELING**

You are free to discontinue counseling at any time. Most people remain in counseling until they feel they have learned more effective methods of thinking, feeling, and/or acting regarding their situations. Occasionally, your counselor may recommend that counseling be discontinued. This usually happens when they feel no substantial progress is being made or other factors are interfering with their ability to help you. If counseling ends prematurely, we will attempt to help you find qualified help elsewhere if you desire. If in the course of your counseling you decide to seek counseling from another source, we will be required to discontinue counseling for ethical reasons.

## **ELECTRONIC DEVICES**

In order to avoid any unnecessary interruptions during your counseling session, please turn off your mobile phones and pagers. We ask that you not tape-record sessions.

## **CHILDCARE**

Children are not allowed in the counseling sessions and may not be left unattended on church property. Childcare is available during appointments scheduled for Monday - Thursday evenings and on Wednesday and Thursday mornings. Arrangements for childcare at the church must be made prior to your appointment.

## **APPROPRIATE ATTIRE**

You are expected to dress appropriately when coming for counseling ministry. Shorts, tank tops or other immodest attire should not be worn.

## **CONFIDENTIALITY**

Under normal circumstances, anything that you discuss with your counselor and anything you write on this intake will be held in strict confidence. However, be aware that there are some situations that may have to be reported to appropriate authorities as required by law. This reporting may take place without your permission or knowledge. Reportable situations include, but may not be limited to, indications of bodily harm to self or others, involvement in a felony, suicidal intentions, and reasonable evidence/suspicion of child/elder/dependent abuse or neglect. Your counselor may also be required to disclose information in response to a subpoena issued by a court of law. Your information will not be shared without your written consent except under legal obligation or for professional consultation. All aspects of your session will be discussed with the Lay Counseling supervisor and/or a Supervisory Team. The Supervisory Team is comprised of experienced CBC Pastoral Staff who come together to provide the best collaborative feedback for the purpose of assisting in counseling progress. Please discuss any questions or concerns about confidentiality with your counselor.

## **COUNSELORS' NOTES**

The counselor you are seeing may make his or her own personal notes about your session for future reference. All written notations made during the counseling sessions are confidential.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_