



My first appointment is: \_\_\_\_\_

8285 Glen Eagles Lane  
Fairfax Station, VA 22039  
703-690-3401  
WWW.ChristChurchVA.org

## Care and Counseling Information Intake Form

1. **Call** for an appointment at 703-690-3401
2. **Print** this form. **If you do not have a printer**, simply call us and we will mail it to you.
3. **Complete and sign** this form on page 6.
4. **Bring** this packet with you to your first counseling session.

### Counseling Client Information

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Education: \_\_\_\_\_

### Religious Information

Are you a member of Christ Church?  Yes  No      If no, do you go to church?  Yes  No

If so, where and who is your pastor?

How would you describe your religious background? \_\_\_\_\_

### Family Information

What is your marital status?  Single  Engaged  Married  Separated  Divorced  Widowed

If engaged, when do you plan to marry? \_\_\_\_\_

If separated, divorced or widowed, for how long? \_\_\_\_\_

How many marriages have you had? \_\_\_\_\_

If married, how long? \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Is your spouse aware that you are seeking counseling?  Yes  No

**Family Information** (continued)

Do you have Children?     Yes     No

If yes, please tell us their name, gender, age, and indicate their relation (biological, step, adopted, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Parents and Siblings**

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please tell us your sibling's name, gender, age, and indicate their relation (biological, step, adopted, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Medical and Personal**

Have you visited a counselor before?     Yes     No

If so, please tell us your counselor's name, reason for counseling, time frame, and the outcome or diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical and Personal (continued)**

Date of last Medical Exam: \_\_\_\_\_

How would you rate your health?    Excellent    Good    Average    Below Average    Poor

Are you on medication?    Yes    No

If so, what do you take and how often? \_\_\_\_\_

\_\_\_\_\_

Do you have an addiction?     Yes    No    Uncertain

Have you experienced trauma? (physical, emotional, sexual abuse, abortion etc)    Yes    No    Uncertain

Have you ever been arrested?    Yes    No   If yes, why? \_\_\_\_\_

In case of an emergency, who should we notify?

Name and Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**Counseling Information**

What concern has caused you to seek counseling at this time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What has been done about your concern up to the present time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What specifically do you expect your counselor to do to help you with your concern?

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Is there anything else your counselor should know?

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**Please complete the following statements:**

In order to understand me \_\_\_\_\_

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What really hurts me \_\_\_\_\_

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What I wish I could change is \_\_\_\_\_

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My childhood was \_\_\_\_\_

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What I wish I could change about myself is \_\_\_\_\_

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My greatest regret is \_\_\_\_\_

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My biggest hurt was \_\_\_\_\_

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God \_\_\_\_\_

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Jesus Christ \_\_\_\_\_

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**In the past 12 months I have experienced:**

- |  |   |
|--|---|
| <input type="checkbox"/> Death of spouse                       | <input type="checkbox"/> Outstanding personal achievement       |
| <input type="checkbox"/> Death of a close family member        | <input type="checkbox"/> Start of finish school                 |
| <input type="checkbox"/> Death of a close friend               | <input type="checkbox"/> Change in schools                      |
| <input type="checkbox"/> Divorce                               | <input type="checkbox"/> Change in living condition             |
| <input type="checkbox"/> Marital separation                    | <input type="checkbox"/> Revision of personal habits            |
| <input type="checkbox"/> Marriage                              | <input type="checkbox"/> Change in residence                    |
| <input type="checkbox"/> Marital reconciliation                | <input type="checkbox"/> Change in recreational habits          |
| <input type="checkbox"/> Addition to the family                | <input type="checkbox"/> Change in church activities            |
| <input type="checkbox"/> Change in number of marital arguments | <input type="checkbox"/> Change in social activities            |
| <input type="checkbox"/> Son or daughter leaving home          | <input type="checkbox"/> Vacation                               |
| <input type="checkbox"/> Adult son or daughter living at home  | <input type="checkbox"/> Spouse begins or ends work             |
| <input type="checkbox"/> Trouble with in-laws                  | <input type="checkbox"/> Change in work responsibilities        |
| <input type="checkbox"/> Change in number of family gatherings | <input type="checkbox"/> Trouble with boss                      |
| <input type="checkbox"/> Personal injury or illness            | <input type="checkbox"/> Change in work hours and/or conditions |
| <input type="checkbox"/> Change in family members health       | <input type="checkbox"/> Loss of job                            |
| <input type="checkbox"/> Pregnancy                             | <input type="checkbox"/> Retirement                             |
| <input type="checkbox"/> Sex difficulties                      | <input type="checkbox"/> Business readjustment                  |
| <input type="checkbox"/> Change in eating habits               | <input type="checkbox"/> Change in financial status             |
| <input type="checkbox"/> Jail term                             | <input type="checkbox"/> Excessive debt                         |
| <input type="checkbox"/> Minor law violation                   | <input type="checkbox"/> Foreclosure of mortgage or loan        |

**Consent to Counsel**

**A. Care and Counseling Concept**

Part of being a family is supporting each other in good times and in times of need. Our Care and Counseling teams are made up of believers who know how to prayerfully give one-on-one encouragement, comfort and hope. These teams of caregivers come alongside those who are in various hurting situations such as suffering, grieving, sorrow and loneliness to offer support and encouragement.

**B. Ministry Counseling Credentials**

Ministry Counselors are either experienced, trained, or psychiatric social workers. Please feel free to inquire about the training and background of your ministry counselor. Christ Church Care and Counseling staff are not psychologists, psychiatrists, licensed counselors or therapists.

**C. Financial Policy**

Counselees are asked to contribute financially for the counseling services they receive. Our suggested rate is \$50.00 per hour. It is to be noted that no one will be refused counseling for financial reason. We only ask that when God does bless you financially, you remember us ministering to you.

## Consent to Counsel Continued

### **D. Book and Audio Policy**

Books and Audio related to counselee's concern will be recommended by the counselor to facilitate the counseling process. If counselee is unable to purchase the materials recommended, then the counselee should avail themselves to Christ Church's rental library. Should counsees choose to rent the prescribed books or audios, a \$5.00 rental fee per item will be charged. When loaned books and/or audios are borrowed, counselee agrees to return all items within 2 weeks. By not returning the materials on the prescribed date, counselee consents to purchase the rental materials and expects to be billed by Christ Church for the materials plus applicable taxes.

### **E. Appointments and Childcare**

If the counselee has to reschedule an appointment, they should do so at least 24 hours in advance so that the counselor may reschedule their time and give others an opportunity to fill the vacated time slot. Should no one be available to speak with you personally, please leave a message on the Christ Church voice mail to reschedule your appointment. Child care is the responsibility of the parent or guardian. Child care is not provided by Christ Church.

### **F. Confidentiality Commitment**

Confidentiality is essential to our counseling process. Care and Counseling intakes, notes, and personal testimonies taken, given, or shared will not be transferred to anyone except when the information is in consultation (See Consultation Consent).

When we do release information about a client, it will only be the fact that the person has been in for counseling and the number of sessions a client has attended. We are not licensed therapists, psychologists or psychiatrists. We do not diagnose psychological disorders. If one desires to be psychologically diagnosed, one will have to see a licensed therapist, psychologist or psychiatrist who is proficient in evaluating individuals by the Diagnostic and Statistical Manual of Mental Disorders. We can offer referrals.

Persons receiving counseling can expect confidentiality to be modified in the following situations:

1. When the personal safety of the counselee or another person is an issue.
2. When any form of child abuse (physical or sexual) or child neglect is disclosed to or suspected by your counselor.

### **G. Group or Family Counseling**

All communication that occurs in a group counseling or training environment is confidential and is not to be shared outside of the group.

### **H. Consultation Consent**

I do hereby give my consent for my counselor to consult with others within the Christ Church Care Team, that the ministry counselor may deem appropriate to consult with, in order to assist in the assessment of my counseling concerns, for the purpose of providing the best possible help, in making recommendations, formulating treatment strategies, or in considering an appropriate referral.

By my signature, I affirm that I have read and do understand the above statements.

\_\_\_\_\_  
Counseling Client's Printed Name

\_\_\_\_\_  
Counseling Client's Signature

\_\_\_\_\_  
Parent or Guardian's Printed Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date