

# Confidential Client Intake Form

## *Abiding Faith Biblical Counseling*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ May we leave a voicemail here: ☐ Yes ☐ No

Secondary Phone Number: \_\_\_\_\_ May we leave a voicemail here: ☐ Yes ☐ No

Occupation / Employer: \_\_\_\_\_ Avg. Hours/Week: \_\_\_\_\_

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

### **Current Living Situation:** (Please check all that apply)

☐ Alone ☐ W/Parent(s) ☐ W/Spouse ☐ W/Children ☐ W/Boyfriend ☐ W/Girlfriend ☐ Other: \_\_\_\_\_

### **Marriage & Family Information:** (Please complete if you are currently engaged and indicate so)

Name of Spouse: \_\_\_\_\_ Your Spouse's Age: \_\_\_\_\_ ☐ Engaged

Address: (☐ same as above) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_ Avg. Hours/Week: \_\_\_\_\_

Is spouse willing to come for counseling? ☐ Yes ☐ No ☐ Unsure

Have you ever been separated? ☐ Yes ☐ No When/How Long? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Please give brief information about any previous marriages. Other relevant information can be written on the back of this page.

| Ex-Spouse's Name | Divorce Date | Length of Marriage | Reason for Divorce | # Kids |
|------------------|--------------|--------------------|--------------------|--------|
|                  |              |                    |                    |        |
|                  |              |                    |                    |        |
|                  |              |                    |                    |        |

### **Children:**

| Child's Name | Living | Age | Gender | At Home | Married | Special Condition(s) | *CM/PM/A |
|--------------|--------|-----|--------|---------|---------|----------------------|----------|
|              | Y / N  |     | M / F  | Y / N   | Y / N   |                      |          |
|              | Y / N  |     | M / F  | Y / N   | Y / N   |                      |          |
|              | Y / N  |     | M / F  | Y / N   | Y / N   |                      |          |
|              | Y / N  |     | M / F  | Y / N   | Y / N   |                      |          |
|              | Y / N  |     | M / F  | Y / N   | Y / N   |                      |          |

\* Check this column if child is by current marriage (CM) previous marriage (PM), or adoption (A).

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### Spiritual / Religious Information

Do you consider yourself a religious person? ☐ Yes ☐ No

Do you consider yourself a Christian? ☐ Yes ☐ No ☐ Unsure

Church Name (if applicable): \_\_\_\_\_ Number of Years at Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church Attendance: \_\_\_\_\_ times per month

If applicable, what is the religious background of your spouse: \_\_\_\_\_

Spouse's church attendance: \_\_\_\_\_ times per month

Please note any recent changes in your spiritual life: \_\_\_\_\_

### Health Information

Have you had counseling before? ☐ Yes ☐ No

Have you seen a psychiatrist before? ☐ Yes ☐ No ☐ I am seeing one currently.

Please list relevant information regarding the counseling services you have received:

| Age | Duration | Counselor/ Center | Reason for Counseling | *Your Evaluation of Counseling |
|-----|----------|-------------------|-----------------------|--------------------------------|
|     |          |                   |                       |                                |
|     |          |                   |                       |                                |
|     |          |                   |                       |                                |

\* Use back of this page if necessary or if you need more space

State of current health: ☐ Very good ☐ Good ☐ Average ☐ Declining ☐ Other: \_\_\_\_\_

Current illness, injury, or disability?: \_\_\_\_\_

Are you presently taking any medication? ☐ Yes ☐ No

| Medication | Dosage | Frequency | Prescribed For | Date Began Taking |
|------------|--------|-----------|----------------|-------------------|
|            |        |           |                |                   |
|            |        |           |                |                   |
|            |        |           |                |                   |
|            |        |           |                |                   |

When I am not working, I am typically:

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## Abiding Faith Biblical Counseling

### Health Information cont.

Indicate how distressed you are by placing an "x" on the scale below (1 = very little distress; 10 = extreme distress): 1 2 3 4 5 6 7 8 9 10

Check any of the following that you and/or your family are experiencing **at this time**:

|                    |                                                              |                  |                                                              |                      |                                                              |
|--------------------|--------------------------------------------------------------|------------------|--------------------------------------------------------------|----------------------|--------------------------------------------------------------|
| Abuse, Physical    | <input type="checkbox"/> You <input type="checkbox"/> Family | Empty Nest       | <input type="checkbox"/> You <input type="checkbox"/> Family | Peer Pressure        | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Abuse, Sexual      | <input type="checkbox"/> You <input type="checkbox"/> Family | Envy             | <input type="checkbox"/> You <input type="checkbox"/> Family | People-Pleasing      | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Abuse, Verbal      | <input type="checkbox"/> You <input type="checkbox"/> Family | Fear             | <input type="checkbox"/> You <input type="checkbox"/> Family | Perfectionism        | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Abuse in Past      | <input type="checkbox"/> You <input type="checkbox"/> Family | Greed            | <input type="checkbox"/> You <input type="checkbox"/> Family | Pornography          | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Addiction          | <input type="checkbox"/> You <input type="checkbox"/> Family | Grief            | <input type="checkbox"/> You <input type="checkbox"/> Family | Premarital Sex       | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Anger              | <input type="checkbox"/> You <input type="checkbox"/> Family | Guilt            | <input type="checkbox"/> You <input type="checkbox"/> Family | Pride                | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Anxiety            | <input type="checkbox"/> You <input type="checkbox"/> Family | Homosexuality    | <input type="checkbox"/> You <input type="checkbox"/> Family | Priorities           | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Apathy             | <input type="checkbox"/> You <input type="checkbox"/> Family | Humility         | <input type="checkbox"/> You <input type="checkbox"/> Family | Procrastination      | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Bad Memories       | <input type="checkbox"/> You <input type="checkbox"/> Family | Identity         | <input type="checkbox"/> You <input type="checkbox"/> Family | Lack of Purpose      | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Bitterness         | <input type="checkbox"/> You <input type="checkbox"/> Family | Impatience       | <input type="checkbox"/> You <input type="checkbox"/> Family | Rebellion            | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Caring for Parents | <input type="checkbox"/> You <input type="checkbox"/> Family | Infertility      | <input type="checkbox"/> You <input type="checkbox"/> Family | Rejection            | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Chronic Pain       | <input type="checkbox"/> You <input type="checkbox"/> Family | Insecurity       | <input type="checkbox"/> You <input type="checkbox"/> Family | Relationships        | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Codependency       | <input type="checkbox"/> You <input type="checkbox"/> Family | In-Law Conflict  | <input type="checkbox"/> You <input type="checkbox"/> Family | Respecting Authority | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Communication:     | <input type="checkbox"/> You <input type="checkbox"/> Family | Jealousy         | <input type="checkbox"/> You <input type="checkbox"/> Family | Respecting Parents   | <input type="checkbox"/> You <input type="checkbox"/> Family |
| -affection         | <input type="checkbox"/> You <input type="checkbox"/> Family | Judgmentalism    | <input type="checkbox"/> You <input type="checkbox"/> Family | Respecting Spouse    | <input type="checkbox"/> You <input type="checkbox"/> Family |
| -day-to-day        | <input type="checkbox"/> You <input type="checkbox"/> Family | Leadership       | <input type="checkbox"/> You <input type="checkbox"/> Family | Same-sex Attraction  | <input type="checkbox"/> You <input type="checkbox"/> Family |
| -emotions          | <input type="checkbox"/> You <input type="checkbox"/> Family | Lifestyle Change | <input type="checkbox"/> You <input type="checkbox"/> Family | Self-control         | <input type="checkbox"/> You <input type="checkbox"/> Family |
| -planning          | <input type="checkbox"/> You <input type="checkbox"/> Family | Loneliness       | <input type="checkbox"/> You <input type="checkbox"/> Family | Self-injury          | <input type="checkbox"/> You <input type="checkbox"/> Family |
| -problem solving   | <input type="checkbox"/> You <input type="checkbox"/> Family | Lying            | <input type="checkbox"/> You <input type="checkbox"/> Family | Selfishness          | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Compulsions        | <input type="checkbox"/> You <input type="checkbox"/> Family | Manipulation     | <input type="checkbox"/> You <input type="checkbox"/> Family | Shame                | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Depression         | <input type="checkbox"/> You <input type="checkbox"/> Family | Marital Intimacy | <input type="checkbox"/> You <input type="checkbox"/> Family | Social Anxiety       | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Debt               | <input type="checkbox"/> You <input type="checkbox"/> Family | Moodiness        | <input type="checkbox"/> You <input type="checkbox"/> Family | Spiritual Growth     | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Discontentment     | <input type="checkbox"/> You <input type="checkbox"/> Family | Online Sins      | <input type="checkbox"/> You <input type="checkbox"/> Family | Submission           | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Divorce Recovery   | <input type="checkbox"/> You <input type="checkbox"/> Family | Panic Attacks    | <input type="checkbox"/> You <input type="checkbox"/> Family | Suicidal Thoughts    | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Doubting Salvation | <input type="checkbox"/> You <input type="checkbox"/> Family | Parenting        | <input type="checkbox"/> You <input type="checkbox"/> Family | Time Management      | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Eating Disorder    | <input type="checkbox"/> You <input type="checkbox"/> Family | Adult Children   | <input type="checkbox"/> You <input type="checkbox"/> Family | Work, Unfulfilled    | <input type="checkbox"/> You <input type="checkbox"/> Family |

### Other Information

If you were raised by someone other than your own parents, briefly explain: \_\_\_\_\_

Number of older brothers: \_\_\_\_\_ Older Sisters: \_\_\_\_\_ Younger brothers: \_\_\_\_\_ Younger Sis. \_\_\_\_\_

Sisters: \_\_\_\_\_ Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_

The town I grew up in was ☐urban ☐suburban ☐small town ☐rural ☐changed frequently

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### Other Information cont.

Did you have any traumatic events as a child? ☐ Yes (please describe on back) ☐ No

Which of the following words best describe your home of origin (check all that apply):

- |                                          |                                         |                                        |                                        |                                     |
|------------------------------------------|-----------------------------------------|----------------------------------------|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Traditional     | <input type="checkbox"/> Authoritarian  | <input type="checkbox"/> Unpredictable | <input type="checkbox"/> Divorced      | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Verbal Abuse  | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Critical   |
| <input type="checkbox"/> Sexual Abuse    | <input type="checkbox"/> Affectionate   | <input type="checkbox"/> Affirming     | <input type="checkbox"/> Safe          | <input type="checkbox"/> Permissive |

1. Please describe the current problem, as you understand it.

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2. What have you done about it (most effective and least effective)?

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3. Who referred you to this ministry for help?

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4. Please describe any family history (the family that you grew up in) that may be pertinent to the concerns you bring to counseling (e.g., issues with parents, their relationship w/ each other, significant losses/events, etc.).

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5. What are your expectations of coming to counseling?

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6. What, if there are any, are your concerns about coming to counseling?

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7. Is there any other information we should know?

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## *Abiding Faith Biblical Counseling*

### **Informed Consent**

#### ***Instructions for Informed Consent***

*After carefully reading each policy please place your initials in the space provided to indicate your understanding and agreement with each policy. If you have questions, please do not hesitate to contact me before our next meeting. If for any reason you are unable to sign these forms, my services will not be available to you.*

#### ***Philosophy of Care***

The type of counseling I do is referred to as "biblical counseling." My goal is to construct from the Bible a model and method to wisely help people in their problems. As a biblical counselor, I seek to build strong relationships and help people apply biblical truth in ways that are meaningful and direction-giving. My counseling is shaped by a Christ-centered view of human life as found in the Word of God, the Bible, which takes seriously the physical, social, spiritual, and developmental nature of our difficulties. I believe that people can be healed, strengthened, and built up as they grow in their relationship with Christ. However, this doesn't happen apart from our personal dependence on Christ and seeking His help. It is likely that I will recommend that you engage in some spiritual disciplines to enhance your relationship with God. If necessary, depending on the need, I will refer you to a professional who has more expertise than me.

You will likely be asked some questions about your past experiences, present circumstances, family, church, social relationships, and spirituality to better know you and your situation. You do not have to answer any questions and can end a session whenever you wish. Sessions will typically last 60 minutes.

X \_\_\_\_\_

#### ***Personal Introduction***

As we start meeting together, I would like you to know more about me and about our mutual responsibilities. I am a biblical counselor—not a licensed 1) creative arts therapist, 2) marriage and family therapist, 3) mental health counselor, 4) psychoanalyst, 5) psychologist, 6) master social worker, or 7) clinical social worker. I am not a professional counselor as recognized by the standards of Texas secular law. Instead, I obtained my bachelor's in religion and ministry and master's in biblical counseling, from Luther Rice College and Seminary in Georgia. My full-time employment is with the Texas Department of Criminal Justice as a Correction Chaplain. My current title is "Chaplain" for my corrections career, and "Biblical Counselor" for my Abiding Faith Biblical Counseling ministry.

#### ***Financial Policy***

Abiding Faith Biblical Counseling ministry is solely supported and able to operate because of donations. The suggested donation for counseling is \$50 for a 60-minute session.

X \_\_\_\_\_

#### ***Appointment Cancellation Policy***

Out of courtesy, I ask for 24-hour notice if you wish to cancel or are unable to keep an appointment.

X \_\_\_\_\_

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### ***Confidentiality Clause***

The privacy and confidentiality of our conversations and records are protected by my ethical principles in all but a few circumstances. Examples of exceptions to confidentiality are when the client 1) indicates an intention to harm him or herself or someone else; 2) has committed sexual or physical abuse; 3) is a minor and I believe it is in the best interest of the child to disclose information to the parent; and/or 4) has done something that violates the law that I am required to report. If I am ordered by a court of law to release your information or when I am made aware of known or suspected neglect and abuse, I will have to comply with the law. This is not an exhaustive list of examples of instance in which I will be forced to disclose information.

X\_\_\_\_\_

### ***Waiver of Liability***

In seeking biblical counseling from Abiding Faith Biblical Counseling ministry and Biblical Counselor Swain Barker, I ask that you acknowledge your understanding of the following conditions and further release Abiding Faith Biblical Counseling ministry, and Biblical Counselor Swain Barker, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Biblical counseling will be provided from a pastoral perspective. As sole counselor for Abiding Faith Biblical Counseling ministry, I am not a professional in creative arts therapy, marriage and family therapy, mental health counseling, psychoanalysis, psychology, or social work. As a "Biblical Counselor" I am not licensed by the State of Texas as a professional counselor, social worker, or therapist.
2. All biblical counseling is provided in accordance with the biblical principles adhered to by Abiding Faith Biblical Counseling ministry and Biblical Counselor Swain Barker, and as such, are not necessarily provided in adherence to any local or national psychological or psychiatric association.
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the aforementioned biblical counselor(s), is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions.

X\_\_\_\_\_

### ***Your Rights***

As a client, you have the right to discuss possible outcomes and challenges regarding counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options to that counseling. You have the right to ask about and/or refuse any techniques used. You may conclude meeting with me at any time.

X\_\_\_\_\_

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### ***Consent to Counsel***

Having read and understood Abiding Faith Biblical Counseling ministry and Biblical Counselor Swain Barker's Philosophy of Care, Financial Policy, Appointment Cancellation Policy, Confidentiality Clause, Waiver of Liability, and Your Rights, I, **(print name)** \_\_\_\_\_, grant permission for Abiding Faith Biblical Counseling ministry and Biblical Counselor Swain Barker, to render biblical counseling services to me and the names listed below (please include the names of those who may be involved in the process):

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

I also understand that Abiding Faith Biblical Counseling ministry and Biblical Counselor Swain Barker may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other issues agreed upon by the parties involved.

Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are enrolling yourself into counseling of your own will.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Biblical Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_