STUDENT INTAKE FORM

CONFIDENTIAL

Name _____ Today's Date _____

Contact information:

Date of birth _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number (cell): _____ (home): _____ (work): _____

Email address: _____

May I leave a voicemail on your cell or home number? (yes or no)

Emergency Contact (name): _____ (number): _____

How did you hear about our counseling services?

☐ Pre-service slide ☐ Service ☐ Flyer ☐ Guest Services Desk ☐ a Life Group

☐ Website ☐ Friend ☐ or Other?

Insurance:

Policy Provider: _____ Policy No. _____

Subscriber: _____ Subscriber's DOB: _____

Relationship:

☐ Single ☐ Dating

Work / Educational History:

Are you employed? ☐ FT ☐ PT ☐ Unemployed

What type of work do you do? _____

Are you a student? Yes ____ No ____

If yes, where? _____Grade Level: _____

Present area of Concern:

What is the primary reason that brings you here today? _____

_____

_____

_____

_____

Have you experienced any past physical or emotional trauma? _____ if so, briefly describe

_____

_____

_____

Emotional Status:

Are you currently experiencing strong emotions? _____ If yes, describe_____

_____

Do you make decisions based on your emotions _____ How well does that work for you?

_____

Have you had any thoughts of suicide? _____ If so, when _____

Do you have any thoughts of suicide now? _____

Please respond to each of the following symptoms by indicating in the boxes provided how much of a problem they have been in the last two weeks using the following scale:

1-Serious Problem

2-Moderate Problem

3-Minor Problem

4-Not a problem

_____Depressed Mood	_____Anxious/Nervous	_____Anger
_____Problems w/sleep	_____Decreased appetite	_____Racing thoughts
_____Excessive worry	_____Poor judgment	_____Compulsive behavior
_____Fatigue	_____Increased appetite	_____Sweats/chills
_____Social withdrawal	_____Impulsive behavior	_____Irritability
_____Low self-worth	_____Feelings of Hopelessness	

Relational History

Do you have siblings? _____ If yes, please list names and ages:

COUNSELING AGREEMENT

As part of the counseling process, I understand that I may be required to follow through with homework exercises such as reading, changing behaviors, praying, or other initiatives that will serve my best interest. Ultimately I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling. _____ Initial

I further understand that my progress will be a direct result of my honesty, the work that I will put into resolving my issues and my willingness to move forward even if it is painful and difficult. _____ Initial
I understand that my communication with my counselor is strictly confidential and will not be released to anyone without my consent, unless I am in violation of codes of abuse – physical or sexual, a harm to myself or others. By law, my counselor is required to report such exceptions to the proper authorities in order to protect myself and/or those in danger. _____Initial

Additionally, my counselor may consult with another therapist regarding my case. This therapist will also be bound by the same confidentiality laws, that being said, my name and identity will remain anonymous. _____Initial

I understand that I will pay in full for each session **(50 minutes)**. The rate is $95/session. I understand that I will pay the **$95 cancellation fee** for appointments not cancelled with **24 hours notice.** You may notify your therapist by phone to cancel or reschedule. _____Initial (954)755-7767 x105 or (954)282-9648

Finally, although we meet in a church setting, I understand that if I see my counselor outside of the counseling sessions she will not discuss my sessions outside of my scheduled visits. This is protect the boundaries of the counselor/client relationship. _____ Initial

I acknowledge that I have read this agreement in its entirety and agree to the conditions set forth.

_____ Date _____

(Client or Parent Guardian Signature)

_____Printed Name

_____Printed Name