



## Biblical Counseling

### INITIAL INTAKE ASSESSMENT

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_ How Long: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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

Children:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How long: LifePoint member \_\_\_\_\_ How long: LifePoint regular attender \_\_\_\_\_

LifePoint ministries I am involved in: \_\_\_\_\_

1. Who referred you to this program? \_\_\_\_\_

2. What are you seeking help for? \_\_\_\_\_

3. When did this start? \_\_\_\_\_

4. Have you ever had counseling before? \_\_\_\_\_ If so, what for and where? \_\_\_\_\_

5. Are you taking any medications now? \_\_\_\_\_ Please list dosage, purpose and physician.

6. Family physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

7. What do you expect or hope to be different in your life as a result of this counseling?

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## CHILDHOOD HISTORY:

<input type="checkbox"/> Frequent Moves	<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Death of Family Member
<input type="checkbox"/> Parents Divorce	<input type="checkbox"/> Legal Problems	<input type="checkbox"/> Abuse/Neglect
<input type="checkbox"/> Parents Remarriage	<input type="checkbox"/> Parent Conflict	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parent Job Loss	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Family Illness	<input type="checkbox"/> Financial Stress	<input type="checkbox"/> Emotional Problems
<input type="checkbox"/> Loss of Job	<input type="checkbox"/> Personal Illness	<input type="checkbox"/> Learning Problems
<input type="checkbox"/> Other _____		

INFORMATION ABOUT YOUR DEVELOPMENT UP TO AGE 18 MAY HELP CLARIFY A PROBLEM YOU MIGHT PRESENTLY BE HAVING. PLEASE PLACE A CHECKMARK IN THE BLANK FOR THOSE THAT APPLY TO YOU.

<input type="checkbox"/> Premature Birth	<input type="checkbox"/> Avoiding Others	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Birth Defect	<input type="checkbox"/> Nervous	<input type="checkbox"/> Fidgety/Restless
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Abuse/Neglect	<input type="checkbox"/> Eating Problems
<input type="checkbox"/> Talking	<input type="checkbox"/> Refusing to Talk	<input type="checkbox"/> Bad Dreams
<input type="checkbox"/> Learning Problems	<input type="checkbox"/> Speech Problems	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Poor Coordination	<input type="checkbox"/> Frequent Ear Problems	<input type="checkbox"/> School Behavior
<input type="checkbox"/> Feeling Rejected	<input type="checkbox"/> Visual Difficulties	<input type="checkbox"/> Fearful Leaving Home
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Strong Willed	<input type="checkbox"/> "Worry Wart"
<input type="checkbox"/> Overweight	<input type="checkbox"/> Toilet Training	<input type="checkbox"/> Few Friends
<input type="checkbox"/> Ran Away From Home	<input type="checkbox"/> Small for Age	<input type="checkbox"/> Shy
<input type="checkbox"/> Repeated Grade	<input type="checkbox"/> Fighting	<input type="checkbox"/> Picked On
<input type="checkbox"/> Reading Problem	<input type="checkbox"/> Trouble with Police	<input type="checkbox"/>

How did your parents/caretakers discipline you while you were growing up? \_\_\_\_\_

What reasons were you disciplined? \_\_\_\_\_

**FAMILY HISTORY:**

HOW WOULD YOU RATE YOUR PRESENT RELATIONSHIPS WITH THE FOLLOWING:

(If an item doesn't apply, check "N/A")

FATHER	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A
MOTHER	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A
BROTHER	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A
SISTER	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A
SPOUSE	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A
SON	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A
DAUGHTER	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A
IN-LAWS	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A
EMPLOYER	____ Good	____ Fair	____ Poor	____ Problem For You	____ N/A

**EDUCATIONAL HISTORY:**

High School Attended: \_\_\_\_\_ Location: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Education Beyond High School? \_\_\_\_\_ Yes \_\_\_\_\_ No

College: \_\_\_\_\_ # of Years \_\_\_\_\_ Field of Study: \_\_\_\_\_ Maj: \_\_\_\_\_ Minor: \_\_\_\_\_

College: \_\_\_\_\_ # of Years \_\_\_\_\_ Field of Study: \_\_\_\_\_ Maj: \_\_\_\_\_ Minor: \_\_\_\_\_

Vocational or Technical Training: \_\_\_\_\_ Yes \_\_\_\_\_ No

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ GPA: \_\_\_\_\_ Are you presently a student? \_\_\_\_\_ Yes \_\_\_\_\_ No

**OCCUPATIONAL HISTORY:**

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Type of Work: \_\_\_\_\_

How long have you held your present job? \_\_\_\_\_

Have you had problems gaining employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

What other jobs have you had? Why did you leave? \_\_\_\_\_

\_\_\_\_\_

Describe your relationship with present and past employers: \_\_\_\_\_

If you are a homemaker, are there any things that you usually do that you didn't get done this past week or two?

\_\_\_\_\_

Have you served in the Military? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what branch of Service? \_\_\_\_\_

When and how were you discharged? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MARITAL HISTORY:**

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Widowed \_\_\_\_\_ Single  
(Skip section)

FirstSecondThird

Marriage Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Separation Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Divorce Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Widowed Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Are you considering separation or divorce? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a divorced custodial parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you married raising minor children? (If No, skip next section.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you and your spouse:

Agree on the methods of discipline of the children? \_\_\_\_\_ Yes \_\_\_\_\_ No

Share common values in the rearing of your child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Feel the parent/child interaction is positive? \_\_\_\_\_ Yes \_\_\_\_\_ No

Spend quality time as a family? \_\_\_\_\_ Yes \_\_\_\_\_ No

If divorced, why did you divorce? \_\_\_\_\_

Describe the major conflicts you have with your spouse and how you both have responded:

Conflict: \_\_\_\_\_

Your Response: \_\_\_\_\_ Spouse's Response: \_\_\_\_\_

**PRIOR COUNSELING HISTORY:**

Have you had prior Mental Health Treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date: \_\_\_\_\_

Was this person a: \_\_\_\_\_ Psychiatrist \_\_\_\_\_ Psychologist \_\_\_\_\_ Clinical Social Worker  
\_\_\_\_\_ Clinical Counselor \_\_\_\_\_ Minister \_\_\_\_\_ Other: \_\_\_\_\_

Were you given a diagnosis? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, what was it?) \_\_\_\_\_

What were the major issues you dealt with in counseling? \_\_\_\_\_

Was this a successful experience for you? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, please explain \_\_\_\_\_

Have you ever been hospitalized for emotional problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Name of Hospital \_\_\_\_\_ Date: \_\_\_\_\_

Location \_\_\_\_\_ How Long? \_\_\_\_\_

Doctor who treated you \_\_\_\_\_

Medications you took \_\_\_\_\_

Do you still take medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ALCOHOL/DRUG HISTORY:**

Do you have a history of Alcohol/Drug Abuse? \_\_\_\_ Yes \_\_\_\_ No

Please list name of drug (e.g., marijuana, cocaine, etc.): \_\_\_\_\_

Drug: \_\_\_\_\_ Length of use: \_\_\_\_\_ Last used: \_\_\_\_\_ Amount Used: \_\_\_\_\_

Drug: \_\_\_\_\_ Length of use: \_\_\_\_\_ Last used: \_\_\_\_\_ Amount Used: \_\_\_\_\_

If you are using alcohol or drugs, has this resulted in:

____ Marital Problems	____ Memory Blackouts	____ Problem with Family or Friends
____ Preoccupation w/ Alcohol/Drugs	____ Problems on the Job	____ Loss of Control
____ Legal Problems	____ Withdrawal Symptoms	____ Physical Problems
____ Periods of Abstinence	____ Financial Problems	____ Charges of DUI or DWI

**LEGAL HISTORY:**

Have you been in trouble with the Law? \_\_\_\_ Yes \_\_\_\_ No If yes, please check those that apply to you:

\_\_\_\_ Trouble with the law as a juvenile \_\_\_\_ Have you ever been arrested? For what?

\_\_\_\_ Have legal matter pending? \_\_\_\_ Have you ever been convicted of a crime?

Explain any areas checked: \_\_\_\_\_

\_\_\_\_\_

**SOCIAL HISTORY:**

Do you have any close friends you can confide in about personal matters? \_\_\_\_ Yes \_\_\_\_ No

How many? \_\_\_\_\_ How often do you speak with them? \_\_\_\_\_

What kind of leisure or recreational activities do you enjoy? \_\_\_\_\_

Are these done by yourself or with others? \_\_\_\_\_

Describe how you have been getting along with others and how you have been or not been helped by others:

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY:**

Please place an "X" in the left-hand column if this condition exists. In the right column, write, "self, father, mother, sister, brother, aunt, uncle, etc."

____ Alcoholism	_____	____ Suicide	_____
____ Allergies	_____	____ Cancer	_____
____ Mental Retardation	_____	____ Diabetes	_____
____ Obesity	_____	____ Epilepsy	_____
____ A degenerative disease	_____	____ High Blood Pressure	_____
____ Mental Health Problems	_____	____ Heart Trouble	_____
____ Other	_____		

**SPIRITUAL HISTORY:**

If you have attended a church/religious group, answer the following:

Name(s) of church/group: \_\_\_\_\_

Length of Affiliation and when: \_\_\_\_\_

Describe your experience with church/religious group: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your present relationship with God: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT SOURCES OF STRESS:**

Please list your most significant sources of stress or worry:

1. \_\_\_\_\_

2. \_\_\_\_\_

What is the main goal you wish to attain in seeking Biblical Counseling? \_\_\_\_\_

\_\_\_\_\_

What have you done to manage these problems? \_\_\_\_\_

\_\_\_\_\_

Envision how your life would be different if you could receive support in the midst of these problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information:** Please add any information you feel which might be helpful in assisting your treatment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your signature below indicates you understand the questions, could ask for assistance, if needed, and that this information is true to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

# Biblical Counseling



## **INFORMED CONSENT TO SERVICES**

A Biblical Counselor is a person trained to come alongside others and provide encouragement, comfort, and care. Biblical Counselors are paraprofessionals (in other words, we are not licensed, paid professional therapists). As Biblical Counselors, we are trained in the skills of listening, clarifying and goal setting, while accurately applying the Word of God to people's lives. Our training and counseling are supervised by the Care Pastor. We offer a response to your personal or family needs based on the Christian understanding of comforting others as God has comforted us. As such, there are no fees incurred in seeing a Biblical Counselor.

### Biblical Counseling Agreement Form

As a counselee, I understand the following:

1. The contract I have with the Biblical Counselor(s) is paraprofessional.
2. In some cases, I may be seen by co-counselors.
3. All counseling is confidential. This confidentiality includes the Biblical Counselor's supervisor(s) and/or Pastoral Staff, as necessary. (See "Duty To Warn" for exceptions.)
4. I will meet with my counselor for six (6) sessions, usually one 50-minute session per week in the Church counseling offices.
5. At the end of the six (6) sessions, a reassessment of the counseling situation will be made by Both the Biblical Counselor and myself. At that time, a new decision will be made concerning the best course of action for me. This may include referral to a professional therapist, a continuation of my counseling with the Biblical Counselor, or termination of the counseling sessions.
6. Out of courtesy to my counselor, I will give at least 24 hours prior notice before canceling an appointment.

I have reviewed the above conditions with my counselor(s) and agree to abide by them.

\_\_\_\_\_  
Counselee's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselee's Signature (If under 18, Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor(s)

\_\_\_\_\_  
Date

I would be willing to allow my counseling sessions to be taped for professional supervisory purposes only.

\_\_\_\_\_  
Counselee's Signature

\_\_\_\_\_  
Date

### Supervision

To meet our objective of providing the highest level of care possible, all Biblical Counselors are under supervision.

### Confidentiality

Your confidentiality is guarded at all times. Nevada law does require that counselors have a duty to warn the appropriate individuals if the counselee intends to take harmful, dangerous, or criminal action against themselves or others. Counselors are also mandated to report any incidence of "reasonably suspected child abuse" (physical or sexual) and elderly abuse to the appropriate authorities. Counselees in a suicidal condition will be referred to law enforcement or mental health professionals who are capable of providing the appropriate treatment and protection.

## **WAIVER OF LIABILITY**

THE UNDERSIGNED, having sought Biblical Counseling, as such, as adhered to by **LIFEPOINT**, a nonprofit religious organization, hereby acknowledges their understanding of the following conditions and further releases from liability **LIFEPOINT**, its Biblical Counselors, affiliates and insurers, and agree to defend, indemnify, and hold them harmless from any and all claims for damages or injuries, whether physical, emotional or otherwise, which may arise from or relate in any way, whatsoever, to the aforesaid counseling services, the same being identified as follows:

1. It is understood by the participant counselee, that all Biblical Counseling will be provided by Biblical Counselors, not licensed therapists, but said Biblical Counselors shall be under the supervision of the Care Pastor.
2. That all counseling provided in the Biblical Counseling program is provided in accordance with the Biblical principles as adhered to by **LIFEPOINT** and are not necessarily provided in adherence with any local or national psychological or psychiatric association.
3. That no representation has been made, either expressly or implied, that Biblical Counseling, as conducted by the above-mentioned Biblical Counselors is accepted as customary psychological and psychiatric therapy within the definitional terms utilized by those professions.

\_\_\_\_\_  
Counselee's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselee's Signature (If under 18, Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Biblical Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date



## Biblical Counseling



### DUTY TO WARN

**LIFEPOINT** Biblical Counselors abide by Nevada law which requires incidences of “reasonably suspected child abuse” to be reported to law enforcement or child protective agencies (NR5432B).

**CONFIDENTIALITY AND PRIVILEGED COMMUNICATION REMAIN RIGHTS OF ALL COUNSELEES. HOWEVER, SOME COURTS HAVE HELD THAT, IF AN INDIVIDUAL INTENDS TO TAKE HARMFUL, DANGEROUS, OR CRIMINAL ACTION AGAINST ANOTHER HUMAN BEING, OR ONESELF, IT IS THE COUNSELOR’S DUTY TO WARN APPROPRIATE INDIVIDUALS OF SUCH INTENTIONS. COUNSELORS ARE MANDATED TO REPORT ANY INCIDENCES OF “REASONABLY SUSPECTED CHILD ABUSE” (PHYSICAL OR SEXUAL), ELDER ABUSE, OR SUICIDE ATTEMPTS.**

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**I HAVE READ THE ABOVE AND UNDERSTAND THE COUNSELOR’S SOCIAL AND ETHICAL RESPONSIBILITY TO WARN WHEN HARMFUL, DANGEROUS, OR CRIMINAL ACTION IS STRONGLY INDICATED. I FURTHER UNDERSTAND THE COUNSELOR’S LEGAL RESPONSIBILITY TO NOTIFY THE PROPER AUTHORITIES IN CASES OF “REASONABLY SUSPECTED CHILD ABUSE,” ELDER ABUSE, OR A SUICIDE ATTEMPT.**

\_\_\_\_\_  
Counselee’s Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselee’s Signature (If under 18, Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date