



ADULT INTAKE FORM

Counseling Overview

As you begin counseling at Set Free Ministries ("SFM"), we want to welcome you and help you get acquainted with us. SFM is a non-profit Biblical counseling ministry. When we say "Biblical Counseling" we mean that the Bible is the foundation of our counseling. We believe the Bible to be God's inherent Word to man and is entirely sufficient for all of life.

Your counselor will be chosen with your best interest at heart as our desire is to see God's best for your life. The fee for your counseling will be payable at each session. Your counselor will give you assignments to complete between sessions to help aid the counseling process. Material costs are in addition to the amount pledged by you for counseling services. Cost may be \$5.00 for CDs and/or books as appropriately priced. Any recommended books may be purchased at SFM or at your local bookstore.

If you need to cancel an appointment, please give us as much advanced notice as possible. This will allow us to offer this appointment time to someone else. If you have any questions, please contact us.

Childcare Arrangements

We ask that you make arrangements for the supervision and care of your young children during your counseling appointments. No staff will be available to supervise or care for your children. There is also no safe play area for children. The counselors prefer that the children not be present during counseling sessions. Older children who do not require care or supervision are welcome to wait for you in our waiting room.

Counseling Goals

There is an old saying which in effect says, "If you don't know where you are going, then any old road will do." We believe that God's purpose for all people is to glorify and enjoy Him forever. (I Corinthians 10:31) This requires a relationship built on the truth. Our desire for you is that you know God as He really is - loving and sovereign, caring and in control, "with a plan for our welfare and not for our calamity to give a future and a hope." (Jeremiah 29:11) The road to which we will be traveling to reach this goal is God's Word. His written Word is the source of authority in all counseling done at SFM.

In 2 Timothy 3:16-17 God tells us that His written Word shows us the road to life, where and why we have gotten off it, and how to get back on it and stay on it. We are not here to give you a religion but instead help you develop a relationship whereby you walk the road of life with the Author of life.

Hopefully this gives you an idea of where our counselors want to go with you, and the road they are committed to traveling.

SFM Hours of Operation

A receptionist is available Monday – Thursday, 9:00 a.m. - 4:00 p.m.
Hours of counseling depends on each counselor's schedule.

Disclaimer and Release of Liability and Confidentiality

I have voluntarily sought counseling at Set Free Ministries (“SFM”). I am under no obligation or compulsion to accept this counseling or any advice I may receive during this counseling process. I further agree to hold Set Free Ministries and its staff free from any and all liability, loss or damage of any kind that may arise as result of counseling.

I understand that Set Free Ministries and any employee or other representative of SFM is offering this counseling voluntarily, at a voluntarily pledged cost, and that I or SFM can terminate or limit this counseling at any time.

I understand that this counseling is not a medical, psychiatric, psychological or other professional service but is exclusively the sharing and explaining of the principles set forth in the Bible as applied to my personal situation.

I understand that any counselor representing Set Free Ministries might thoughtfully choose to or may be legally bound to disclose information received from me in the following circumstances:

1. The information **may be** disclosed to my spouse, if the counselor believes that this may strengthen the marriage relationship or correct a misunderstanding in the mind of my spouse.
2. The information **may be** disclosed to law enforcement officers or other governmental officials if the counselor believes that the information may be about an actual, threatened or potential crime, other violation of law, or other matter within the responsibilities of the officers or officials to whom the disclosure is made.
3. The information **may be** disclosed to whomever the counselor feels should have it if the counselor believes it is about an actual, threatened or potential suicide or other act of self-harm.
4. The information that minors disclose regarding abuse, illegal activities, social dangers or abortion **may be** disclosed to parents or other appropriate authorities if the counselor believes such disclosures will enhance the counseling process or provide necessary protection for the minor.
5. The information **may be** disclosed to other counselors representing SFM as part of the normal assistance that the counselors give to each other in their work.
6. The information **may be** disclosed with the pastor of your church affiliation. We encourage you to share with your pastor that you are attending counseling with SFM.

I have fully read this statement. I understand and agree with what I have read. I have executed this statement as my free and voluntary act on this _____ day of _____, 20_____.

Signature of Client

Signature of Witness

Counseling Fee Policy

As a ministry, we operate on different financial principles than a business. Our priority is to help people to effectively work through the issues for which they are seeking counsel. We do not want finances to be an obstacle to anyone seeking help. For this reason, there is not a set fee for counseling services. We ask each person to prayerfully consider what they believe they can contribute to compensate their counselor and help toward the operating expenses of the ministry. Your counselor will discuss this with you in greater depth during your initial session. The amount pledged by you will be recorded in your file and left with the front office at the time of your visit.

Insurance Filing

Most insurance companies do not accept Biblical Counseling services as covered expenses. If your insurance company does cover this service, we ask that you do your own filing. We can provide you with the requested information.

I have voluntarily sought counseling and I understand that I am under no obligation to accept or reject any of the counseling that I may receive. I further agree to hold Set Free Ministries and its staff free from any and all liability, loss or damage of any kind which may arise as a result of counseling. I have read, understand and agree with all of the above.

Print Name

Signature & Date

Counseling of Minors

The person referred to on this form is a minor child. My signature constitutes my permission for counseling of my minor child. I have read, understand and agree with all of the above.

Name of Minor - ***Print***

Signature of Minor & Date

Name of Parent/Guardian - ***Print***

Signature of Parent/Guardian & Date

Client – Counselor Agreement

"Come to Me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from Me... and you will find rest for your soul."

Jesus Christ as quoted in Matthew 11:28-29

Your counselor is committed to be used by Jesus in the process of carrying out this promise in your life. We ask that you would also be committed to give the counseling a chance to lift the "burden." You are also asked to commit yourself to the following:

1. Honesty throughout the counseling process.
2. Keeping your counseling appointments, unless urgent matters interfere, in which case we would request that you notify the receptionist as far in advance as possible.
3. Completing your homework assignments.
4. That the Word of God, the Bible, will be authoritative and that "feeling better" will not necessarily be considered "healing."
5. I agree to pay _____ for each counseling session.
6. If at any point in time I decide to terminate counseling, I will discuss this with my counselor.

I have read, understand, and agree to all of the above statements.

Counselee's Signature

Date

Your counselor's commitment to you is as follows:

1. Honesty throughout the counseling process.
2. To pray for you on a regular and consistent basis.
3. To respect and protect your Right of Confidentiality for all matters discussed during the counseling sessions.

Counselor's Signature

Date

**Please fill out this questionnaire as completely as possible.
Your information will be kept confidential.**

Date: _____

Basic Information

Name: _____ Female Male

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at this location? _____

Number of times moved in the last 5 years? _____

Home #: _____ Work #: _____ Cell #: _____

Can we leave a message? Yes No At what number? Home Work Cell

E-mail address: _____

Educational and Vocational

Highest grade completed: _____ College (if attended): _____

Degree(s): _____ Vocational training: _____

Did you serve in the military? Yes No

If yes, what branch of service: _____ Years served? _____

Employer: _____ Job title: _____

How long have you been at this job? _____ # of jobs in the last 5 years? _____

Reason(s) for leaving: _____

Marital Data

Never married In a relationship Engaged # of years married _____

Separated Divorced Widowed # of times married _____

Date: _____ Date: _____ Date: _____

If applicable:

Spouse's name: _____ Age: _____ # of times married: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Occupation: _____

Does your spouse know you are coming to receive counseling/ministry? Yes No

Children

Name	Step Child?	Age (if living)	Health Conditions	At Home?	Age at Death	Cause of Death

Family History

	Age (if living)	Health Condition	Age at Death	# Times Married	Alcohol Abuse?	Drug Abuse?
Father						
Mother						
Step-father						
Step-mother						
Spouse's father						
Spouse's mother						
Spouse's step-father						
Spouse's step-mother						

Please evaluate the relationship between you and your parents while growing up. Check all that apply.

	Father	Mother	Step-Father	Step-Mother
Had the greatest effect on you				
Usually did the disciplining				
Was away a great deal				
You identified with the most				
You were close to				
Major conflicts with				
More dominant personality				
Abused drugs and/or alcohol (circle the one that applies)				
Was a workaholic				

FAMILY SIZE	Yours	Spouse's
Total sisters?		
Total brothers?		

Were you? Oldest Middle Youngest

Was your spouse? Oldest Middle Youngest

How would you describe your childhood? _____

Health Survey

Are you presently under a physician's care? Yes No Date of last visit? _____

Physician's name: _____

Personal physician (if different): _____

For what condition(s) are you being treated? _____

Date of your last complete physical examination: _____

What, if any, medications are you currently taking (give dosage and reason for medication):

Have you ever taken any street drugs? Yes No Are you currently? Yes No

If so, how frequent? _____ Type of drug(s): _____

Have you had a history of excessive use of alcohol? Yes No

Do you presently drink excessive alcohol? Yes No

Have you ever been hospitalized for emotional problems? Yes No

If yes, provide date(s) & reason(s): _____

Have you taken medications for emotion problems? Yes No

Please list any other medical problems: _____

Have you previously received counseling? Yes No

If yes, was it helpful? Yes No

Please complete the following questions if you have received counseling previously.

Dates: _____

With whom? _____

Reason(s): _____

Reason(s) for stopping: _____

Religious Background

Did you attend church as a young person? Yes No Denomination? _____

How often did you attend? _____ Did you enjoy church activities? Yes No

Do you attend church now? Yes No If yes, which church? _____

How often do you attend? _____ Do you enjoy church activities? Yes No

Have you made the great discovery of knowing Jesus Christ personally?

Yes No Unsure

Are you satisfied with your personal faith? Yes No Unsure

Are you interested in a more fulfilling personal faith? Yes No Unsure

Do you have a regular time of personal Bible study? Yes No Unsure

Personal History

Have you ever experienced any of the following?

Child abuse Spousal abuse Rape Incest Sexual molestation

Unexpected pregnancy Unwanted pregnancy Abortion Attempted suicide

Pregnancy outside of marriage

Has anyone close to you committed suicide? Yes No If yes, when? _____

Do you have a tendency to have a high need for achievement or approval? Yes No

Do you have a tendency to be a workaholic? Yes No

Do you struggle with relationships? Yes No

Explain: _____

Are finances a recurring problem? Yes No

Do you experience any phobias? Yes No Comments: _____

Do you read or follow a daily horoscope? Yes No

Have you ever had any non-Christian religious or spiritual experiences? Yes No
(cult involvement, psychic experiences, drug use, etc.)

If yes, please describe: _____

Have you ever been involved in criminal activity? Yes No

List any arrest(s) and conviction(s) with dates: _____

What has been your greatest disappointment? _____

Describe: _____

Explain briefly what you believe your problem is: _____

What do you want the Biblical counseling process to accomplish? _____

Why did you choose Set Free Ministries? _____

What do you want us to do for you? _____

Other Comments: _____