



# **YOUTH 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.

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Print Name

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Signature & Date

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### **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.

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Name of Minor - ***Print***

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Signature of Minor & Date

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

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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

Date \_\_\_\_\_  
Parent(s) \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  Female  Male  
Phone Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_ year(s) Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Grade: \_\_\_\_\_ School Name: \_\_\_\_\_  
Teacher: \_\_\_\_\_ School Counselor: \_\_\_\_\_

**Family Information:**  
I live with:  Birth Father  Step-Father  Birth Mother  Step-Mother  
 Other: \_\_\_\_\_  
Number of: Brothers \_\_\_\_\_ Age(s) \_\_\_\_\_ Half/Step-brothers \_\_\_\_\_ Age(s) \_\_\_\_\_  
Sisters \_\_\_\_\_ Age(s) \_\_\_\_\_ Half/Step-sisters \_\_\_\_\_ Age(s) \_\_\_\_\_  
Have you ever lived in another place?  No  Yes If yes, where? \_\_\_\_\_

**Medical Information:**  
Doctor's Name: \_\_\_\_\_ Last seen? \_\_\_\_\_  
List any medical conditions or problems: \_\_\_\_\_  
\_\_\_\_\_  
List any medication(s) that you take: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been to a counselor?  No  Yes When did you see them? \_\_\_\_\_

Why did you see the counselor? \_\_\_\_\_

Are you seeing another counselor now?  No  Yes Who? \_\_\_\_\_

What is the best thing that ever happened to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the worst thing that ever happened to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you get your feelings hurt easily? No Yes If yes, when and how? \_\_\_\_\_  
\_\_\_\_\_

Do you lose your temper easily? No Yes If yes, when? \_\_\_\_\_  
\_\_\_\_\_

Do you have a really close friend? No Yes  
Do you wish you had more friends? No Yes  
What do you like to do with your friends? \_\_\_\_\_  
\_\_\_\_\_

What kind of things does your family do together? \_\_\_\_\_  
\_\_\_\_\_

What kind of things do you wish your family did together? \_\_\_\_\_  
\_\_\_\_\_

If you could change one thing about yourself, what would it be? \_\_\_\_\_  
\_\_\_\_\_

Are you a member of a church? No Yes Where? \_\_\_\_\_

How often do you go to church? Weekly Monthly Seldom Never

Do you know Jesus Christ personally? No Unsure Yes

If yes, how did you become a Christian? \_\_\_\_\_

How has knowing God made a difference in your life? \_\_\_\_\_  
\_\_\_\_\_

What helps you grow closer to God? (Examples: Prayer, Sunday school, Bible reading, etc.)  
\_\_\_\_\_

Give one reason you think you are here at Set Free Ministries? \_\_\_\_\_  
\_\_\_\_\_

Why do you think your parents want you here? \_\_\_\_\_  
\_\_\_\_\_

How can we help? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you dream? No Yes

Do you have nightmares? No Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Who is the person who understands you best? \_\_\_\_\_

Circle the words below that best describe how you usually feel:

HAPPY HURT SAD MAD AFRAID Other: \_\_\_\_\_

When do you usually feel this way? \_\_\_\_\_  
\_\_\_\_\_

What do you usually do when you feel this way? \_\_\_\_\_  
\_\_\_\_\_

How do you feel about your school grades? \_\_\_\_\_

How do your parents feel about your school grades? \_\_\_\_\_

Do you think you are a problem at school? No Yes If yes, why? \_\_\_\_\_  
\_\_\_\_\_

Do you think that you are a problem at home? No Yes If yes, why? \_\_\_\_\_  
\_\_\_\_\_

If you could change 2 things at home, what would they be? \_\_\_\_\_  
\_\_\_\_\_

What do you do to help around the house? \_\_\_\_\_  
\_\_\_\_\_

How do you feel about the rules at home? \_\_\_\_\_  
\_\_\_\_\_

Do you think that the rules are clear? Yes Sometimes No

If no, what do you think would help? \_\_\_\_\_  
\_\_\_\_\_

How are you disciplined at home? \_\_\_\_\_  
\_\_\_\_\_

Do you think the discipline received is fair? Yes No

If no, how do you wish it were different? \_\_\_\_\_  
\_\_\_\_\_

Who do you have the most trouble with at home? \_\_\_\_\_