



COUNSELING INTAKE INFORMATION

Date: _____

1. Name: _____ Age: _____ Birthdate: _____

Name of Spouse: _____ Age: _____ Birthdate: _____

2. Phone: Home _____ E-mail _____
Business: _____ Fax: _____

3. Address: _____

4. Occupation/ employer: _____

Insurance Company: _____ Name on Primary Insured: _____

Policy Name and Number: _____

5. Marital status:

- Married: How long? _____ Never Married
 Divorced: How many times? _____ Widowed (When? _____)
 Separated: Since when? _____

6. Children: (List name, sex and age of each)

_____	M/F	Age: _____
_____	M/F	Age: _____
_____	M/F	Age: _____
_____	M/F	Age: _____

7. Are you a Christian? Yes No Not sure Other (specify): _____
Church: _____ Pastor's Name: _____

8. How did you hear about the Christian Counseling Services? _____

9. Have you been in counseling? (Recently or currently) Y/N With whom? _____

10. What medications do you take? _____

11. **What is the need for counseling?** (Mark all that may be applicable):

- | | |
|---|---|
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Premarital |
| <input type="checkbox"/> Marriage relationship | <input type="checkbox"/> Family Communication |
| <input type="checkbox"/> Parenting issues | <input type="checkbox"/> Children/Teen issues |
| <input type="checkbox"/> Spiritual | <input type="checkbox"/> Demonic |
| <input type="checkbox"/> Depression <input type="checkbox"/> Grief | <input type="checkbox"/> Loneliness <input type="checkbox"/> Abuse (specify): _____ |
| <input type="checkbox"/> Anxiety <input type="checkbox"/> Guilt | <input type="checkbox"/> Anger <input type="checkbox"/> Frustration |
| <input type="checkbox"/> Compulsions (specify): Alcohol, drugs, food, sex, gambling, other: _____ | |
| <input type="checkbox"/> Issues concerning (specify): Eating, Sleeping, Health, Sexual, Financial, Other: _____ | |
| <input type="checkbox"/> Personal trauma (specify) _____ <input type="checkbox"/> Other (specify): _____ | |

POLICES

1. Payment of \$75.00 for our standard one-hour session, or refer to our fee scale for those applying for financial assistance. You may speak with the support staff at the desk about payment or financial aid if needed. Payment may be made to the support staff at the time of each session. Payment can be made by check, Cash, Visa, Mastercard or Discover card.

Make checks to:

Christian Family & Children's Center

2. Counseling will not normally be scheduled if the client is more than one session behind on payment.

3. **MISSED APPOINTMENTS** that are not notified, canceled, or rescheduled at least one hour before the scheduled meeting time will be charged to the client a \$40.00 fee.

4. Insurance Information: Company:
Policy Number (bring card along to important):
Name of Policy Holder:

The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker® Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision. You may find out more about this process by contacting Peacemaker Ministries at www.hispeace.org or at Peacemaker Ministries, 1537 Ave D, Suite 352, Billings, MT 59102. You may also get more information from the financial offices of the Center. (406) 256-1583.

Your signature below indicates that you have read and understand these policies.

I will abide by these polices and those contained in the Christian Counseling Handbook.

(Client)

Please check this box if you do not want to be added to the Christian Family & Children's Center's mailing list/receive correspondence from or about the Center.