

## DISCIPLESHIP COUNSELING INFORMATION INTAKE FORM

**1. CALL FOR AN APPOINTMENT**

Counseling Office: 770-502-8050

**2. PRINT OUT THESE INTAKES**

If you do not have a printer, simply call us and we will mail them to you.

**3. COMPLETE AND SIGN INTAKES**

Fill out these forms completely.

**4. BRING THESE INTAKES WITH YOU**

Bring these completed forms with you on the day of your first appointment.



If you need assistance in completing this form or have questions about it, please contact our receptionist.  
receptionist@cftministry.org  
770-502-8050

### COUNSELING CLIENT INFORMATION

Today's Date: \_\_\_ / \_\_\_ / \_\_\_ Referred By: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Carrier: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Education: \_\_\_\_\_

Are you a church member?  Yes  No

Church Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Religious Background \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

### MARRIAGE AND CHILDREN

\*If you have never been married and have no children then you can skip to the next section.

Marital Status (circle the ones that apply):

Single    Engaged (wedding date): \_\_\_ / \_\_\_ / \_\_\_

Married (Date): \_\_\_ / \_\_\_ / \_\_\_    Divorced (Date): \_\_\_ / \_\_\_ / \_\_\_

Separated (How long?): \_\_\_\_\_    Widowed (Date): \_\_\_ / \_\_\_ / \_\_\_

Previous Marriage(s): \_\_\_\_\_

Spouse's Name (if married): \_\_\_\_\_

Spouse's Date of Birth: \_\_\_ / \_\_\_ / \_\_\_    Spouse's Age \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Do you have children?    Yes    No

If yes, please list them below and designate step-children as ("Step").

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

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

3. \_\_\_\_\_ Age \_\_\_\_\_

4. \_\_\_\_\_ Age \_\_\_\_\_

5. \_\_\_\_\_ Age \_\_\_\_\_

6. \_\_\_\_\_ Age \_\_\_\_\_

7. \_\_\_\_\_ Age \_\_\_\_\_

### PARENTS AND SIBLINGS

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Names & Ages of Brothers & Sisters:

Please include yourself, and any half brothers and sisters names.

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

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

3. \_\_\_\_\_ Age \_\_\_\_\_

4. \_\_\_\_\_ Age \_\_\_\_\_

5. \_\_\_\_\_ Age \_\_\_\_\_

6. \_\_\_\_\_ Age \_\_\_\_\_

7. \_\_\_\_\_ Age \_\_\_\_\_

**COUNSELING INFORMATION INTAKE FORM**

**MEDICAL AND PERSONAL**

Have you had any counseling before?    Yes    No

Counseling/Therapist Names: \_\_\_\_\_

Dates To / From: \_\_\_\_\_

Outcome and Diagnosis: \_\_\_\_\_

Date of Last Medical Exam \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please rate your health?    Excellent    Good    Average    Poor

Are you on medication? If yes, what kind(s) \_\_\_\_\_

\_\_\_\_\_

Do you have an addiction?    Yes    No    Uncertain

Have you had any previous trauma? (Physical, Emotional, or Sexual Abuse, Abortion, Etc.)    Yes    No    Uncertain

Is your spouse aware of your desire for counseling?    Yes    No

Have you ever been arrested?    Yes    No

In case of emergency, who should we notify?

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Relation: \_\_\_\_\_

**BASIC INFORMATION**

Briefly answer the following questions.

What concern has caused you to come for counseling at this time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What has been done about your concern up to this present time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What specifically do you expect your counselor to do to help you with your concern?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information that you think we should know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COUNSELING INFORMATION INTAKE FORM

Please complete the following:

In order to understand me \_\_\_\_\_

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What really hurts me \_\_\_\_\_

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What I wish I could change \_\_\_\_\_

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My childhood was \_\_\_\_\_

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What I wish I could change about myself \_\_\_\_\_

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My greatest regret is \_\_\_\_\_

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My biggest hurt was \_\_\_\_\_

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God is \_\_\_\_\_

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Jesus Christ is \_\_\_\_\_

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If you died today would you spend eternity in heaven? Yes No Uncertain

If you checked YES, please explain.

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### IN THE PAST 12 MONTHS I HAVE EXPERIENCED

- Death of spouse
- Divorce
- Marital separation
- Jail term
- Death of close family member
- Personal injury or illness
- Marriage
- Fired from work
- Marital reconciliation
- Retirement
- Change in family members health
- Pregnancy
- Sex difficulties
- Addition to family
- Business readjustment
- Change of financial status
- Death of close friend
- Change in # of marital arguments
- Mortgage or loan over \$10,000
- Foreclosure of mortgage or loan
- Change in work responsibilities
- Son or daughter leaving home
- Trouble with in-laws
- Outstanding personal achievement
- Spouse begins or ends work
- Starting or finishing school
- Change in living conditions
- Revision of personal habits
- Trouble with boss
- Change in work hours, conditions
- Change in residence
- Change in schools
- Change in recreational habits
- Change in church activities
- Change in social activities
- Mortgage or loan under \$10,000
- Change in sleeping habits
- Change in number of family gatherings
- Change in eating habits
- Vacation
- Christmas season
- Minor violation of the law

## COUNSELING INFORMATION AND CONSENT TO COUNSEL

### A. MINISTRY COUNSELING CONCEPT

Jesus said, "...you shall know the truth, and the truth shall make you free." CFT ministry counselors believe that the Bible is truth and sufficient for addressing all of life's problems that are not organic in nature, and that submission to the Holy Spirit is essential. Therefore, CFT ministry counselors use the Bible as their primary tool in bringing a counselee's concerns to reconciliation/resolution while relying on the Holy Spirit's enabling power for results. A vital part of the ministry counseling process is attending a Grow In Grace Seminar. Therefore, all counselees are expected to attend. (Please see receptionist to register.)

### B. MINISTRY COUNSELING CREDENTIALS

CFT's ministry counselors are either ordained pastoral counselors or under the supervision of an ordained pastoral counselor and have been Biblically trained to minister God's grace to others through the Exchanged Life counseling process. CFT is a member of Network 220 which suggests the standards for training Exchanged Life discipleship counselors. Please feel free to inquire about the training and background of your ministry counselor. CFT's staff are not psychologists, psychiatrists, licensed counselors or therapists.

### C. FINANCIAL POLICY

No one will be refused discipleship counseling for financial reasons. However Scripture says, "If we sowed spiritual things in you, is it too much if we should reap material things from you?" Therefore, we ask you to set the amount you are able to pay for each session. Our requested rate is \$125 per 50 minute session. A portion of your counseling payment will be used to pay CFT office expenses. The remainder will go to the counselor's salary. Like most missionaries, CFT staff counselors raise the majority of their salaries from the donations of others who believe in their ministry. We ask that as God prospers you financially, you would remember your CFT counselor and CFT.

### D. BOOK AND AUDIO POLICY

Books and audio recordings will be recommended by the counselor to facilitate the counseling process. If you are unable to purchase the materials recommended, then you can use CFT's rental library. Should you choose to rent the prescribed books or audios, a \$5.00 rental fee per item will be charged. By renting books and/or audios, the client agrees to return all items within 2 weeks. By not returning the materials on the prescribed date, the client is consenting to purchase the materials, and expects to be billed by CFT for the materials plus applicable taxes.

### E. APPOINTMENTS AND CHILDCARE

If you have to reschedule an appointment, please call our office at least 24 hours in advance so that the counselor may reschedule their time and give others an opportunity to fill the vacated time slot. Should no one be available to speak with you personally, please leave a message on CFT's voice mail to reschedule your appointment. Child care is the responsibility of the parent or guardian. Child care is not provided by CFT. Parents or guardians must remain on the premises while a child is being counseled in order to facilitate communication with the counselor and to help in the event of an emergency.

### F. CONFIDENTIALITY COMMITMENT

Confidentiality is essential to our discipleship counseling process. CFT ministry intakes, notes and personal testimonies taken, given, or shared

will not be transferred to any one except when the information is used in consultation (See H. Consultation Consent).

When we do release information about a client, it will only be the fact that the person has been in for counseling and the number of sessions a client has attended. We are not licensed therapists, psychologists or psychiatrists. We do not diagnose psychological disorders. If you desire to be psychologically diagnosed, you will need to see a licensed therapist, psychologist or psychiatrist who is qualified by the State of Georgia to evaluate individuals by the Diagnostic and Statistical Manual of Mental Disorders.

Persons receiving counseling can expect confidentiality to be modified in the following situations:

- 1) When, in the opinion of the pastoral counselor, the personal safety of the counselee or another person is an issue.
- 2) When, in the opinion of the pastoral counselor, child abuse is disclosed.

### G. GROUP OR FAMILY COUNSELING

All communication that occurs in a group counseling or training environment is confidential and is not to be shared outside of the group.

### H. CONSULTATION CONSENT

I do hereby give my consent for my counselor to consult with others (i.e. pastors), that the ministry counselor may deem appropriate to consult with, in order to assist in the assessment of my counseling concerns, for the purpose of providing the best possible help, in making recommendations, formulating treatment strategies, or in considering an appropriate referral.

### I. PRAYER MINISTRY

CFT's Prayer Director and staff will be praying for you anonymously as you go through counseling. If you would like the staff at CFT to pray for a specific need, please fill out the attached prayer request form and submit it to the receptionist or your counselor.

### J. MAILING LIST

CFT has a free ministry newsletter sent out periodically with encouraging articles and updates on our ministry. Would you like to be added to our mailing list?  Yes  No

By my signature, I affirm that I have read and do understand the above statements.

\_\_\_\_\_  
Counseling Client's Name (please print)

\_\_\_\_\_  
Counseling Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Name (please print)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

## DISCIPLESHIP COUNSELING PAYMENT AGREEMENT

Scripture says, "If we sowed spiritual things in you, is it too much if we should reap material things from you?" Therefore, clients are asked to contribute financially for the counseling services they receive. Our suggested rate is \$125 per 50 minute session. It is to be noted that no one will be refused counseling for financial reasons. For this reason, we allow you to set the rate you commit to pay for each session. If your financial situation changes for the better or worse in the future, you can change your committed rate by submitting a payment change form to the receptionist. Please select your commitment and sign below.

- I will pay \$125 per 50-minute discipleship counseling session
- I am not financially able to pay \$125 per 50-minute discipleship counseling session. I will instead pay \$\_\_\_\_\_. I understand if at any time in the future my financial situation changes for the better or worse, I can change this amount by submitting a payment change form to the receptionist.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- In addition to my personal commitment to pay, a friend, family member, or employer has also offered to donate on my behalf. I authorize CFT to contact them to facilitate this donation. Their contact information is:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

# PRAYER REQUEST

*“For this reason, since the day we heard about you, we have not stopped praying for you. We continually ask God to fill you with the knowledge of His will through all the wisdom and understanding that the Spirit gives.”*

*- Colossians 1:9 -*

The staff and volunteers at CFT count it a privilege to pray for you and your family. If you would like prayer for a specific need, please fill out this form and return it to either the front desk or to your discipleship counselor. Your request will be given to our prayer coordinator who will share it with our staff and volunteers.

Please pray for (name): \_\_\_\_\_

Reason for prayer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prayer requested by: \_\_\_\_\_

Date: \_\_\_\_\_

Prayer requests may also be submitted through our website at:

[www.christianfamiliestoday.org/contact/form.html](http://www.christianfamiliestoday.org/contact/form.html)