

In order to more efficiently serve you, we need to find out about you.

1. Carefully review, complete and sign the Counseling Questionnaire.
2. Please respond frankly and honestly.
3. **When your completed questionnaire has been returned to the Discipleship Office, someone will call you to schedule an appointment.** If you haven't heard from us in a reasonable time, please call the Discipleship Office at 663-3955, ext. 226.
4. You may place the completed forms in a sealed envelope for privacy.
5. All information disclosed in sessions and on the forms will be kept confidential. We will not release information concerning your sessions and/or the fact that you are being counseled to anyone.
6. You may use the back of the form or attach additional sheets if needed.

COUNSELEE'S AGREEMENT

By accepting counseling from the Soul Care Lay Counseling Ministry, I, (print name) _____ agree to and understand the following: *(Please initial each)*

_____ The counseling provided by Soul Care Lay Counselors is faith-based and spiritual in nature.

_____ Biblical counseling sessions are provided by a lay counselor. Lay counselors do not possess professional licenses or certifications; nor do they necessarily possess the required education, experience or training for such licenses. All lay counselors have been trained by Saint Mark in the areas of Biblical counseling, listening, helping skills, and goals & strategy formation. Referral options to outside professional providers are available upon request if needed.

_____ The content of your sessions are completely confidential except where limited by law. These limitations include any plan to harm others or self along with issues of child and/or elder abuse.

_____ All counseling files and their contents belong to the SMBC Soul Care Lay Counseling Ministry.

_____ Waiver of Liability: In consideration for receiving any form of counseling from the Soul Care Lay Counseling Ministry of SMBC, the person receiving the counseling agrees to release and waive any and all claims of any kind against the ministry, the staff, the counselor(s) or the Church, which may arise from, result out of, or be related to conduct or advice given.

I have carefully read this information sheet and agree to all of the stated terms and conditions

Signature _____

Date _____

INDIVIDUAL COUNSELING INFORMATION

Office Use Only:

Assigned to _____

Date _____

Referred to _____

Date _____

Date _____

PERSONAL DATA

Name: _____ Age _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email address _____

Date of Birth: Month _____ Day _____ Year _____

Status (Circle One): Married Single Separated Divorced Widow

Spouse's Name _____ Age _____ Years married _____

List ages of your children _____

Are you a born again Christian? _____ If yes, how long? _____

Church Membership & Pastor _____

ASSESSMENT INFORMATION

Do you drink alcoholic beverages? Yes No

Have you or a family member ever been concerned about your alcohol usage? Yes No

Have you ever been concerned about another family members' alcohol usage? Yes No

Do you have a history of illegal drug use or prescription abuse? Yes No

Have you or a family member ever been concerned about your illegal drug use or prescription drug abuse? Yes No

Have you ever been concerned about another family members' illegal drug use or prescription abuse? Yes No

Do you smoke cigarettes or other tobacco products? Yes No

Have you ever been to counseling before? Yes No

Support/ Recovery Groups: Yes No

Briefly explain the nature and outcome of that counseling:

SPECIFIC PROBLEM AREAS: Please check any of the following that are currently troubling you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abortion/Adoption | <input type="checkbox"/> Envy/Jealousy | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fear | <input type="checkbox"/> Religion/Faith Issues |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Finances//Debt | <input type="checkbox"/> Separation |
| <input type="checkbox"/> Bitterness/Resentment | <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Sexual Abuse/Rape |
| <input type="checkbox"/> Burnout/Stress | <input type="checkbox"/> Frustration | <input type="checkbox"/> Sexual Issues/Addiction |
| <input type="checkbox"/> Change of Lifestyle | <input type="checkbox"/> Guilt | <input type="checkbox"/> Singleness |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Children/Discipline | <input type="checkbox"/> Infidelity | <input type="checkbox"/> Spouse Abuse |
| <input type="checkbox"/> Children/School | <input type="checkbox"/> In-Laws | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Children/Rebellion | <input type="checkbox"/> Job Problems | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Marriage | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Crisis/Conflict | <input type="checkbox"/> Mid-Life | <input type="checkbox"/> Violence/Rage |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Mother Issues | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Worry |

Briefly describe your current difficulty:

What do you hope to achieve through counseling?

Suicide Risk: Have you ever thought about or tried to hurt yourself? Yes No
If yes, when and how many times? _____

How or what did you plan to do? _____

What were the circumstances at the time? _____

Has anyone close to you ever committed suicide? Yes No
If yes, who, how, and when: _____

Abuse History: Have you ever been physically, emotionally, or sexually abused? Yes No
If yes, briefly explain (who, what and when)

