General Counseling Information Packet

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. 212.

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 used the back of the form or attach additional sheets if needed.

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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____

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Individual Counseling Information

Office Use Only:
Assigned to________________
Date______________________
Referred to_________________
Date______________________

Name____Age___________ Sex: M F

Address____Apt#____________

City____Zip___________________

Home #__________________________ Cell#______________________________

Work#______________________Email_____________________________________

Date of Birth: Month_____ Date______Year_____

Status (Circle one): Married Single Separated Divorced Widow

Spouse's Name____________________________Age_________Years married ____

Number of times you have 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:

___Abortion/Adoption
___Anger
___Anxiety
___Apathy
___Bitterness/Resentment
___Burnout/Stress
___Change of Lifestyle
___Child Abuse
___Children/Discipline
___Children/School
___Children/Rebellion
___Communication
___Confusion
___Crisis/Conflict
___Depression
___Divorce
___Envy/Jealousy
___Family Issues
___Fear
___Finances//Debt
___Forgiveness
___Frustration
___Guilt
___Homosexuality
___Infidelity
___In-Laws
___Job Problems
___Loneliness
___Marriage
___Mid-Life
___Mother Issues
___Panic Attacks
___Parenting
___Physical Abuse
___Religion/Faith Issues
___Separation
___Sexual Abuse/Rape
___Sexual Issues/Addiction
___Singleness
___Single Parent
___Spouse Abuse
___Suicidal Thoughts
___Self-Esteem
___Rejection
___Unemployment
___Violence/Rage
___Withdrawal
___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)

What do you hope to achieve through counseling?

Suicide Risk: Have you ever thought about or tried to hurt yourself? Yes No

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