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Client Intake Form

Today's date _____ Referred by _____
Date of birth _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ cell _____
Email _____
Education _____
Church _____
Pastor's name _____
Religious background _____
Occupation _____
Employer _____

Father's name _____ Age _____
Mother's name _____ Age _____
Brothers and sisters:
1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____
5. _____ Age _____
6. _____ Age _____
7. _____ Age _____
8. _____ Age _____

Marriage and Children/ Medical

If you have never been married and have no Children you can skip this section.

Marital status: S M D W Engaged
Outcome/diagnosis _____
Marriage date _____ Divorced date _____
Separated _____ Widowed date _____
How many previous marriages _____
Spouse's name _____
Spouses DOB _____ Age _____
Spouse's occupation _____
Spouse's employer _____
Children's names- designate if step
1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____

Have you had any counseling before? Y / N
Counselor's/Therapist names _____
Dates to/from _____
What was your major concern at that time

Last Medical Exam _____
Please rate your health: Excellent Good
Average, Poor
Allergies _____
Are you on medication? If yes, what kind

Do you have an addiction? Yes/ No _____
Is your spouse aware of your desire for
counseling? Y / N
Have you been arrested?
In case of an emergency, who should we
notify? _____

Medical and Social History

What concerns have caused you to come for counseling at this time?

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

Aggravating Factors

Relieving Factors

What would you like your counselor to help you with now?

Current Symptoms, please circle	Have you tried the following? Please circle
Anxiety	Alcohol
repetitive behaviors	Tobacco/vaping
Appetite issues	Marijuana
body image issues	Heroin
avoidance	Methamphetamines
crying spells	Cocaine
depression	stimulants
excessive energy	Ecstasy
fatigue	Methadone
guilt	Benzodiazepines (calming medications)
hallucinations	Pain pills
impulsivity	other
libido changes	
low self-esteem	

Please list the substances you circled above that you are still using and how often.

Have you ever been treated for drug or alcohol abuse?

Have you ever abused prescription drugs?

Exercise frequency and type

What do you like to do for fun?

How is your relationship with your parents?

How is your relationship with your partner?

How is your relationship with your children?

What hurts me is:

What I wish I could change is:

My childhood was:

What I wish I could change about myself is:

My biggest failure

My most significant hurt is:

Is there anything else you want your discipleship counselor to know that was not asked?

God is:

Jesus is:

How would you describe your relationship with God?

If you died today, would you go to heaven? Y/N

Please explain why or why not.

Marriage Information

Do you have any concerns about your relationship with your fiancé'/ spouse at this time?

What are your expectations in your marriage?

What would you like to work on with your fiancé/ spouse?

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

What do you love most about your fiance'/spouse?

What do you and your fiancé /spouse enjoy doing together?

How often do you have quality time together?

Is this time enough or would you like more?

How is the communication between you and your spouse?

Is there anything in your past that you think may cause problems or have been causing problems in your relationship?

COUNSELING INFORMATION AND CONSENT TO COUNCIL

A. Ministry Counseling Process:

Rooted and Grounded Ministries discipleship counselors believe the Bible is true and sufficient for addressing all of life's problems. Therefore, biblical teaching and reliance on the Holy Spirit are the primary counseling methods. However, other biblically based methods and tools are used.

B. Counseling Credentials:

Rooted and Grounded counselor has a Master's of Arts in Biblical Counseling and has been trained to minister God's grace to others through the Exchanged Life discipleship counseling process. I am not a psychologist, psychiatrist, licensed counselor, or therapist; however, I have been called by God and trained in Biblical counseling and other techniques to minister to those who seek guidance and direction for those who are broken.

C. Financial Policy:

A suggested donation of \$70 donation per couple per visit is appreciated; if you cannot afford this amount, you can pay what you can. Please note that you will not be turned away from services if you cannot contribute at this time. Contributions help cover the expenses of renting the facility, supplies needed for the ministry, continuing education for the best care, and paying the counselor for her time.

The Prepare and Enrich Assessment tool is used if premarital or premarital counseling is desired. This tool assesses where there may be conflict in marriage. This tool also assesses the strengths, weaknesses, and areas premarital couples need to address. That assessment is \$35 paid to the company when the assessment tool is activated.

If donating by check, please make checks payable to Rooted and Grounded Ministries. I can't thank you enough for your contributions so I can continue ministering God's grace to those who are hurting and need guidance.

D. Appointments: Please call, email, or text if you cannot come to your appointment so another can use that time if you cannot. Childcare is not available at this time.

E. Confidentiality: Confidentiality is essential to our process. All information obtained will not be shared or transferred to anyone except when used in consultation at the counselee's permission. The only time confidentiality will be broken is if the safety of the counselee or another person is an issue or when any form of child abuse, elder abuse, or neglect is disclosed or suspected. I give my counselor consent to consult with pastors and other counselors to provide the best possible help in making recommendations, formulating strategies, and considering appropriate referrals.

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

Counseling Client Name (please print)

_____ date _____
Signature

