

Refreshing Times Counseling Center – Intake Form

Name of client _____ Age _____ Sex _____

Date of Birth _____ Drivers License Number _____

Vocation (job) _____

Marital Status (check one) ___ Single ___ Engaged ___ Married (___ mos/yrs)

___ Separated (___ mos/yrs) ___ Divorced (___ mos/yrs) ___ Widowed (___ mos/yrs)

Tenure of previous marriages: _____

Spouse's Name _____ Age _____

Date of birth _____ Driver's license number _____

Spouse Vocation _____

Names and ages of your children _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____

Which number is the best to contact/leave messages for you? (circle one) Home Cell

Emergency contact (name/number) _____

Do you regularly attend church? _____

1. Why are you seeking counseling? _____

2. What would you like to see different in your life when your counseling is completed?

3. Have you received counseling in the past? Yes _____ No _____

What type? Professional (Medical) _____ Pastoral _____ Group _____

How long did you receive help? _____

What was the purpose of your ministering (counseling)? _____

4. Are you committed to submit fully to all counseling and instruction you receive? _____

5. Will anyone else be joining you during your sessions? Yes _____ No _____

Name and relation (if yes) _____

6. Do you currently or have you ever had a life-threatening illness? Yes No (if yes, explain)

Have you been given a life expectancy? _____

7. If you are married and seeking counseling together have either parties filed for a divorce? Yes _____ No _____

8. If you are married and seeking counseling together do you still live together?

Yes _____ No _____

9. If you are seeking marriage counseling on your own, do you think your spouse is open to attending with you at a later date? Yes _____ No _____

10. Have you ever struggled with any of the following issues? (check all that apply)

_____ Worry _____ Suicide _____ Rejection

<input type="checkbox"/> Unforgiveness	<input type="checkbox"/> Anger	<input type="checkbox"/> Guilt – Shame
<input type="checkbox"/> Low self-esteem	<input type="checkbox"/> Daydreaming	<input type="checkbox"/> Compulsive thoughts
<input type="checkbox"/> Lustful thoughts	<input type="checkbox"/> Doubt	<input type="checkbox"/> Depression
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Grief	<input type="checkbox"/> Fear
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Verbal Abuse
<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Pornography	<input type="checkbox"/> Addictions
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Compulsive overeating	<input type="checkbox"/> Bulimia
<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Paranoia
<input type="checkbox"/> Nightmares	<input type="checkbox"/> Chronic illness (if so please name)	_____

11. Would you consider yourself optimistic or pessimistic? _____

12. Is there any history of mental illness in your family? Yes ____ No ____ (if yes, explain)

13. Are you currently taking any medications? _____

14. Concerning your emotions, whether positive or negative, which of the following best describes you? (check one)

I readily express my emotions

I express some of my emotions, but not all

I readily acknowledge their presence, but am reserved in expressing them

I tend to suppress my emotions

I find it safest not to express how I feel

I tend to disregard how I feel since I cannot trust my feelings

Because of the pain associated with the emotions, I try to deny them

15. Describe your personal relationship with the Lord Jesus Christ. _____

16. When did you put your faith in Jesus Christ for salvation? _____

17. Describe the spiritual disciplines in your life (for example: bible study, prayer, fasting, quiet time, meditation, worship, scripture memorization).

18. Describe your church involvement (what ministry teams you may be involved in, etc.)

19. What do you have in your life that provides emotional support for you?

20. Would you like prayer incorporated in your sessions? (circle one) Yes No

21. Would you like Scripture references incorporated in your sessions? (circle one) Yes No

22. Will you need a receipt for your insurance company? (circle one) Yes No

Court Appearances are billed at \$250.00 per hour with a minimum charge of ten (10) hours, for a total of two thousand five hundred dollars (\$2,500). The client-therapist relationship is built on trust with the foundation of that trust being confidentiality. Because of this, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition. The therapist asks that clients only request a court appearance only in extreme cases. Unfortunately, this will likely result in the need to terminate therapy and you will be referred to another therapist. In such cases as the

therapist is ordered to testify by the court about his/her counseling with you, the therapist will be monetarily compensated as set forth below.

In the event that it is necessary for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, including travel, preparation, and necessary expenditures (copies, parking, meals, and the like) at the rate of \$250.00 per hour, rounded to the nearest half hour. The client further agrees to pay the \$2,500.00 (10 hours x \$250.00) two weeks prior to the appearance, presentation of records, or testimony requested.

Notice of Cancellation: My goal is to provide quality care in a timely manner for all of my clients. In order to do so, I have an appointment cancellation policy in place. The policy enables me to better utilize available appointments for clients in need of care. In order to accommodate all of my clients, time has been specifically reserved for your appointment. Please call at least 24 hours ahead of time if you must cancel your appointment. **There will be a \$70 cancellation fee assessed to all clients who fail to show up for a scheduled appointment or who cancel with less than 24 hours notice. This fee is due and payable before scheduling of another session or within 30 days whichever is first.**

I have read and understood the cancellation policy above. I agree to the terms and conditions of the policy as stated.

Signature _____ Date _____

Refreshing Times Counseling Center
List of Fees

- Hourly Rates -
 - Monday - Friday: \$140.00/50 minutes
 - Saturdays: \$165.00/50 Minutes
 - After-hours: \$180.00/50 minutes
 - After-hours sessions must be paid in full at the time of scheduling and payment is non-refundable

- New Clients - First Appointment
 - Half of the session price is due at the time of scheduling the first appointment in order to schedule. This payment is refundable if the appointment is canceled/rescheduled with 24 hours notice.

- Cancellation Policy
 - On the intake form signed and dated prior to the first session each client agrees to the cancellation policy. Each session booked is subject to a \$70.00 cancellation fee per 50 minutes scheduled if canceled or rescheduled without 24 hours notice. This fee must be paid in order to reschedule.

- Please note that our prices are subject to change.

I was made aware of the fees at Refreshing Times Counseling Center and I agree to pay the fees charged to me for the sessions I schedule.

Sign _____ Date _____