Refreshing Times Counseling Center – Child Intake Form

**Name of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status (Mother) (circle one) Married / Single / Divorced / Widowed**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_**

**(if different from Child’s)**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status (Father) (circle one) Married / Single / Divorced / Widowed**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(if different from Child’s)**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**With whom does the child reside? Mother / Father / Both Parents / Other**

**If Other, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact (Name & Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Does your child regularly attend church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. What brings your child to counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**3. What would you like to see different in your child’s life when counseling is completed?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4. Has your child received counseling in the past? (circle one) Yes / No**

 **What type? (circle one) Professional (Medical) / Pastoral / Group**

 **What was the purpose of your child’s ministering (counseling)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. Are you committed to submitting your child fully to all counseling and instruction you receive?**

 **Yes / No**

**6. Will anyone else be joining the sessions? Yes / No**

 **If yes, please give Name and Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Does your child currently have a life-threatening illness? (circle one) Yes / No**

 **If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Has your child been given a life expectancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Has your child ever struggled with the following issues: (check all that apply)**

**\_\_\_\_\_\_ Worry \_\_\_\_\_\_ Suicide \_\_\_\_\_\_ Rejection**

**\_\_\_\_\_\_ Unforgiveness \_\_\_\_\_\_ Anger \_\_\_\_\_\_ Guilt – Shame**

**\_\_\_\_\_\_ Low Self-esteem \_\_\_\_\_\_ Daydreaming \_\_\_\_\_\_ Doubt**

**\_\_\_\_\_\_ Compulsive Thoughts \_\_\_\_\_\_ Grief \_\_\_\_\_\_ Lustful Thoughts**

**\_\_\_\_\_\_ Depression \_\_\_\_\_\_ Anxiety \_\_\_\_\_\_ Addictions**

**\_\_\_\_\_\_ Physical Abuse \_\_\_\_\_\_ Sexual Abuse \_\_\_\_\_\_ Verbal Abuse**

**\_\_\_\_\_\_ Emotional Abuse \_\_\_\_\_\_ Pornography \_\_\_\_\_\_ Fear**

**\_\_\_\_\_\_ Eating Disorders \_\_\_\_\_\_ Compulsive Overeating \_\_\_\_\_\_ Anorexia**

**\_\_\_\_\_\_ Bulimia \_\_\_\_\_\_ Paranoia \_\_\_\_\_\_ Insomnia**

**\_\_\_\_\_\_ Nightmares \_\_\_\_\_\_ Chronic Illness (if so, please name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Would you consider your child an optimistic or pessimistic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Is there any history of mental illness in the family? (circle one) Yes / No**

 **If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**11. Is your child currently taking any medications? (circle one) Yes / No**

 **If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. Considering your child’s emotions, whether positive or negative, which of the following best**

 **describes them? (please check one)**

 **\_\_\_\_\_\_ Readily expresses emotions**

 **\_\_\_\_\_\_ Expresses some of their emotions, but not all**

 **\_\_\_\_\_\_ Readily acknowledges their presence, but is reserved in expressing them**

 **\_\_\_\_\_\_ Tends to suppress emotions**

 **\_\_\_\_\_\_ Find it safest to not express how they feel**

 **\_\_\_\_\_\_ Tends to disregard how they feel since they cannot trust their feelings**

 **\_\_\_\_\_\_ Because of the pain associated with the emotions, they try to deny them**

**13. Describe your child’s personal relationship with the Lord Jesus Christ. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**14. When did you put your faith in Jesus Christ for salvation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**15. Describe your family’s church involvement (what ministry teams your child may be involved**

 **in, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**16. What does your child have in his/her life that provides emotional support for them?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**17. Would you like prayer incorporated in your child’s sessions? (circle one) Yes / No**

**18. Would you like Scripture references incorporated in your child’s sessions? (circle one)**

 **Yes / No**

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

**Court appearances** are billed at a $312.50 per hour with a minimum charge of eight (8) hours, for a

total of two thousand five hundred($2,500) dollars. Because the client-therapist relationship is built on trust with the

foundation of that trust being confidentiality, 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 court appearance in extreme cases.

Unfortunately, this will likely, result in the need to terminate therapy and refer you 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 $312.50 per hour, rounded to the nearest half hour. The client further agrees

to pay the $2,500 (8 hours x $312.50) 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 an

appointment. **There will be a $65 cancellation fee per session scheduled 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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my consent to Wendy Torres of Refreshing Times Counseling Center to speak with my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during our scheduled appointments.

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_