Intake and Assessment Form

Client Information

Name:

Address:

Phone/Email:

Age:

Married: Yes No

Have you ever been divorced? Yes No

Children if so, how many?

Are you employed? If so, what is your occupation?

Describe your current situation that led you to seek counseling?

Briefly describe your life in the last 5 years?

Have you now or in the past suffered from any health issues? If so, please describe.

Psychological assessment:

1. List what you feel are your top three strengths and top three weaknesses?
2. Have you ever been exposed to any traumatic events as an adult or child? This could include but not be limited to, abuse, abandonment, a death of a loved one, abortion, etc. Briefly describe.
3. Describe your family life growing up as a child and teen.
4. What are the predominate emotions you struggle with if any?
5. The issues that you are struggling with; did a parent, a grandparent, or other relative struggle with similar issues?
6. Do you struggle with guilt in a particular area? If so, describe?
7. What is your enneagram of personality number? (If you have not taken this personality assessment before, please do so. Here is the link: <https://assessment.yourenneagramcoach.com>)

Spiritual assessment:

1. Is there anyone who has wronged you, who you know you need to forgive?
2. Do you need to forgive yourself? If so, please describe.
3. Do you have a belief in God? If yes describe, if no describe.
4. Have you ever had any involvement with the occult, this could include Ouija boards, séances, tarot cards, palm reading, blood covenants, witchcraft, etc.?

Soul Mend Christian Counseling

Counseling agreement:  
  
Please fill in your name and date where appropriate. This agreement for counseling services is between Sophia Dunnuck. M.A. (Clinical Christian Counselor) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(client) on this date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   
  
1. The client is 18 years or older.  
  
2. All counseling sessions shall be kept confidential between counselor and client. Exceptions include the following;  
 a. The client shows intent to harm him or herself or someone else.  
 b. There is evidence or a reasonable conclusion that there is abuse occurring against a minor   
 c. A court orders a subpoena and is requiring disclosure of information.  
  
3. The type of counseling that is offered is referred to as Pastoral Counseling. This is a Licensed Minister who has obtained degrees in the field of Christian Counseling through the NCCA (National Christian Counselors Association).

4. Sophia Dunnuck makes every effort to follow HIPAA guidelines.

5. Any advice or suggestions given to the client by the counselor is to be considered and contemplated by the client. The client agrees to hold the counselor harmless for suggestions offered, as each client is responsible for their own life choices.   
  
6. The cancellation policy is as follows; if a client needs to cancel a scheduled appointment the client will give 24 hours’ notice. A client who does not give 24 hours’ notice will agree to pay the full amount for the missed scheduled appointment.  
  
7. Counseling fees are $50 for a 60-minute counseling session. Appointments are to be paid before the next counseling session will be scheduled.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(By typing/signing your name to both documents you are agreeing to the terms and conditions.)