



BRIDGE TALK

ABIADE & ABIADE ASSOCIATES LLC.™

Counseling Intake Form

Name
M F _____
Date of Birth

Spouse Name
M F _____
Date of Birth

Address _____

_____ **Cell phone** _____
Home phone _____
Email _____

Occupation _____ **Occupation of Spouse**

Relationship Status: Single Married Divorced Engaged Widowed Separated

Length of current relationship? _____

Have you been married before? _____

What is the reason(s) for seeking counseling?

What are your goals for counseling?

Please list names of children, gender, their age and biological relationship:

Name **Gender** **Age** **Biological relationship**

Home church

Pastor

Have you received prior relationship counseling? Yes No

If yes, when: _____

By whom: _____

Length of Treatment: _____

Reason for previous counseling:

What was the outcome? Very successful Somewhat successful No changes

Somewhat worse Much worse

Emotionally, have you struggled with:

Anger

Depression

Fear

Suicidal tendencies

Mood Swings

Anxiety

Breakdowns

Confusion

Please list any emotional issues not listed above:

Do you see a doctor for physical or emotional issues? Yes No

If yes, with whom and for what? _____

Do you take prescription medication? Yes No

If yes, for what? _____

Have you ever been admitted to a mental or psychiatric facility? Yes No

If yes, for what reason(s): _____

Family History:

What is the racial/ethnic background of your parents/guardians?

Please describe your relationship with your siblings.

Who parented you during your early childhood years and adolescent years?

Do you have blank/gap periods in your memories growing up? Yes No

Describe any family alcohol, smoking and/or drug use:

Parents: Married Divorced Separated Deceased

If your parents divorced/separated, how old were you? _____

Have you ever been arrested, charged, or convicted for any criminal offense? Yes No

Check if you have experienced any of the following:

Pornography via media, phone or internet

How often? Daily Weekly Monthly Occasionally

Have you ever self-harmed? Yes No

Have you struggled with any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Anorexia/Bulimia/Compulsive over-eating | <input type="checkbox"/> Unwanted fantasies |
| <input type="checkbox"/> Co-dependency | <input type="checkbox"/> History of verbal abuse |
| <input type="checkbox"/> Compulsive sexual behavior/Promiscuity | <input type="checkbox"/> Occult affiliation |
| <input type="checkbox"/> Confusion/Insecurity in gender | <input type="checkbox"/> Prescription drug abuse |
| <input type="checkbox"/> Emotional dependency | <input type="checkbox"/> Illegal drug use |
| <input type="checkbox"/> Sexual addiction | <input type="checkbox"/> Alcohol abuse |

History of sexual abuse – by whom (relationship)? _____

At what age did you experience sexual abuse? _____

Please attach the following:

- One-page description of your relationship with your mother.
- One-page description of your relationship with your father.
 - Note: If you were not raised by your biological parents or were adopted, what are your feelings about your biological parents and the person(s) who raised you.

Please note: We are Christian counselors. Our counseling is based on the word of God. We believe in prayer and will seek the leading of the Holy Spirit in all our services.

Consent to counseling

Our Goal: Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor our Lord and Savior Jesus Christ. It is our desire that you come to fully desire His love for you and His plans for your life.

Biblical beliefs: We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on the uncompromising word of God for yourself and all relationships. Our theories, practices, and counsel are based on God's word and are based on a Christian world-view of relationships and salvation.

Confidentiality: Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share certain information with others:

1. When referred by another religious affiliation and the counseling is related to a continued relationship with the congregation or staff position.
2. When the counselor believes that consultation with their pastor or overseer is helpful in the evaluative process for healing.
3. When it is clear that harm can or will come to another person unless some form of intervention occurs.
4. When a person refuses to renounce a sin and it is necessary to follow biblical directives to encourage repentance and reconciliation based on Proverbs 15:22; 24:10-11; Matthew 18:15-20.

We will make every effort to NOT disclose personal information to other responsible persons, and we will make every effort to resolve any and all issues in our sessions together.

In the event that a counselee feels they are not safe, disagrees or desires to discontinue in their counseling, they have the right to terminate the relationship. In the event the counselor does not feel safe or the sessions are no longer productive, the counselor has the right to terminate the relationship.

Agreement: By signing this consent, you agree that you will not attempt to subpoena or require any counselor to appear in any legal proceeding related to any matters discussed during counseling; nor will you attempt to subpoena any notes or records related to this counseling.

Having clarified the principles, policies and practices of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with your counselor and then your pastor. If these guidelines are acceptable to you, please sign below.

Signed: _____ Date: _____