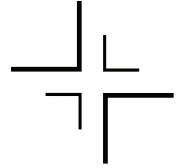


Confidential Client Intake Form

Crosstown Counseling, LLC



Date: _____

Name: _____ Gender: Male Female Age: _____

Address: _____ City/State: _____ Zip: _____

Primary Phone Number: _____ May we leave a voicemail here: Yes No

Secondary Phone Number: _____ May we leave a voicemail here: Yes No

Occupation / Employer: _____ Avg. Hours/Week: _____

Email Address: _____

Current Living Situation: (Please check all that apply)

Alone W/Parent(s) W/Spouse W/Children W/Boyfriend W/Girlfriend Other: _____

Marriage & Family Information: (Please complete if you are currently engaged and indicate so)

Name of Spouse: _____ Your Spouse's Age: _____ Engaged

Address: (same as above) _____

Phone Number: _____ Email Address: _____

Occupation / Employer: _____ Avg. Hours/Week: _____

Is spouse willing to come for counseling? Yes No Unsure

Have you ever been separated? Yes No When/How Long? _____

Date of Marriage: _____ Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

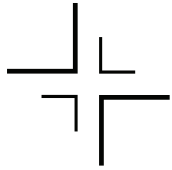
Please give brief information about any previous marriages. Other relevant information can be written on the back of this page.

Ex-Spouse's Name	Divorce Date	Length of Marriage	Reason for Divorce	# Kids

Children:

Child's Name	Living	Age	Gender	At Home	Married	Special Condition(s)	*CM/PM/A
	Y/N		M/F	Y/N	Y/N		
	Y/N		M/F	Y/N	Y/N		
	Y/N		M/F	Y/N	Y/N		
	Y/N		M/F	Y/N	Y/N		
	Y/N		M/F	Y/N	Y/N		

* Check this column if child is by current marriage (CM) previous marriage (PM), or adoption (A).



Spiritual / Religious Information

Do you consider yourself a religious person? Yes No

Do you consider yourself a Christian? Yes No Unsure

Church Name (if applicable): _____ Number of Years at Church: _____

Pastor's Name: _____

Church Attendance: _____ times per month

If applicable, what is the religious background of your spouse: _____

Spouse's church attendance: _____ times per month

Please note any recent changes in your spiritual life: _____

Health Information

Have you had counseling before? Yes No

Have you seen a psychiatrist before? Yes No I am seeing one currently.

Please list relevant information regarding the counseling services you have received:

Age	Duration	Counselor/ Center	Reason for Counseling	*Your Evaluation of Counseling

* Use back of this page if necessary or if you need more space

State of current health: Very good Good Average Declining Other: _____

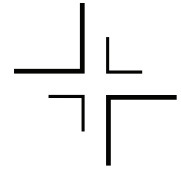
Current illness, injury, or disability?: _____

Are you presently taking any medication? Yes No

Medication	Dosage	Frequency	Prescribed For	Date Began Taking

When I am not working, I am typically:

Health Information cont.



Indicate how distressed you are by placing an "x" on the scale below (1 = very little distress; 10 = extreme distress):

1 2 3 4 5 6 7 8 9 10

Check any of the following that you and/or your family are experiencing **at this time**:

Abuse, Physical	<input type="checkbox"/> You <input type="checkbox"/> Family	Empty Nest	<input type="checkbox"/> You <input type="checkbox"/> Family	Peer Pressure	<input type="checkbox"/> You <input type="checkbox"/> Family
Abuse, Sexual	<input type="checkbox"/> You <input type="checkbox"/> Family	Envy	<input type="checkbox"/> You <input type="checkbox"/> Family	People-Pleasing	<input type="checkbox"/> You <input type="checkbox"/> Family
Abuse, Verbal	<input type="checkbox"/> You <input type="checkbox"/> Family	Fear	<input type="checkbox"/> You <input type="checkbox"/> Family	Perfectionism	<input type="checkbox"/> You <input type="checkbox"/> Family
Abuse in Past	<input type="checkbox"/> You <input type="checkbox"/> Family	Greed	<input type="checkbox"/> You <input type="checkbox"/> Family	Pornography	<input type="checkbox"/> You <input type="checkbox"/> Family
Addiction	<input type="checkbox"/> You <input type="checkbox"/> Family	Grief	<input type="checkbox"/> You <input type="checkbox"/> Family	Premarital Sex	<input type="checkbox"/> You <input type="checkbox"/> Family
Anger	<input type="checkbox"/> You <input type="checkbox"/> Family	Guilt	<input type="checkbox"/> You <input type="checkbox"/> Family	Pride	<input type="checkbox"/> You <input type="checkbox"/> Family
Anxiety	<input type="checkbox"/> You <input type="checkbox"/> Family	Homosexuality	<input type="checkbox"/> You <input type="checkbox"/> Family	Priorities	<input type="checkbox"/> You <input type="checkbox"/> Family
Apathy	<input type="checkbox"/> You <input type="checkbox"/> Family	Humility	<input type="checkbox"/> You <input type="checkbox"/> Family	Procrastination	<input type="checkbox"/> You <input type="checkbox"/> Family
Bad Memories	<input type="checkbox"/> You <input type="checkbox"/> Family	Identity	<input type="checkbox"/> You <input type="checkbox"/> Family	Purpose, Lack of	<input type="checkbox"/> You <input type="checkbox"/> Family
Bitterness	<input type="checkbox"/> You <input type="checkbox"/> Family	Impatience	<input type="checkbox"/> You <input type="checkbox"/> Family	Rebellion	<input type="checkbox"/> You <input type="checkbox"/> Family
Caring for Parents	<input type="checkbox"/> You <input type="checkbox"/> Family	Infertility	<input type="checkbox"/> You <input type="checkbox"/> Family	Rejection	<input type="checkbox"/> You <input type="checkbox"/> Family
Chronic Pain	<input type="checkbox"/> You <input type="checkbox"/> Family	Insecurity	<input type="checkbox"/> You <input type="checkbox"/> Family	Relationships	<input type="checkbox"/> You <input type="checkbox"/> Family
Codependency	<input type="checkbox"/> You <input type="checkbox"/> Family	In-Law Conflict	<input type="checkbox"/> You <input type="checkbox"/> Family	Respecting Authority	<input type="checkbox"/> You <input type="checkbox"/> Family
Communication:	<input type="checkbox"/> You <input type="checkbox"/> Family	Jealousy	<input type="checkbox"/> You <input type="checkbox"/> Family	Respecting Parents	<input type="checkbox"/> You <input type="checkbox"/> Family
-affection	<input type="checkbox"/> You <input type="checkbox"/> Family	Judgmentalism	<input type="checkbox"/> You <input type="checkbox"/> Family	Respecting Spouse	<input type="checkbox"/> You <input type="checkbox"/> Family
-day-to-day	<input type="checkbox"/> You <input type="checkbox"/> Family	Leadership	<input type="checkbox"/> You <input type="checkbox"/> Family	Same-sex Attraction	<input type="checkbox"/> You <input type="checkbox"/> Family
-emotions	<input type="checkbox"/> You <input type="checkbox"/> Family	Lifestyle Change	<input type="checkbox"/> You <input type="checkbox"/> Family	Self-control	<input type="checkbox"/> You <input type="checkbox"/> Family
-planning	<input type="checkbox"/> You <input type="checkbox"/> Family	Loneliness	<input type="checkbox"/> You <input type="checkbox"/> Family	Self-injury	<input type="checkbox"/> You <input type="checkbox"/> Family
-problem solving	<input type="checkbox"/> You <input type="checkbox"/> Family	Lying	<input type="checkbox"/> You <input type="checkbox"/> Family	Selfishness	<input type="checkbox"/> You <input type="checkbox"/> Family
Compulsions	<input type="checkbox"/> You <input type="checkbox"/> Family	Manipulation	<input type="checkbox"/> You <input type="checkbox"/> Family	Shame	<input type="checkbox"/> You <input type="checkbox"/> Family
Depression	<input type="checkbox"/> You <input type="checkbox"/> Family	Marital Intimacy	<input type="checkbox"/> You <input type="checkbox"/> Family	Social Anxiety	<input type="checkbox"/> You <input type="checkbox"/> Family
Debt	<input type="checkbox"/> You <input type="checkbox"/> Family	Moodiness	<input type="checkbox"/> You <input type="checkbox"/> Family	Spiritual Growth	<input type="checkbox"/> You <input type="checkbox"/> Family
Discontentment	<input type="checkbox"/> You <input type="checkbox"/> Family	Online Sins	<input type="checkbox"/> You <input type="checkbox"/> Family	Submission	<input type="checkbox"/> You <input type="checkbox"/> Family
Divorce Recovery	<input type="checkbox"/> You <input type="checkbox"/> Family	Panic Attacks	<input type="checkbox"/> You <input type="checkbox"/> Family	Suicidal Thoughts	<input type="checkbox"/> You <input type="checkbox"/> Family
Doubting Salvation	<input type="checkbox"/> You <input type="checkbox"/> Family	Parenting	<input type="checkbox"/> You <input type="checkbox"/> Family	Time Management	<input type="checkbox"/> You <input type="checkbox"/> Family
Eating Disorder	<input type="checkbox"/> You <input type="checkbox"/> Family	" Adult Children	<input type="checkbox"/> You <input type="checkbox"/> Family	Work, Unfulfilled	<input type="checkbox"/> You <input type="checkbox"/> Family

Other Information

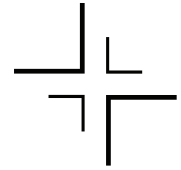
If you were raised by someone other than your own parents, briefly explain: _____

Number of older brothers: _____ Older Sisters: _____ Younger brothers: _____

Younger Sisters: _____ Stepbrothers/sisters: _____ Half brothers/sisters: _____

The town I grew up in was urban suburban small town rural changed frequently

Other Information cont.



Did you have any traumatic events as a child? Yes (please describe on back) No

Which of the following words best describe your home of origin (check all that apply):

- Traditional Authoritarian Unpredictable Divorced Lonely
Substance Abuse Physical Abuse Verbal Abuse Perfectionist Critical
Sexual Abuse Affectionate Affirming Safe Permissive

1. Please describe the current problem, as you understand it.

2. What have you done about it (most effective and least effective)?

3. Who referred you to this ministry for help?

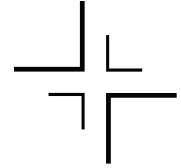
4. Please describe any family history (the family that you grew up in) that may be pertinent to the concerns you bring to counseling (e.g., issues with parents, their relationship w/ each other, significant losses/events, etc.).

5. What are your expectations in coming to counseling?

6. What, if any, are your concerns about coming to counseling?

7. Is there any other information we should know?

Informed Consent



Instructions for Informed Consent

After carefully reading each policy please place your initials in the space provided to indicate your understanding and agreement with each policy. If you have questions, please direct them to your biblical counselor before your next meeting. If for any reason you are unable to sign these forms, our services will be denied to you.

Philosophy of Care

The type of counseling I do is referred to as “biblical counseling.” My goal is to construct from the Bible a model and method to wisely help people in their problems. As a biblical counselor, I seek to build strong relationships and help people apply biblical truth in ways that are meaningful and direction-giving. My counseling is shaped by a Christ-centered view of human life as found in the Christian Scriptures, which takes seriously the physical, social, spiritual, and developmental nature of our difficulties. I believe that people can be healed, strengthened, and built up as they grow in their relationship with Christ. However, this doesn’t happen apart from our personal dependence on Christ and seeking His help. It is likely that I will recommend that you engage in some spiritual disciplines to enhance your relationship with God. If necessary, depending on the need, I will refer you to a professional who has more expertise than me.

You will likely be asked some questions about your past experiences, present circumstances, family, church, social relationships, and spirituality in order to know you better. You do not have to answer any questions and can finish a session whenever you wish. Sessions will typically last 80 minutes.

X _____

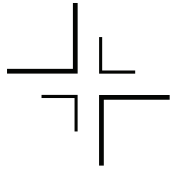
Personal Introduction

As we start meeting together, I would like you to know more about me and about our mutual responsibilities. I am a biblical counselor—not a licensed 1) creative arts therapist, 2) marriage and family therapist, 3) mental health counselor, 4) psychoanalyst, 5) psychologist, 6) master social worker, or 7) clinical social worker. I am not a professional counselor as recognized by the standards of New York secular law. Instead, I obtained my B.S. and M.S. from the University of Illinois at Champaign-Urbana, my M.Div from Gordon Conwell Theological Seminary, and my Advanced Biblical Counseling Certificate from the Christian Counseling and Educational Foundation. My current title is “Biblical Counselor” for Crosstown Counseling, LLC. I am a member of Redeemer Presbyterian Church, NYC, and under the spiritual authority of this church. However, Crosstown Counseling, LLC is neither legally nor financially tied to Redeemer Presbyterian Church.

Financial Policy

We, Crosstown Counseling, LLC, are solely supported and able to operate because of our fee structure. The fee for counseling is \$195 for an 80-minute session. At each session, payment for the biblical counseling services must be made by cash or credit card (Visa or Mastercard).

X _____



Appointment Cancellation Policy

Out of courtesy, I require a 24-hour notice if you wish to cancel or are unable to keep an appointment. Failing to notify me by phone or email **at least 24 hours prior to your scheduled appointment** will result in being charged the **full session fee**.

X _____

Confidentiality Clause

The privacy and confidentiality of our conversations and records are protected by my ethical principles in all but a few circumstances. Examples of exceptions to confidentiality are when the client 1) indicates an intention to harm him or herself or someone else; 2) has committed sexual or physical abuse; 3) is a minor and I believe it is in the best interest of the child to disclose information to the parent; and/or 4) has done something that violates the law that I am required to report. If I am ordered by a court of law to release your information or when I am made aware of known or suspected neglect and abuse, I will have to comply with the law. This is not an exhaustive list of examples of instance in which I will be forced to disclose information.

X _____

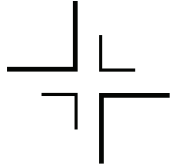
Waiver of Liability

In seeking biblical counseling from Crosstown Counseling, LLC, I ask that you acknowledge your understanding of the following conditions and further release Crosstown Counseling, LLC, its agents, affiliates, biblical counselors, employees, and all ministry team leadership from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Biblical counseling will be provided by a biblical counselor from a pastoral perspective. The Crosstown Counseling staff is not composed of professionals in creative arts therapy, marriage and family therapy, mental health counseling, psychoanalysis, psychology, or social work. The Crosstown Counseling staff is not licensed by the State of New York as professional counselors, social workers, or therapists;
2. All biblical counseling is provided in accordance with the biblical principles adhered to by Crosstown Counseling and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the aforementioned biblical counselor(s), is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;
4. It is understood by the participant client(s) that all complaints and grievances will be heard by the Director(s). If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant client(s) will involve Peacemaker Ministries, Inc., at their expense, for the purpose of mediation or arbitration.

X _____

Your Rights



As a client, you have the right to discuss possible outcomes and challenges regarding counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options to that counseling. You have the right to ask about and/or refuse any techniques used. You are encouraged to report to an elder/pastor of your church, the Director(s) of Crosstown Counseling, or the appropriate authorities if you have any grievances regarding the treatment. You may conclude meeting with me at any time.

X _____

Consent to Counsel

Having read and understood Crosstown Counseling’s Philosophy of Care, Financial Policy, Appointment Cancellation Policy, Confidentiality Clause, Waiver of Liability, and Your Rights, I, _____ **(print name)** grant permission for Crosstown Counseling to render biblical counseling services to me and the names listed below (please include the names of those who may be involved in the process):

I also understand that Crosstown Counseling may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other issues agreed upon by the Directors.

Please sign to indicate the following:

- 1. You have read the policies in this document;
- 2. You agree with and understand each of these policies; and,
- 3. You are enrolling yourself into counseling of your own will.

Client Signature: _____ Date: _____

Biblical Counselor Signature: _____ Date: _____