CARE COUNSELING INTAKE FORM

INTRODUCTION

Welcome to the Care Counseling Ministry of Shelter Cove Community Church, where we provide Biblically-based, Christ-centered, pastoral/lay counseling, as we refer to God's word to address many of life's challenges common to man.

Our team of Care Counselors consists of Shelter Cove Staff Counselors and Volunteer Lay Counselors. Shelter Cove Staff Counselors are licensed or ordained ministers and have received formal pastoral counseling training. All care counselors give counsel under the guidance of our staff counselors and receive routine training.

Positive change is the essential goal in our counseling process. Our desire is to reveal God's will for true personal heart change in the midst of one's circumstances through a renewal of attitude, thought and action. During this discipleship process, our care counselors will look to the Holy Spirit as the only agent of individual change, as we facilitate a fundamental foundation for those who truly choose to seek a relationship with Christ and implement His instruction in their lives.

We pray this ministry will be a blessing to you. Love because of Christ,

Pastor Bob Irwin
Pastor of Care Counseling

CLIENT INTAKE FORM FOR CARE COUNSELING

Instructions for Completing Intake Form:

Please print or download this fillable PDF form to be completed and signed. You may return your completed form to the Care Counseling Ministry via email to birwin@inthecove.com or drop it off at the reception desk on the second floor.

Once your intake form has been received by our office staff, we will begin the placement process and you will be contacted to schedule your first appointment. If you are seeking couples or family counseling, each person attending sessions must complete an intake form.

CONFIDENTIALITY AND MANDATING REPORTING

It is understood that all statements, whether written or verbal, with your pastoral/lay counselor are of a confidential nature and ethically cannot be disclosed without written consent, with the following exceptions:

1. Suspicion of child/elder abuse: we reserve the right and/or may be mandated by law to report child abuse or suspicion of child/elder abuse of any type to the proper authorities.

2. Threats of harm to self or others: we reserve the right and/or may be mandated by law to disclose to the appropriate person, agency, or civil authorities, any threats of harm that a person may attempt or desire to do to one's self or others.

3. Necessity of supervision: to ensure the highest quality counseling process, your pastoral/lay counselor will consult with their counseling supervisor regarding your sessions on a routine basis.

4. Necessity of consultation: we reserve the right to consult with other counseling professionals or appropriate church ministry staff members regarding your sessions. This consultation will be held on the same level of confidentiality as your sessions.

COUNSELING FILES

All counseling records and their contents belong to Shelter Cove Care Counseling Ministry and will be filed in accordance with Church policy.

WAIVER OF LIABILITY

In consideration for receiving any form of counseling from the Care Counseling Ministry of Shelter Cove Community Church, I agree to release and waive any and all claims of any kind against the ministry, the staff, the pastoral/care counselors, or the Church, which may arise from, result out of, or be related to, conduct or advice given. I understand that this is Biblically-based counseling service according to, and based on, Christian principles and is not based on any clinical training or state-established standards for licensed counselors.

Signature:_____ Date:_____

PERSONAL INFORMATION

Today's Date: ____ /____ /_____

Your Name: _____

Date of Birth: ____ /____ /_____ Age: _____ Gender: M F

Address: _____

City: _____ State: _____ ZIP: _____

Phone: Home _____ - _____ Cell _____ - _____ Work _____ - _____

Email: _____

Occupation: _____

In case of cancellation or reschedule, may we contact you at any of the above phone numbers? ☐ Yes ☐ No

If NO please indicate which numbers should not be called: _____

Marital Status: ☐ Single ☐ Living together ☐ Married, how long? _____
☐ Separated, how long? _____ ☐ Divorced, how long? _____
If married: This is your _____ marriage. This is your spouse's _____ marriage.

FAMILY INFORMATION

Spouse's Name: _____ Birthdate ___ /___ /_____ Occupation: _____

Please list information for all children living in your home.
Please indicate children from a previous marriage(s) with an *.

Name	Birthdate	Gender	Relationship

Emergency Contact Name and Phone Number: _____

COUNSELING HISTORY

HAVE YOU RECEIVED ANY PRIOR PROFESSIONAL COUNSELING? ☐ YES ☐ NO

ARE YOU CURRENTLY SEEING A PSYCHIATRIST OR ANOTHER PROFESSIONAL COUNSELOR? ☐ YES ☐ NO

IF YES, WHICH ONE, AND FOR WHAT PURPOSE? _____

COUNSELING NEEDS

Please Check All That Apply

_____God/Faith	_____Guilt/Shame	_____Despair	_____Depression
_____ Fear	_____Anxiety	_____Anger	_____Mood Swings
_____ Loneliness	_____Codependency	_____Intimacy	_____Grief/Loss
_____ Communication	_____Stress	_____Health	_____Confusion
_____ Unresolved Hurt	_____Bitterness	_____Self-Esteem	_____Sleep
_____ Work	_____Financial	_____Sex	_____Lust
_____ Parents	_____Parenting	_____Family	_____In-Laws
_____ Domestic Violence	_____Social Withdrawal	_____Health	_____Confusion
_____ Aging	_____Education	_____Weight Control	_____Alcohol/Drugs
_____ Divorce/Separation	_____Child Custody	_____Pre-Marital	_____Being Single
_____ Harm to Others	_____Suicidal Thoughts	_____Self Harm	_____Other Addictions

If other, please describe: _____

Please list top 3 most difficult issues:

1._____

2._____

3._____

Briefly Answer The Following Questions

1. What is the problem that brings you here?

2. What have you done to resolve your problem?

3. What are your expectations from counseling?

4. Is there any other information that we should know?