



Encounters in Joy Ministries

What began in the Garden ends at the Cross.

COUNSELING INTAKE FORMS

Dear Friend,

Welcome to the counseling ministry Encounters In Joy. We are grateful that you have welcomed us into your life at this time. It is never easy to reach out for help. We admire the courage, faith, and humility this first step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction into your life.

Our goal in the counseling ministry is to provide the highest quality, Christ-centered counseling to individuals and families who are hurting and confused.

Our vision for counseling is larger than a few one-on-one meetings with a counselor. Rarely does lasting change happen in isolation. We will likely encourage you to be involved in the counseling process.

Our team for the counseling ministry consists of graduate-level counselors who offer free personal or marital counseling to our community. Our team Leader Reverend Jeff Langley is a board-certified Christian Counselor holding certifications with the Georgia Board of Examiners and Certifications in Mental Health Coaching, and Trauma and Grief coaching with Light University.

The next step in the counseling process is to complete the intake forms you are now reading. The counseling forms are designed to **(1)** help us to get to know you in a comprehensive, holistic, and efficient manner and **(2)** help you organize your thoughts about your counseling objectives. **You will need to allow approximately 45 minutes to complete these forms.**

- The following three pages contain the policies of Encounters In Joy ministries. Please read, initial, and sign these pages. If you have any questions, your counselor will be happy to answer them.
- The next two pages provide instruction on how to place yourself in the best position to benefit from counseling at each stage in the process. Please keep these two pages for your personal reference.
- The last five pages provide your counselor with background on your situation (if you are married, then you and your spouse will both need to complete a set of these forms).
- Childcare is not provided, and children are not allowed to sit unattended in the waiting areas. Also, children are not allowed in the counseling sessions, unless requested, as they may hinder the effectiveness of the session. If you are unable to make alternative plans for your child for the first appointment and subsequent parent consultations, then counseling should be postponed until arrangements can be made.
- If you are taking any prescription medication(s) please do not alter your dose on the day of your appointment. If have recently begun a new medication, please allow approximately two weeks before scheduling your appointment.

We are grateful to be able to serve you at this time and to be a part of the journey God has for you. We look forward with anticipation towards playing a role in your progress and hope.

In Christ,
Reverend Jeff Langley
BCCC

Encounters In Joy Ministry Policy Review

Instructions for Policy Review: After carefully reading each policy please *place your initials* (beside each checked box) in the space provided to indicate your understanding and agreement. If you have questions, please direct them to your counselor before your initial meeting begins. *If for any reason you are unable to sign these forms, we will be unable to serve you.*

Your Rights as a Counselee: As a counselee you have the right to discuss possible outcomes and challenges regarding counseling and receive an estimate of the predicted length, goals, and outcomes, as well as alternative options. You have the right to ask about and/or refuse any techniques used. You may conclude counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

Not Professional Advice: If you have legal, financial, medical or other technical questions, you should seek advice from a professional with expertise in those fields.

FINANCIAL POLICY

Encounters In Joy is part of our ministry to our community. We do not charge for the counseling services offered. The graciousness and generosity of donators allows us to offer these services free of charge. We would encourage you to make a contribution in response to the counseling you receive.

*** Initial here if you understand and agree with this Financial Policy: _____

APPOINTMENT CANCELLATION POLICY

We want to be a good steward of the time and resources of Encounters In Joy. Therefore, we request a 24 hour notice if you wish to cancel or are unable to keep an appointment. If you fail to give us a 24 hour notice you will be expected to pay a missed appointment fee to Encounters In Joy.

\$25.00 for appointments missed or cancelled with insufficient notice.

*** Initial here if you understand and agree with this Cancellation Policy: _____

PHILOSOPHY OF CARE

We are committed to providing a balanced and Biblical approach to counseling. By biblical counseling we mean that your counselor is a Christian with special training and experience in applying the truths of the Bible to life. We believe that the Bible speaks to all of life and to all of its problems, but sometimes it takes careful thought and prayerful wisdom to know how to make those connections. We don't believe that the Bible is simply a how-to book or a recipe book for happiness.

We believe that the Bible ultimately points us to a person and a relationship - Jesus Christ as our Savior and Redeemer. We believe that real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. This does not mean that you must be a Christian to profit from our counseling, although we believe that deep and lasting change is brought about only by God himself. However, the Bible is never brought to bear in an artificial or heavy-handed way.

*** Initial here if you understand and agree with this Philosophy of Care: _____

CONFIDENTIALITY CLAUSE

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. As a Christian-based counseling center we do not promise absolute confidentiality. Your counselor reserves the right to consult with other counselors at Encounters In Joy, and his/her supervisors or supervising professors for the purpose of providing the highest level of care within the ministries of the church.

There are times when counseling information may be shared outside of Encounters In Joy. Those exceptions would include, but are *not* limited to the following:

- known or suspected child or elderly abuse of any kind
- the intent to take criminal actions or violence against another person
- active suicidal thoughts or intentions

If you are suicidal during the course of your counseling, it is crucial that you talk with your counselor about these matters. By initialing this section you are indicating that you agree to share any suicidal thoughts or intentions with your counselor and that you would seek medical care if you actively consider suicide outside of counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the relationship and not to the individual.

As a Christian Counseling Ministry, our counselors are not agents of the state as are licensed therapists and counselors. Therefore, conversations and notes may not be admissible in court. If your counseling subject requires professional representation in a court setting by a counselor, Encounters In Joy will likely not be the best fit for your needs. If you would like Encounters In Joy to share your records with another agency or person a consent to release information form must be completed and signed. This consent can be revoked at any time by written notification. By initialing below, I agree not to attempt to subpoena or require any counselor to appear in any legal proceedings related to any matters discussed during counseling, nor will I attempt to subpoena any notes or records to this counseling.

*** Initial here if you understand and agree with this Confidentiality Clause: _____



WAIVER OF LIABILITY

In seeking counseling from Encounters In Joy, you must acknowledge your understanding of the following conditions and further release Encounters In Joy, its staff, employees, and all organizational leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling will be provided by graduate level Christian Counselors or graduate counseling interns. The counseling staff is *not* a licensed counselor as an LPC (Licensed Professional Counselor), LMFT (Licensed Marriage and Family Therapist), LCSW (Licensed Clinical Social Worker), or LFBPPC (Licensed Fee-Based Practicing Pastoral Counselor) through the state of Georgia;
2. All counseling is provided in accordance with the biblical principles adhered to by Encounters In Joy and are not necessarily provided in adherence to any local or national psychological or psychiatric association for the evaluation and treatment of mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques;
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above mentioned counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;
4. It is understood by the participant counselee(s) that all complaints and grievances relating to this policy, or the provision of counseling pursuant to this policy, will be heard by the organizational leadership of Encounters In Joy.
5. This is a voluntary program in which I am choosing to participate.

*** Initial here if you understand and agree with this Waiver of Liability: _____



CONSENT TO COUNSEL

Having read and understood Encounters In Joy's

- Financial Policy Appointment Cancellation Policy Confidentiality Clause
 Waiver of Liability Philosophy of Care

I, _____ (print name)

grant permission for Encounters In Joy to render counseling services to me and the names listed below (please include the names of those who may be involved in the counseling process):

_____	_____
_____	_____
_____	_____

I also understand that Encounters in Joy 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 similar issues. **Firearms of any kind (including concealed weapons are prohibited inside all areas of Encounters In Joy counseling offices.**

* * * * *

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

SIGN HERE

Client Signature (for spouse or second counselee)

Date

SIGN HERE

Counselor Signature

Date

What Can I Do to Place Myself in the Best Position to Benefit from Counseling?

Counseling is a verb more than a noun; it is something you participate in more than something you receive. With this in mind, it is important to ask the question, “What do I need to do to set counseling up to succeed?” We’ll consider this question for three phases of the counseling relationship.

Phase One: Before Your First Appointment

1. *Be Committed* – Some people come to counseling wondering “if it will work for them.” This reveals a mindset that is passive towards what will happen in the counseling relationship. Coming to counseling is like joining a gym; it is a great context for change but can’t produce the desired results without your participation.
 - When you think of expectations for counseling, think about what you’ll be doing between sessions.
2. *Paperwork* – Intake forms are more than an administrative necessity; they serve a vital function for you and your counselor. Intake forms are designed to help you intentionally overview your life in light of your struggle to begin solidifying the goals you have for counseling. Intake forms also allow your counselor to get to know you efficiently. Counseling often jumps into the “deep waters of life” quickly and intake forms are one way your counselor can be sure to have an overview of your life so that your struggles do not over-define who you are.
 - Spend a solid 30-45 minutes thoughtfully completing the counseling intake forms.
3. *Be Humbly Self-Aware* – Your counselor won’t get to know you better than you know you, and your counselor will only get to know you as you reveal yourself. This means the courage of transparency is required for counseling to be effective. Don’t be ashamed of the areas you need to grow. Prepare yourself to describe them clearly, humbly, and from the perspective of as many people as are affected by them.
 - Use more first person pronouns (I, me, my) than third person pronouns (he, she, them) in the first session.

Phase Two: During Your Counseling Relationship

1. *Be Honest* – Don’t make your counselor ask the “right questions” to get the “needed information.” That is like taking your car to the mechanic, but being coy about what needs to be fixed. If you are not honest with your counselor, your counselor is not really counseling you, but a figment of your imagination. The advice you receive may be sound, but it will not be well-suited to you or your situation.
 - Before each session and whenever counsel may not feel well-suited to your situation, ask yourself, “What would my counselor need to know to advise me well?”
2. *Be Consistent* – This means (a) making your appointments, (b) being on time for your appointments, and (c) completing any homework between sessions. When the continuity of counseling is disrupted because of missed appointments, it is difficult for the counseling relationship to catch traction. The most profitable time in a counseling session is usually the last 10 minutes, and if you’re late, you cut

that time out of your session in the beginning. It is completing the homework between sessions or reflecting on the counseling conversation that ensures each session builds on the momentum of the previous one.

- For as long as you are in counseling, make counseling a high priority.
3. *Be Patient* – Most of this post has been about being pro-active, but that is not a synonym for being impatient or a perfectionist. Counseling involves prioritizing important goals; that is frustrating. Counseling also involves engaging change in a way that allows the changes to endure; that is often less efficient than we would like. This means the “how” of counseling (process / verb) is more important than the “what” of the counsel (content / noun). You are learning how to approach life when it’s messy more than a set of skills to address something in tidy way.
 - Realize this honors you. If there were quick solution to the struggle that brought you to counseling that would be demeaning to the time you invested in resolving the matter before counseling began.

Phase Three: As Counseling Concludes

1. *Be Known* – The long-term effectiveness of counseling is largely predicated upon the quality of relationships you have outside of counseling. You want to pass the baton of trust and transparency from a counselor to trusted friends who can [provide ongoing accountability and support](#).
 - Be a part of a small group and seek opportunities to be more open about what you’re learning and how you’re growing through counseling in the small group setting.
2. *Grow Independently* – As counseling concludes you should begin growing more outside of counseling in areas that are distinct from your counseling agenda than you are inside of counseling in the areas of your counseling goals. Counseling begins because struggles were interfering with life. Counseling concludes when life can be meaningfully engaged despite the remaining struggles.
 - Don’t put life on hold because you are in counseling. Especially in the latter stages of counseling, set goals for things you want to pursue, not just overcome. Let your small group be the context where you share about and seek guidance on these matters.
3. *Be Joyously Imperfect* – Sanctification is a life-long journey; “graduating” counseling doesn’t mean we’re a finished product. Unless we are at peace with this reality, we will never feel like life is “good enough” to free us from counseling. However, when we are honest about our struggles in natural community and these struggles no longer impair our ability to engage our primary life roles, then the artificially-paired relationship of counseling is no longer needed.
 - Enjoy being “in process.” Allow it to bring a sense of adventure and purpose to life as you continue to discover areas that God wants to grow and shape your life.

COUNSELING INTAKE FORMS

Date: _____

Name: _____ Gender: Male Female Age: _____

Address: _____ City/State: _____ Zip: _____

Primary Phone Numbers: _____ May we leave a message here: Yes No

Second Phone Numbers: _____ May we leave a message here: Yes No

Occupation / Employer: _____ Avg Hours/Week: _____

Birth date: ____ / ____ / ____ Email Address: _____

Social Security Number (needed in case of emergency reporting): _____

Highest degree(s) earned: _____ School: _____

With Whom Do You Currently Live: (Please check all that apply)

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

Marriage & Family Information: (Please complete if you are currently engaged or dating)

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

Address: (same as above) _____

Phone #: (_____) _____ - _____ Email Address: _____

Occupation / Employer: _____ Avg Hours/Week: _____

Highest degree(s) earned: _____ School: _____

Is spouse willing to come for counseling? Yes No Uncertain

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

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

How long did you know your spouse before marriage? _____

Length of steady dating: _____ Length of engagement: _____

Give **brief** information about any previous marriages:

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

* Other relevant information can be written on the back of this page.

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

* Check this column if child is by previous marriage (PM), adoption (A), or lost to miscarriage (MC).

Have you ever had an abortion? If so when? _____

SPIRITUAL / RELIGIOUS INFORMATION

Church Name: _____ Number of Years at Church: _____

Please list any ministry involvement: _____

HAVE YOU BEEN BAPTIZED? Yes No When? _____

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

Do you and your spouse openly discuss and encourage one another in your faith? Yes No

DO YOU PRAY TO GOD? Yes No

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR?
Yes No Uncertain Don't know what you mean

What does spirituality mean to you? _____

Please note any recent changes in your spiritual life: _____

BIO-PSYCHOLOGICAL INFORMATION

- | | | |
|--|------------------------------|---|
| Have you ever felt people were watching you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do people's faces ever seem distorted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you ever have difficulty distinguishing faces? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do colors ever seem too bright? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever had hallucinations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you plagued by fears? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have problems sleeping? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you hear voices? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever thought of committing suicide? | Yes <input type="checkbox"/> | No <input type="checkbox"/> If yes, when? _____ |
| Have you ever been arrested? | Yes <input type="checkbox"/> | No <input type="checkbox"/> If yes, when? _____ |
| Have you recently suffered the loss of someone who was close to you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, explain: _____ | | |

HEALTH INFORMATION

Have you had counseling before? Yes No

Have you seen a psychiatrist before? Yes No Currently

Age	Duration	Counselor/ Center	Issue(s) / Topics(s) / Diagnosis	* Your Evaluation of Counseling

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

Approximately how many hours of sleep do you get each night? _____

When do you normally: go to bed? _____ fall asleep? _____ wake up? _____ get out of bed? _____

What do you normally do between going to bed and falling asleep? _____

Describe any recent changes in sleep habits: _____

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

Date of last medical examination: _____ Results: _____

Current illness, injury, or disability: _____

Are you presently taking any medication? Yes No Prescribing Doctor(s): _____

Medication	Dosage	Frequency	Prescribed for...	Date began taking...

** Use back of this page if necessary*

Have you used drugs for other than medical purposes? Yes No When? _____

What? _____ Amounts/Dosages: _____

Do you drink alcoholic beverages? Yes No When? _____ How much? _____

Describe your eating habits or changes in appetite: _____

Describe your exercise routine: _____

Current weight? _____ lbs Weight changes: **6 months** +/- _____ lbs **1 Year** +/- _____ lbs **5 Years** +/- _____ lbs

Number of non-working hours per week spent watching television _____ on computer _____ hobbies _____

Please check any of the following physiological symptoms that apply to you.

- | | | |
|---|---|---|
| Headaches <input type="checkbox"/> Past <input type="checkbox"/> Present | Difficulty Breathing . <input type="checkbox"/> Past <input type="checkbox"/> Present | Rapid Heart Rate <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Visual Trouble ... <input type="checkbox"/> Past <input type="checkbox"/> Present | Tension <input type="checkbox"/> Past <input type="checkbox"/> Present | Dizziness <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Weakness <input type="checkbox"/> Past <input type="checkbox"/> Present | Fatigue <input type="checkbox"/> Past <input type="checkbox"/> Present | Pain <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Sleep Trouble <input type="checkbox"/> Past <input type="checkbox"/> Present | Change in Appetite . <input type="checkbox"/> Past <input type="checkbox"/> Present | Other (on back) <input type="checkbox"/> Past <input type="checkbox"/> Present |

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 struggles you and/or your family are experiencing at this time:
Please rate "blank" if none; "1" if mild; "2" if moderate; or "3" if severe.

You	Family		You	Family		You	Family	
		Abuse, Physical			Fear			Perfectionism
		Abuse, Sexual			Financial Management			Pornography
		Abuse, Verbal			Greed			Pre-Marital Sex
		Abuse in Past			Grief			Pride
		Addiction			Guilt			Priorities
		Anger			Homosexuality			Procrastination
		Anxiety			Humility			Purpose, Lack of
		Apathy			Identity			Rebellion
		Bad Memories			Impatience			Rejection
		Bitterness			Infertility			Relationships
		Caring for Parents			Insecurity			Respecting Authorities
		Chronic Pain			In-Law Conflict			Respecting Parents
		Codependency			Jealousy			Respect Spouse
		Communication, affection			Judgmental			Same Sex Attraction
		Communication, day to day			Leadership			Self-Control
		Communication, emotions			Lifestyle Change			Self-Injury
		Communication, planning			Loneliness			Selfish
		Communication, problem solving			Lying			Shame
		Compulsions			Manipulation			Social Anxiety
		Depression			Marital Intimacy			Spiritual Growth
		Debt			Moodiness			Submission
		Discontentment			On-Line Sins			Suicidal Thinking
		Divorce Recovery			Panic Attacks			Time Management
		Doubt Salvation			Parenting			Work Unfulfilling
		Eating Disorder			Parenting Adult Child			
		Empty Nest			Peer Pressure			
		Envy			People Pleasing			

If someone reared you other than your own parents, briefly explain: _____

Number of older brothers: _____ Older Sisters: _____ Younger brothers: _____ Younger Sisters: _____
 Step/half: _____ Step/half: _____ Step/half: _____ Step/half: _____

The town I grew up in was urban suburban small town rural changed frequently.
 My family's financial situation was poor lower middle middle class upper middle class wealthy.
 Did you have any significant 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 Permissive Safe

Give **brief** information about places you have lived (moves within same city or area not necessary to list):

Location Lived	Ages Lived There	Reason for Move

* Use back of this page if necessary

Please complete the following in one or two sentences:

- In order to understand me _____
My ambition in life is to _____
What really hurts me _____
I get nervous when _____
I wish I could lose my fear of _____
What I wish I could change about myself _____
My best childhood memory _____
My worst childhood memory _____
My father is/was _____
My mother is/was _____
My biggest regret is _____
My greatest achievement is _____
My role in my current family is _____
For refuge/rest I turn to _____
When life gets too hard I _____
To be happy I need _____
I would do anything for _____
I often wonder why _____
It embarrasses me to _____
I cannot decide _____

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

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

3. Other than counseling, what help are you seeking? _____

4. Who referred you to Encounters In Joy for help? _____

5. Please describe any family history (the family that you grew up in), which might be pertinent to the concerns that you bring to counseling (your relationship with your parents, their relationship with each other, significant losses or events): _____

6. What are your expectations in coming here? _____

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

8. What do you believe you will have to change to see the progress you desire? _____

9. Is there any other information we should know? _____

Thank you for taking the time to complete these forms. The information you have provided will enable us to better serve you.