



## INTAKE FORMS PACKET

### Included in this Packet

- (1) Intake Form (p.2)
- (2) Counseling Information Form (p. 5)
- (3) Confidentiality Statement (p. 6)
- (4) Counseling Informed Consent Form (p. 7)
- (5) Confidential Counseling Evaluation (p. 10)

### Instructions

*Before your Appointment:*

- (1) Complete the **Intake Form**
- (2) Read and sign the **Counseling Information Form**
- (3) Read and sign the **Confidentiality Statement**
- (4) Read and sign the **Informed Consent Form**

*Bring all completed forms to your first appointment:*



### **Biblical Counselor's Covenant**

As biblical counselors, we will always use God's word and direction to help you with whatever you are facing, no matter how large or small, God will show you the way.

We will always counsel you through the bible while showing you the hope, joy, forgiveness and love that can only come through The Lord and in His Word.

### **Role Cognition Plays in Biblical Counseling**

As we confirm if there is no biblical understanding it will hinder spiritual growth. The greatest need of our counsees is not to look back to a painful past but to look forward to a future that will lead them to trust in God in all they do and to lean on Him only, for wisdom and strength.

### **Confidentiality Covenant**

As counselors we abide by the strictest rules of confidentiality and affirm that all recordings, homework assignments, and any other materials we share during our counseling session will not be heard or seen by any other persons that are not involved in the session.

Recordings are being taken during the session strictly for the purpose of making sure that the counselor did not miss any important statements the counselee may have said.

The counselee's file is kept in a locked file cabinet with head counselor having the only key.

### **The Training of Our Counselors**

We as certified biblical counselors take the training and education of our, counselors in training as a profoundly serious endeavor. The procedure our counselors in training go through, before they can be certified biblical counselors through International Association of Biblical Counselors (IABC) is very stringent and includes an understanding and examinations of theology and counseling matter. The process includes a minimum of 50 hours of in session observation as well as a healthy study of the leading Biblical counseling materials available today. Needless to say our counselors have put in much time and study well before they reach certification. We commit to preparing all of our counselors to handle God's word correctly in today's world.

All of our counselors in training are held to the same confidentiality covenant as the biblical counselors are.

Counselor: \_\_\_\_\_

Co-Counselor: \_\_\_\_\_

Counselee: \_\_\_\_\_

Counselee: \_\_\_\_\_



## Renfrew Baptist Church Counseling

Bible-Based, Christ Centered Resources for Daily Living

Date: \_\_\_\_\_ How did you learn about Renfrew? \_\_\_\_\_

Your personal information			
Your Name / Address:	Sex:		Preferred Contact Method:
	Phone		Phone_____ Email_____
	Email:		
	Date of Birth:		Available Days/ Time:
Employer Name / Phone:	Marital Status:		
	Education:		
	Physician:		

Your family and friends	How related?	How long? (Years)	Use as Emergency Contact? (Y/N)	Status of relationship?

Your Physical Health	
Describe your overall health:	
List any chronic health conditions:	
List illnesses, injuries, handicaps:	
Last medical exam and report:	



Your Physical Health-Continued	
Current medications and dosage. Please include all medicines; prescriptions, and over-the-counter (e.g. laxatives, birth control, aspirin, cold or allergy sprays, diet pills, etc.)	
Have you ever used drugs for other than medical purposes? If so, what?	
Do you drink alcohol; If so; how frequently and how much?	
Do you drink coffee and other caffeinated beverages (coke, etc.)? If so, how often and how much	
Do you smoke or use nicotine products? If so, what and how much?	
Have you ever had interpersonal problems on the job? If yes, please explain.	
Have you ever had a severe emotional breakdown/ If so, please explain.	
Have you ever seen a psychiatrist or counselor/ If so, please explain what for.	
Have you had thoughts of or considered taking your own life? If so, please explain when and why.	
Please describe any other health issues not previously discussed you feel is important for us to know.	



Your Spiritual Health	
Are you a Christian: If not, do you believe in God? Please explain.	
What church do you currently attend, if any/ Please list name, location, and pastor's name.	
Are you a member of this church?	
How often do you attend?	
Suppose that you were to die today and stand before God and he were to say to you, "Why should I let you into my heaven?" What would you say?	
How often do you read you bible?	
Explain any recent changes in your religious life.	

Counseling Questions	
What is the main reason you are seeking help from biblical counselor today?	
Is your spouse willing to come for counseling as well?	
Is your spouse in favor of you seeking counseling?	
If you have a home church, are any of the leaders of the church aware you are seeking counseling?	
Circle any of the following that apply to you today	Abuse    Adultery    Alcohol    Anger    Communication    Conflict Decisions    Depression Divorce    Drug Abuse    Envy/Jealousy    Evil/Suffering    Fear Forgiveness    Grief    Guilt Habits    Hope    Infertility    Loneliness    Lying    Manipulation    Marriage    Midlife Crisis    Overeating    Parenting Pregnancy    Premarital    Pride/Humility    Rape Recovery Rebellion Reconciliation    Salvation    Satanism    Self-Worth    Sexual Addict    Single Parent Spiritual Battle    Stress Mgmt.    Submission    Suicide    Teens    Temptation    Illness Time Mgmt.    Trials    Verbal Abuse    Victimization    Widowhood    Workaholic    Worry



## COUNSELING INFORMATION AND CONSENT TO COUNSELING

### 1. APPOINTMENTS:

When a counselor sets an appointment with you, that time is yours and yours alone. **If you need to cancel your appointment, we request a minimum 24-hours notice so we may give time to another person in need.** Messages may be left on the voice mail, which will accurately record the date and time you called. Our counselors will do their best to be punctual for your appointment unless they have an emergency call. We ask that you be punctual as well. If you are late, for any reason, you will receive the remainder of your scheduled time. This is necessary so we can see following counselees at their scheduled times.

### 2. COUNSELING FEES:

All counseling and coaching services are provided free of charge. We rely on the generosity of individuals, churches, and businesses in the communities we serve to provide the funds we need to serve in excellence. Please visit our website and click the Donate button for information about different ways you can support our counseling center.

### 3. CHILDREN:

**We do not provide care for your children and cannot be responsible for any child that is left unsupervised.** So, we ask that you do not bring children unless they are receiving counseling themselves.

### 4. Legal Limitation:

It is agreed that neither the counselee nor the counselee's attorney or anyone acting on behalf of the counselee will call on the counselor to testify in court or any proceeding including but not limited to divorce, custody disputes, injuries or lawsuits. It is extended to no request being made to disclose counseling records or any communication that took place between the counselor and the counselee. This is due to the fact that disclosure often includes all records and the nature of the therapeutic process and other confidential matters.

*We are dedicated to you and your counseling needs and we appreciate your cooperation in these matters. Should you have any questions or concerns regarding our policies, feel free to address them to your counselor prior to your first appointment.*

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**\*\*\*Please sign below to indicate that "I have read the above policies, and I understand and agree to comply with them. I also consent to receive bible-based counseling by a Renfrew Counseling Center provider."**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**(Parent/Guardian must sign if counselee is less than 18 years of age)**



## CONFIDENTIALITY STATEMENT

Your counseling records are the property of your counselor and shall be treated as confidential. To comply with state and federal laws your records will not be released without a properly executed written consent. Everything about your care will be held in strictest confidence (with the exception of those situations which we are required by law to report). If you choose to have your counselor keep a third party informed of your progress, it is necessary to complete a **“Release of Information Form”** that will be kept on file.

**The following circumstances are an exception to keeping confidentiality and are required by law to report:**

- A. When a counselee communicates threat of bodily injury to self, another person, or is suicidal.**
- B. When there is reasonable suspicion of abuse to a child or a dependent adult which has occurred or will occur.**
- C. When information is required by law or is ordered by the court.**
- D. Counselor Team.** Counselors typically work as a team and reserve the right to consult and discuss pertinent information with other counselors and supervisors within the counseling field. On rare occasion we may request that we be allowed to video your counselor during a session for training purposes. You may always decline this request.

It is important to remember that electronic communication such as e-mail, faxes and cell phone calls are not secure. Please keep this in mind when there is communication with a counselor. If you have any questions about confidentiality, please discuss them with your counselor.

**I have read and understood the above information regarding confidentiality. I agree to disclose personal information with these exceptions in mind.**

\_\_\_\_\_  
Signature of Counselee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date



## COUNSELING INFORMED CONSENT

Counselee Name (s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Counselee Name (s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby consent to engaging in counseling with my counselor. I understand that “counseling” includes the practice of health care delivery, diagnosis, consultation, counseling, transfer of medical data, and education using interactive audio, video, or data communications. I understand that counseling also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in or outside of South Carolina. I understand counseling will be based upon the timeless nature of Sacred Scripture, and shall in no wise be twisted or subverted for any reason.

### **Counselee/Counselee Rights**

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or counseling; nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The laws that protect the confidentiality of my medical information also apply to counseling. As such, I understand that the information disclosed by me during the course of my counseling is generally confidential. In South Carolina, pastoral counselors are required by the South Carolina law to make both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. Also, my counselor may have to release information if required by court.
3. I understand that the Patriot Act of 2001 requires counselors (and others) in certain circumstances, to provide FBI agents with books, records, papers & documents & other items & prohibits the counselor from disclosing to the counselee that the FBI sought/obtained the items under the Act.
4. I understand that all information disclosed during counseling is confidential including the written notes that the counselor makes of my sessions. However, by law there may be times when my counselor is required and/or permitted to break confidentiality. I also understand that I am expected to keep my communications confidential. I agree that all records of communication between counselee and counselor remain the property of my counselor.
5. I understand that my counselor may not be available at times of emergency. I agree to seek medical help and go to the nearest hospital or emergency care in the city I live in or call 911.
6. I do understand that the dissemination of any personally identifiable images or information from the counseling interaction to researchers or other entities shall not occur without my written consent.
7. I understand that I have a right to access my medical information and copies of medical records in accordance with the South Carolina law. Furthermore, my counselor reserves the right to not disclose any records in spite of my written consent should she believe it may be harmful for me.
8. I understand that there are risks, including, but not limited to, the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of my medical information could be disrupted or distorted by technical failures; the

transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. It is my responsibility to determine who has access to my computer and electronic information. I understand that this may include but is not limited to family members, friends, and co-workers. I agree to communicate through a computer that I know is safe and I will fully exit the medium of communication after my session with the counselor. In addition, in the event of an interruption due to technological breakdown, I will try to reconnect within 10 minutes. If reconnection is not possible, another session time will be scheduled.

9. I understand that counseling based services and care may not be as complete as face-to-face services. I also understand that if my counselor believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be either referred to a counselor or I shall find my own counselor who can provide such services in my area. In addition, if I were to move out of South Carolina, I will inform my counselor as this may also affect my counselor's ability to provide counseling due to the laws that may be in effect in the State/County that I may move to. At the time of my move, we will re-evaluate my goals of counseling and whether my counselor could continue to provide counseling services.

10. I understand that my counselor utilizes a "no-secrets" policy when conducting family or marital/couples counseling. This means that if I were to participate in family, and/or marital/couples counseling, my counselor is permitted to use information obtained in an individual session that I may have had with her, when working with other members of your family. This also extends to communication between sessions as well.

11. I understand that I may benefit from counseling, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.

12. I understand that the length of counseling and the timing of the eventual termination of counseling depend on the specifics of my obedience and the progress I achieve. I do understand that counseling involves both benefits and risks. Risks could include the possibility of experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, loneliness and helplessness. Counseling often requires recalling experiences, some of which may be unpleasant. Counseling may involve making changes that can feel threatening to me or to those close to me. Should I experience any negative effects I will inform my counselor immediately. If I or my counselor determine that I am not benefiting from counseling, either of us may elect to initiate a discussion of my counseling alternatives. Counseling alternatives may include, among other possibilities, referral, changing counseling plan, or terminating my counseling. I have the right to discontinue counseling at any time.

### **Mediation and Arbitration**

All disputes that occur as a result of counseling shall first be referred to mediation, before and as a pre-condition, to the initiation of arbitration. The counselee(s) and counselors shall choose a neutral third party that they both agree upon. Any expenses that occur shall be split equally, unless otherwise agreed by the parties involved. If the mediation is unsuccessful and the matter is taken for arbitration; the arbitrator will determine the expenses to be paid by either party.

### **Litigation Limitation**

It is agreed that neither the counselee nor the counselee's attorney or anyone acting on behalf of the counselee will call on the counselor to testify in court or any proceeding including but not limited to divorce, custody disputes, injuries, lawsuits. It is extended to no request being made to disclose counseling records or any communication that took place between the counselor and the counselee. This is due to the fact that disclosure often includes disclosing the nature of the therapeutic process and other matters that may be confidential in nature.



## Renfrew Baptist Church Counseling

Bible-Based, Christ Centered Resources for Daily Living

### Counselor's Requests and/or Recommendations

I recommend that each counselee obtain a thorough physical exam prior to commencing counseling. This is especially important if you are suffering symptoms of anxiety or depression, headaches, and/or weight gain/loss. Symptoms may be biologically caused or may be there for a protective reason. Counseling services are available only during office hours. In the event of a crisis, you may visit the nearest hospital to you. Alternatively, you could call 911. In case of suicide tendencies, another option is 1-800- SUICIDE.

### Signatures

I have read and understand the information provided above. I have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

Signature of COUNSELEE (s): \_\_\_\_\_

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

Signature of COUNSELEE (s): \_\_\_\_\_

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

Counselor Signature: \_\_\_\_\_

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



## **Confidential Counseling Evaluation – Please give us your feedback!**

Thank you for giving us the extreme privilege and honor of sharing this important time of counseling with you! We are very committed to our growth as counselors and would very much benefit from your feedback. Please take a moment and fill this form out in its entirety and email to [renfrewchurch951@gmail.com](mailto:renfrewchurch951@gmail.com). Thanks again!

What was your counselor's name? \_\_\_\_\_

Did anyone else assist in counseling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OPTIONAL) What was the problem or issue that prompted you to seek counsel? Please briefly explain the space below.

Did your counselor keep appointment times, arrive on time, and appear prepared?

Did your counselor appear competent in the subject matter and were they helpful?

Did your overall counseling term (normally 6-12 weeks) go too long or end too soon?

On a scale of 1 (terrible) to 10 (terrific), where would you rate your counseling experience, and why?

(OPTIONAL) What is the primary change (if any) you've noticed since completing counseling?

Would you recommend Renfrew Baptist Church Counseling to your friends and family in need? Why or why not?

(Please feel free to use the back of this form to write any additional feedback. You may download and fill out this form on your computer and email it to [renfrewchurch951@gmail.com](mailto:renfrewchurch951@gmail.com) or mail a hard copy to 951 Geer Hwy. Travelers Rest, SC 29690 if you wish to be completely anonymous.)