



# CALVARYSLO | CHURCH

Once completed, please turn in to the  
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## counseling intake form

The following questions are designed for us to get to know you a little more and the reasons that you would like to meet with a pastor/elder or one of our leaders at Calvaryslo. Please be as honest as you can as this will help us to know how to best help you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status (circle one):  Single  Dating  Married  Separated  Divorced  Widowed

Education: Last Grade Completed (prior to college) \_\_\_\_\_

Other Education: (List type and years) \_\_\_\_\_

Referred Here By: \_\_\_\_\_ Phone: \_\_\_\_\_

### **MARRIAGE AND FAMILY INFORMATION** (If you are unmarried and have no children then skip to the next section)

Name Of Spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse's Age: \_\_\_\_\_ Education: (In years) \_\_\_\_\_ Religion: \_\_\_\_\_

If your spouse is not with you now, would they be willing to come in for counseling? Yes  No  Uncertain

Have you ever been separated? Yes  No  If yes, how many times? \_\_\_\_\_

Are you separated now? Yes  No  How long have you been married? \_\_\_\_\_

Your ages when married? Husband \_\_\_\_\_ Wife \_\_\_\_\_ How long did you know spouse before marriage? \_\_\_\_\_

Length of steady dating with spouse? \_\_\_\_\_ How long was your engagement? \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

Do you have children? Yes  No  If Yes, please give names & ages:

name \_\_\_\_\_ age \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

name \_\_\_\_\_ age \_\_\_\_\_ name \_\_\_\_\_ age \_\_\_\_\_

### **RELIGIOUS INFORMATION**

Church Currently Attending? \_\_\_\_\_ Pastor's Name: \_\_\_\_\_ Pastor's Phone: \_\_\_\_\_

May we contact your pastor for information and help? Yes  No  Maybe

Church attendance per month: (on scale of 1 to 10) \_\_\_\_\_ Church attended in childhood: \_\_\_\_\_

Have you been baptized? Yes  No  When: \_\_\_\_\_

If married, religious background of spouse: \_\_\_\_\_ Spouse's church attendance per month:(on scale of 1 to 10) \_\_\_\_\_

Do you believe in God? Yes  No  Uncertain  Do you pray to God? Never  Occasionally  Often

Do you read the Bible? Never  Occasionally  Often  Do you have devotions with your family? Never  Occasionally  Regularly

if you died tonight you would go to heaven? Yes  No  Uncertain  What is the basis for answering the above question as you did? \_\_\_\_\_

If you have received Christ as Savior, what changes took place in your life when you became saved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONALITY INFORMATION** (circle any of the following words that you believe best describe you):

Active  
Hardworking  
Excitable  
Shy  
Quiet  
Self-conscious

Ambitious  
Impatient  
Imaginative  
Good-natured  
Leader  
Lonely

Self-confident  
Impulsive  
Calm  
Introvert  
Thick-skinned

Persistent  
Moody  
Serious  
Extrovert  
Submissive

Nervous  
Often-blue  
Easy-going  
Likable  
Sensitive

Other: \_\_\_\_\_

Have you had any psychotherapy or counseling before? Yes  No

| Counseling/Therapist Names | Dates To / From | Medication Prescribed | Outcome and Diagnosis |
|----------------------------|-----------------|-----------------------|-----------------------|
| _____                      | _____           | _____                 | _____                 |
| _____                      | _____           | _____                 | _____                 |
| _____                      | _____           | _____                 | _____                 |

Have you ever been arrested and convicted of a crime or felony? Yes  No  When? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION**

Rate your health: Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

List all important present or past illnesses, injuries or handicaps \_\_\_\_\_

\_\_\_\_\_

Do the above limit you in any way? Yes  No  Please Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you drink alcoholic beverages? Yes  No  When and how much? \_\_\_\_\_

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

What \_\_\_\_\_ Amount/Dosages \_\_\_\_\_

Are you presently taking medication? Yes  No

Have you ever had a severe emotional upset? No  Yes  When \_\_\_\_\_

If yes, please describe briefly what happened: \_\_\_\_\_

\_\_\_\_\_

**BASIC PROBLEM INFORMATION** [briefly answer the following questions]

1. What is the problem that motivated you to make this appointment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you received counseling for this particular issue before from a pastor or other professional? Yes  No

If so, who counseled you, and what resulted from those meetings?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What have you done about the issue/problem?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are you expecting to receive from this counseling?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is there any other information that you think we should know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 the Lord Jesus Christ and allow you to fully enjoy His love and plans for your life.

**Biblical Basis** – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals. We seek to ‘make disciples’ as Jesus Christ commanded, and thus seek to help you in developing your relationship with Him.

**Confidentiality** – Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. This completed form and any pertinent information will be filed with Calvary SLO for documentation/reference purposes. There are five situations when it may be necessary for us to share certain information with others: when a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone may be harmed unless others intervene; when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation; or when a crime has been committed. (see Proverbs 15:22; Proverbs 24:11; Matthew 18:15-20; Deut. 13:6-8). Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

**Resolution of Conflicts** – On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblical and faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration.

Having clarified the principles and policies 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 a pastor or elder before your counseling appointment. If these guidelines are acceptable to you, please sign below.

Signed \_\_\_\_\_ Date \_\_\_\_\_