Christian Counseling, LLC

515-291-2975

Client Intake Information

Date:_____ DOB:___/___/_____

Client Name:_____ SSN:_____

Address:_____ Home Phone:(___)_____

_____ Work Phone:(___)_____

_____ Cell Phone:(___)_____

Occupation:_____ Email:_____

Employer:_____

Emergency Contact Person:_____ Relationship:_____

How to best reach emergency contact person:_____

Insurance Information

Primary Insurance:_____

Insurance ID #_____ Group#_____

Patient'srelationship to insured (Circle one): Self Spouse Child Other:_____

Policyholder Name_____DOB_____Employer_____

Policyholder Address:_____

(If different from patient's address)

Secondary Insurance_____

Member#_____ Group#_____

Policyholder Name_____DOB_____Employer_____

Policyholder Address:_____

(If different from patient's address)

How did you find out about us?

__Friend __Relative __Clergy __Website __Social Media __Phone Book

__Doctor __Another Service Provider __Other:_____

Consent for Care/Assignment of Benefits

I, the undersigned hereby authorize the release of any information relating to all claims for benefits submitted on behalf of myself and/or my dependents. I further expressly agree and acknowledge that my signature on this document authorizes my therapist/counselor to submit claims for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or my dependents, and that I will be bound by this signature as though I had personally signed the particular claim.

I hereby authorize my insurance company,_____topay and hereby assign directly to Christian Counseling, LLC all benefits, if any, otherwise payable to me for his/her services received by a Christian Counseling, LLC therapist. I understand I am financially responsible for charges incurred. I further acknowledge that any insurance benefits, when received by and paid to Christian Counseling, LLC, will be credited to my account, in accordance with the above said assignment.

_____ _____

Signature Date

Christian Counseling, LLC
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Initial Assessment

Client Name:_____ Date:_____

Please complete the following clientinformation (parent may complete this information for a minor):

In your own words, describe the current circumstances that has prompted you to seek counseling services:_____

_____

In your own words, what goals/outcomes do you hope to achieve through this counseling experience?

_____

_____

What is going well in your life? What are you good at?

_____

_____

What would you like to improve?

_____

_____

Who/What is your primary support system? Who supports you?

_____

_____

Are there any issues related to race, ethnicity, sexual orientation, disability, religious affiliation, etc. that have relevance to your current situation?

_____

_____

How important is religion or spirituality to you? Is this something you want to talk about?

_____

_____

What do you do for relaxation/leisure?

_____

_____

Have you been in counseling, treatment, or hospitalized for mental health reasons in the past? If so, please note dates, names of providers, and the general benefit derived:

_____

Health Information (If married, please identify answers with initials)

Name of physician_____Phone:_____

Current Medications	Dosage	Date Prescribed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Overall Health: Very good_____ Good_____ Average_____ Declining_____

Recent Health Changes (conditions, sleep, weight, etc.):

_____

_____

Significant Losses Suffered (please explain):

_____

_____

Risk Assessment

Ideations	None Noted	Thoughts Only	Plan (describe)	Intent (describe)	Means (describe)	Attempt (describe)	History (ideation and attempts)
Suicidal Ideation							
Homicidal Ideation							

Substance Abuse History

Substance	Amount	Frequency	Duration	First Use	Last Use
Caffeine					
Tobacco					
Alcohol					
Marijuana					
Opioids/Narc					
Amphetamine					
Cocaine					
Hallucinogens					
Others					

Please mark [X] in the corresponding box next to any areas of concern you may wish to discuss during the counseling process:

	stress		anger		anxiety		parenting
	grief & loss		faith		depression		marital issues
	occupational concerns		communication		substance abuse		relational conflicts
	sexual issues		parents/in-law		childhood hurt		suicidal thoughts
	finances		appearance		past abuse		abortion