

# PARKSIDE CHURCH

## Counseling Intake Forms

Dear Friend,

Welcome to the Counseling Ministry of Parkside Church. We are grateful that you have welcomed us into your life at this time. It is never easy to ask 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.

Perhaps this is the first time you've attempted to get outside help for whatever problem or situation befalls you; or perhaps you've tried other types of counseling and have not found those to be helpful and transformative. My prayer for you is that through this process of counseling you will be changed and renewed by the power of Jesus Christ.

Our primary goal in the counseling sessions will be to examine your personal relationship with Christ. We firmly believe that all of life flows out of that relationship. Through the loving, skillful and practical application of biblical principles we will seek to partner with you (Galatians 6:1-3; 1 Thessalonians 5:14) to help you become a more committed follower of Christ in every area of your life.

The next step in the counseling process is to complete the intake forms you are now reading. We have designed them to obtain as much information as possible to give the counselor much needed context and history. **You will need approximately 45 minutes to complete these forms.**

In addition to completing the attached forms, we ask that...

- You regularly attend a morning worship service at one of our campuses;
- You participate in at least one small group: Midweek Life Group, Men's & Women's Bible study small group, Sunday AM Life Group, Children's ministry teaching team, etc.;
- You maintain regular appointments with your counselor; and
- You identify a biblical advocate (described below).

We ask that each person/couple who enters into counseling at Parkside Church identify a biblical advocate to come alongside them during the counseling process. Information about the biblical advocate can be obtained from our website or a paper copy can be requested. Understanding that the counseling relationship is short-term, counselors desire to transition counselees to a healthy, loving and Christ-centered community post-counseling. Having a biblical advocate can assist with this process.

Finally, the goal of the counseling ministry is to not merely help individuals out of difficult circumstances or change behaviors, but to come alongside individuals so that they might grow in their maturity as Christians.

I pray that this process will be one in which you know and experience the power of Christ in your life for personal growth and holiness. If you have any questions regarding this or the counseling process, please do not hesitate to contact me.

By His Grace,

A handwritten signature in cursive script that reads "Jonathan". The signature is written in black ink and is positioned to the right of a large, stylized, overlapping loop that forms a decorative element.

Jonathan Holmes  
Counseling Pastor, Parkside Church

## In this packet...

- You will find a map with directions to the church and our various campuses along with a map to the church office at the Bainbridge Campus.
- Pages 5-10 contain the *Parkside Biblical Counseling Inventory*.
- Pages 11-13 contain our *Informed Consent and Hold Harmless Agreement*, which needs to be initialed and signed.
- Childcare is not provided, and children are not allowed to sit unattended in our reception area.

## Sending it in...

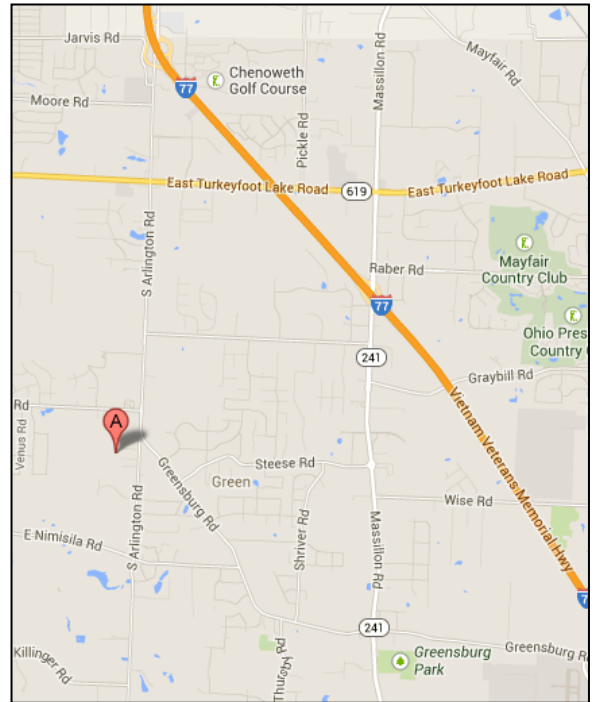
- Once completed you can send your paperwork...
  - Scan and email it to: [rpeteya@parksidechurch.com](mailto:rpeteya@parksidechurch.com)
  - Mail it via post office to: 7100 Pettibone Rd., Chagrin Falls, OH 44023, Attn: Rachel Peteya
  - Fax it with cover sheet to: 440-543-2164
  - Drop it off during office hours at one of our campuses (M-F, 8-5, Green Campus closed on Tuesdays.)

## What's next?

- Please allow 1 week to process your paperwork.
- Your assigned counselor will be the next person to call you to set up an initial appointment.

### Directions to the Green Campus

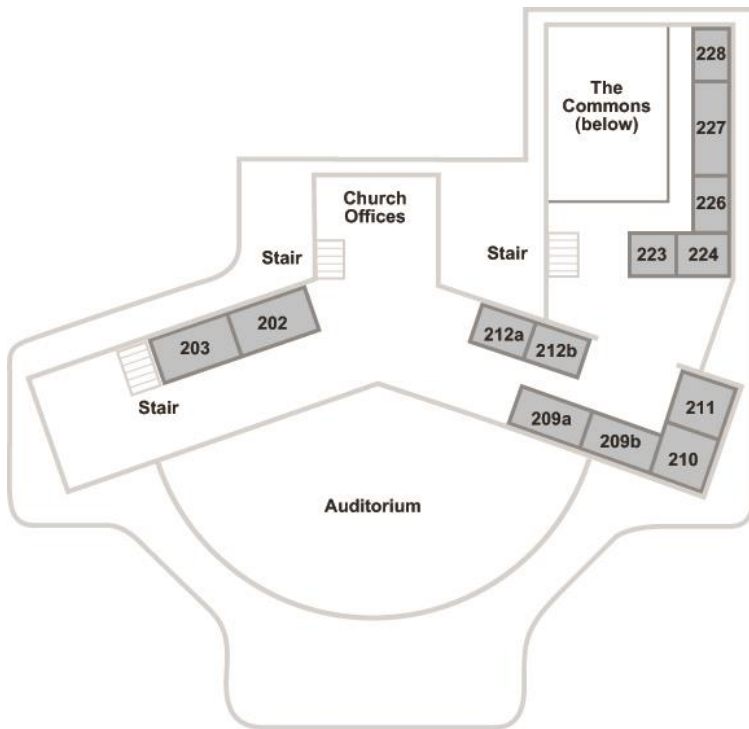
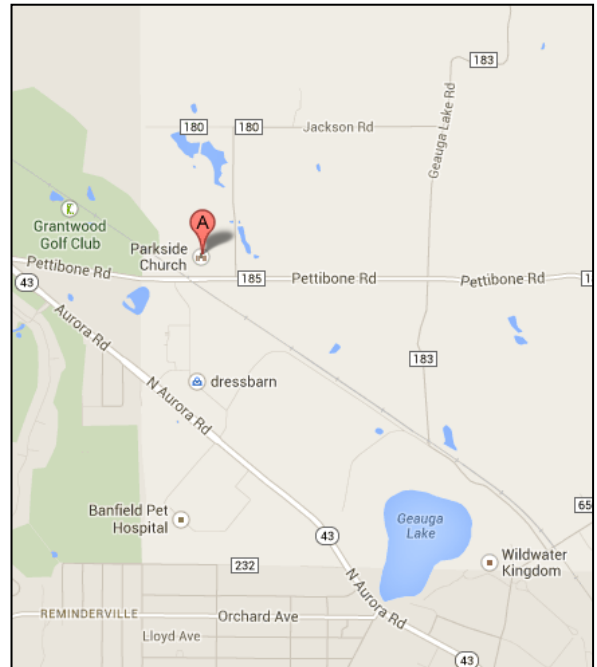
4520 S. Arlington Rd.  
Uniontown, OH 44685  
330-899-1232  
Exit 120 off 77-S



### Directions to the Bainbridge Campus

7100 Pettibone Rd.  
Chagrin Falls, OH 44023  
440-543-1212

*Here is a map of the church offices:*



**Parkside Church**  
**BIBLICAL COUNSELING INVENTORY**

**Bainbridge Campus**  
7100 Pettibone Rd.  
Chagrin Falls, OH 44023  
440-543-1212

**Green Campus**  
4520 S. Arlington Rd.  
Uniontown, OH 44685  
330-899-1232

**Lake County Campus**  
9853 Johnnycake Ridge Rd, Suite 100  
Concord Township, OH 44077  
440-543-1212

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you currently employed?    YES    NO    Business Phone: \_\_\_\_\_

Last education completed:

GED       High School     Some college       College       Graduate/Masters work

Current Marital Status:

Single       Married       Separated       Divorced       Widowed

Referred here by: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Please mark available times to meet with counselor:

Morning       Afternoon       Evening  
 Monday       Tuesday       Wednesday       Thursday       Friday       Saturday

**Marriage & Family Information**

Name of Spouse: \_\_\_\_\_ Spouse's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is his/her address same as above?    YES    NO

If not: \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_ Anniversary: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ages when married: HUSBAND \_\_\_\_\_ WIFE \_\_\_\_\_

Is your spouse willing to come in for counseling?    YES    NO

Has your spouse ever been divorced?    YES    NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been divorced/separated?                      YES                      NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name	Age	Gender	Marital Status

*\*please mark children from previous marriages/relationships*

### Religious Background

Church and denomination attended in childhood: \_\_\_\_\_

Do you have a denominational preference? \_\_\_\_\_

How long have you attended Parkside Church? \_\_\_\_\_

Bainbridge Campus

Green Campus

Lake County Campus

What ministries are you currently involved in at Parkside Church? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church attendance per month (*circle one*)                      0   1   2   3   4   5   6   7   8+

Are you a member of Parkside Church?                      YES                      NO

Is your spouse a member of Parkside Church?                      YES                      NO

Have you been baptized?                      YES                      NO

Does your spouse attend Parkside?                      YES                      NO

If no, does he/she attend elsewhere?                      YES                      NO

Would you describe yourself as a believer?                      YES                      NO

What is your basis for answering this question as you did? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mark which small group you are a part of: SUNDAY AM Life Group MIDWEEK Life Group  
 CHILDREN'S Ministry Team MEN'S/WOMEN'S Bible study small group OTHER: \_\_\_\_\_

Please list your facilitator: \_\_\_\_\_

What changes took place in your life after becoming a believer? \_\_\_\_\_

\_\_\_\_\_

If you were to share the gospel with a friend, what would you include? \_\_\_\_\_

\_\_\_\_\_

Do you read the Bible? NEVER OCCASIONALLY OFTEN

Do you pray? NEVER OCCASIONALLY OFTEN

Do you have family devotions? NEVER OCCASIONALLY OFTEN

Do you pray with your spouse? NEVER OCCASIONALLY OFTEN

Do you pray with your children? NEVER OCCASIONALLY OFTEN

Give a brief overview of what your personal devotions looks like: \_\_\_\_\_

\_\_\_\_\_

Please explain any recent changes in your spiritual life: \_\_\_\_\_

\_\_\_\_\_

### Medical & Health Information

Have you received Biblical Counseling at Parkside Church before? YES NO

If so, who was your counselor? \_\_\_\_\_

Have you received counseling or therapy outside of Parkside? YES NO

Please list below.

Counselor/Psychologist/ Psychiatrist	Duration	Medication prescribed?	Diagnosis/ Outcome

Please circle any of the following physiological symptoms that apply to you currently:

HEADACHES    VISUAL TROUBLE    WEAKNESS    SLEEP TROUBLE  
 DIFFICULTY BREATHING    TENSION    FATIGUE    CHANGE IN APPETITE  
 RAPID HEART RATE    DIZZINESS    CHRONIC PAIN    OTHER \_\_\_\_\_

Please list 6 words to describe your personality:

\_\_\_\_\_  
 \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Recent weight change? \_\_\_\_\_

Average number of hours of sleep per night? \_\_\_\_\_

Average number of hours per week watching TV? \_\_\_\_\_

Average number of hours per week online (recreational)? \_\_\_\_\_

Please circle all social media sites you regularly use:

FACEBOOK    INSTAGRAM    TUMBLR    MYSPACE    PINTEREST  
 VINE    TWITTER    DATING SITES    ONLINE CHATROOMS

Each night, at what time do you: go to bed \_\_\_\_\_ fall asleep \_\_\_\_\_ wake up \_\_\_\_\_

Describe any changes in your sleep patterns: \_\_\_\_\_

Health	VERY GOOD	GOOD	AVERAGE	DECLINING
Hearing	VERY GOOD	GOOD	AVERAGE	DECLINING
Sight	VERY GOOD	GOOD	AVERAGE	DECLINING
Appetite	VERY GOOD	GOOD	AVERAGE	DECLINING
Energy	VERY GOOD	GOOD	AVERAGE	DECLINING

Are you presently taking any medication?      YES    NO

Medication	Dosage	Side-Effects	How long have you been taking this?

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_



Have you ever used drugs for other than medical purposes?      YES      NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you drink alcoholic beverages?      YES      NO      How often? \_\_\_\_\_

Do you smoke?      YES      NO      How much? \_\_\_\_\_

### **Advocacy & Informed Consent Information**

Would you be willing to release medical and previous counseling information to your counselor in the event that it is necessary?      YES      NO

Did you read the counseling cover letter?      YES      NO

Did you read the Biblical Discipleship & Hold Harmless Agreement?      YES      NO

#### **Who will be serving as your biblical advocate?**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

What is their relationship to you? \_\_\_\_\_

Do they know you have selected them as your biblical advocate?      YES      NO

## PROBLEM IDENTIFICATION

*please be as specific as possible*

1. What is the problem(s) that brings you to counseling?
2. What have you done about it?
3. What are your goals in seeking biblical counseling?
4. In your opinion what area of **your** life is in need of biblical change?
5. Is there anything else you think we should know?

*Please read this document carefully, and initial each point. It explains what you can expect from biblical counseling and what will be expected from you.*

## INFORMED CONSENT & HOLD HARMLESS AGREEMENT

1. In Matthew 28:18-20 Jesus gave us the command to make disciples. A disciple is simply a learner and follower of Christ. Biblical Counseling at Parkside Church is a ministry in which the Bible is used to mentor people in order that they may become more committed followers, or disciples, of Christ. All mentors are under supervision of the church leaders. This mentoring ministry is neither a business nor a profit-oriented activity. Each mentor serves without any charge or fee. He provides his time and energy as a service to God. If you should desire, donations are accepted to help provide materials that are used in the process.

*Initial:* \_\_\_\_\_

2. The range of problems with which we deal is very wide. It includes broken marriages, parent-child relationships, depression, alcohol and drug abuse, tension, turmoil, anxiety, fear, worry, and any number of other problems resulting in mental and physical immobility.

*Initial:* \_\_\_\_\_

3. The mentor is trained in the use of the Scriptures in counseling settings. He is committed to the position that the Scriptures provide the authoritative rule of faith and standard of conduct. He does not base his knowledge on his own opinions, experience, or concepts of behavior, but seeks to marshal the full range of biblical truth into focus on the person's need. In mentoring sessions, he will hold to the essential truths of Scripture without particular theological emphasis on any practice not specifically advocated in the Scriptures. Please note that the mentor is a *non-professional* spiritual counselor. The mentor is not a professional mental health therapist. Nothing in Biblical Counseling is designed or intended to be the provision of professional mental health services.

*Initial:* \_\_\_\_\_

4. Confidentiality is respected. A case may be discussed with other mentors, pastors or other professionals, but only to the degree necessary to find further biblical solutions to the problem. All such consultations are conducted with the highest standards of biblical ethics. While confidentiality is respected, information disclosed in counseling settings is not covered by any cleric-penitent privilege, including the privilege established pursuant to Ohio Revised Code Section 2317.02, nor shall it be covered by any psychologist-client privilege, including the privilege established pursuant to Ohio Revised Code Section 4732.19.

You agree that by signing this Agreement, and by participating in Biblical Counseling, any disclosure by you of information of a confidential nature will be covered by the following terms. Specifically, you agree that if any disclosure contains any of the following information, the mentor shall be free to disclose the information, as they deem necessary, including disclosing such information to governmental authorities and to other affected persons or entities:

- a. A disclosure of child abuse;
- b. A disclosure of elder or dependent adult abuse;
- c. A disclosure of spousal abuse;
- d. A disclosure that you present a serious risk of harm to yourself;
- e. A disclosure that you present a serious risk of harm to another person;
- f. A disclosure which in the opinion of the mentor or church leaders requires action to protect the participants in Biblical Counseling, the church itself or any other interest of the church;

- g. A disclosure required by a subpoena or other court order from a local, state, or federal agency or court.

*Initial:* \_\_\_\_\_

5. Mentors believe in the total health needs of the person being mentored. Your mentor may recommend that you have a full or specified medical examination. If medical assistance is required, mentoring will continue, whenever possible, concurrently.

*Initial:* \_\_\_\_\_

6. Your mentor will use all of his skill in applying biblical principles to help you in whatever problem deprives you of the peace and joy that God has promised to you in His Word. Your mentor will concentrate on three basic principles from God's Word:

Hope because in Jesus Christ we have a great high priest who has been tempted in all things, yet without sin. Even though every sin common to man may be tempting you, God has promised that He will not let you be tempted beyond your endurance, but will provide for you the way to escape from sin so that you can endure. (1 Corinthians 10:13; Hebrews 4:14-16)

Change because in Christ we can learn how to lay aside the old selfish ways of living and put on the new ways of living in a manner worthy of the Lord, to please Him in all respects, bearing fruit in every good work and increasing in the knowledge of God. (Ephesians 4:20-24; Colossians 1:10)

*Initial:* \_\_\_\_\_

7. Normally, sessions will last about one to one-and-a-half hours each week and will continue for 8 to 10 weeks. However, if the mentor does not observe definite change in the first few weeks, he will seek to identify the cause of the failure, discuss it with you, and help you to correct it.

*Initial:* \_\_\_\_\_

8. There are certain situations in which your assigned counselor will find it necessary to end your counseling relationship. They include, but are not limited to, a failure to attend scheduled sessions, excessive cancellations, prolonged periods without meeting, incomplete homework or other assignments or a general unwillingness to practice and heed counsel given. On a positive note, official counseling will end when the counselor and counselee have determined that significant growth and change have been achieved.

*Initial:* \_\_\_\_\_

9. Appointments are to be made with the mentor directly. He will be your contact person for any questions or matters requiring immediate or emergency help between sessions. Most questions or matters should be recorded and brought to the next session for discussion. If you are unable to come to the session, please notify the mentor at least 24 hours in advance of the session whenever possible.

*Initial:* \_\_\_\_\_

10. At Parkside Church we regularly train others in the ministry of biblical counseling. Toward that end we seek to provide opportunities for counselors-in-training to observe live counseling sessions. Your counselor will notify you if there will be a counselor-in-training present for your session. This counselor-in-training is bound by the same confidentiality agreements as your biblical counselor.

*Initial:* \_\_\_\_\_

11. You will need your Bible and a notebook at all sessions including the first one. Be sure to bring them with you each time. Come with high expectations. You will find hope and encouragement even on your first visit. From then on, with your cooperation, we believe you will find a good and acceptable answer to the difficulty that prompted you to contact us.

*Initial:* \_\_\_\_\_

12. CAUTION – READ CAREFULLY BEFORE SIGNING: In consideration of the offer and provision of Biblical Counseling, you agree to release, waive, discharge and covenant not to sue Parkside Church, its officers, servants, agents and employees, including individual mentors (hereinafter referred to as “releasees”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, that may be sustained by you, or to any property belonging to you, whether caused by the negligence of the releasees, or otherwise, while participating in Biblical Counseling. You further agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to your participation in Biblical Counseling, whether caused by the negligence of any or all of the releasees, or otherwise. By signing below, you agree that it is your express intent that this Release shall bind the members of your family and spouse, and your heirs, assigns and personal representative, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing below, you acknowledge and represent that:

- A. You have read the foregoing disclosure and release, understand it, and sign it voluntarily;
- B. No oral representation, statements or inducements, apart from the foregoing disclosure and release agreement, have been made;
- C. You are at least eighteen (18) years of age and fully competent; and
- D. You execute this disclosure and release agreement for full, adequate and complete consideration fully intending to be bound by same.

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