

PARKSIDE CHURCH

Counseling Intake Forms

Dear Friend,

We are grateful that you have taken the step to welcome someone from our counseling ministry into your life. We admire your courage, faith and humility in taking this first step of asking for help. It is our prayer that through the process of counseling God will give you hope and direction and that you will be changed and renewed by his Spirit.

The next step 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 Sunday worship services
- participate in a small group context (Life Group, Children's Ministry teaching team, etc)
- maintain regular appointments with your counselor
- identify a biblical advocate (described below)

A biblical advocate is a fellow believer who is willing to participate in your counseling process by praying and encouraging you. The advocate does not need to attend Parkside or the counseling sessions, but is encouraged to be a part of the counseling process as much as possible.

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) not merely to help you out of difficult circumstances or change behaviors, but to come alongside you so that you might become a more committed follower of Christ in every area of your life.

If you have any questions regarding the counseling process please do not hesitate to contact me.

By His Grace,



Dan Larison
pastor of counseling, Parkside Church, Bainbridge

In this packet...

- Pages 3-8 contain the *Parkside Biblical Counseling Inventory*.
- Pages 9-11 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: lnash@parksidechurch.com
 - Mail it via post office to: 7100 Pettibone Rd., Chagrin Falls, OH 44023, Attn: Linn Nash
 - Fax it with cover sheet to: 440-543-2164
 - Drop it off during office hours (M-F, 8am – 5pm)

What's next?

- Please allow 2 weeks to be assigned to a counselor depending on the nature of your concern and the caseload of our counselors.
- Your assigned counselor will be the next person to call you to set up an initial appointment.

Parkside Church
BIBLICAL COUNSELING INVENTORY

7100 Pettibone Rd.
Chagrin Falls, OH 44023
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? * (see description below)

Name: _____ Phone Number: _____

Email: _____

What is their relationship to you? _____

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

*A biblical advocate is a fellow believer who is willing to participate in your counseling process by praying and encouraging you. The advocate does not need to be a Parkside member or attender and is not required to attend your sessions, but is encouraged to be a part of your counseling process as much as possible. The advocate helps support the counselee by praying regularly, loving deeply and encouraging often.

If you are having a difficult time identifying a biblical advocate, please let us know.

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: _____