INTAKE FORM PDI (Yates Baptist Church)

Dear Friend,

Welcome to Yates Baptist Church Counseling. We are grateful and humbled that you welcomed us into your life. Reaching out for help is never easy, but it's a necessary step for all people to move closer to Christ and his ability to heal, mature, restore and strengthen you. It's our prayer at YBC, that you find this counsel Biblical, helpful, encouraging and always pointed to the only one who can truly transform us all, Jesus Christ. Before you start this intake form, please read the following information.

Biblical Counseling: Our Counseling at Yates Baptist Church is unapologetically Biblical, as we believe Scripture is comprehensive not only for speaking on sin (Romans 3:23) and salvation (2 Timothy 3:15) but is the very Word of God, carried along by the Holy Spirit, without any error, that can speak into every situation. (2 Peter 1:19-20). Therefore, counsel and direction will be provided through a Biblical lens.

Comprehensive: We believe that effective counseling looks at the whole person. Therefore, we may discuss things such as one's environment, culture, family background, health, geographical location, and more. These can be contributing factors that influence a person either negatively or positively. This form you will include questions towards these categories to help provide the whole picture. However, although these factors are influential, they are not determinative, God's Word has the final say.

Directions: Please fill out this form in full before your first counseling appointment. Please answer as best and honestly as you can, as this information will be extremely helpful in guiding our time together. Once completed, please contact Yates Baptist Church. If no one is available, please leave a voicemail and someone will reach out to you to schedule an appointment. Our phone number is 585-765-2136. Please review and sign the informed consent information below. This will allow us to proceed with counseling.

Informed Consent

Confidentiality is an important aspect of the counseling relationship, and we will carefully guard the information you entrust to us. As a church-based counseling ministry, we cannot, however, promise absolute confidentiality. The Counselor/Pastor reserves the right to share any information that is deemed necessary to your health and safety in accordance with the NY State Laws for your protection and the protection of others. Information will be reported, but not limited to the following situations:

- Known or suspected abuse of child, spouse, elderly or abuse of any kind.
- The intent to take criminal actions or violence against another person.
- Active suicidal thoughts, plans or intentions. Please call 989 (Suicide & Crisis Lifeline) or 911 if there is an emergency.
- Church Discipline: We would follow Matthew 18:15-20.

***Need to Know**: Counseling at Yates Baptist Church is a Lay counseling ministry. We are not licensed professionals or medical doctors. Therefore, we do not function in a professional role and do not provide clinically oriented mental health treatment.

Counseling Agreement

Assignments/Accountability: Counselees can improve their progress greatly by reading provided assignments and performing specific behavioral assignments. Therefore, in the interest of both the counselor and counselee, we ask that you complete what is asked to make the most of our time.

How much is Counseling: Free, provided by the Church.

Conditions:

- I will keep the appointment time or will call to cancel in advance with a legitimate reason.
- I will fulfill my assignments.
- I will regularly attend Yates Baptist Church. If you don't attend YBC, you must regularly attend a Bible believing church and we must receive the Pastor's acknowledgement.
- I understand that confidentiality cannot be guaranteed in the case of information as described in the informed consent section above.

I/we the undersigned care seeker or guardian (if under 18), have read, fully understand, and agree to the conditions of this ***Informed Consent and Counseling Agreement Form*** and acknowledge that by signing below.

(Print Name) _____

(Sign Name) _____(Date)_____

This form must be completed in full before the first counseling session. All information is confidential. Please write N/A when information doesn't apply to you. Write "U" when information is unknown.

Identification Data

Name: _____

Address: _____City: _____ Zip: _____

Occupation: _____

Phone: (H)_____ Cell_____Work_____

Gender: (M)_____ (F)_____ Birthday_____Age_____

Education: _____

Do you Attend YBC regularly? _____How long have you been coming to YBC? _____

Are you a member of YBC? _____

If not an attender or member, who referred you? _____

Marriage Information:

Relational Status:
Married_____Divorced_____Single_____Widowed_____
Living with a Partner_____Separated_____

Date of Marriage: _____Your ages when married: Husband_____Wife_____

How long have you known your spouse and how long were you engaged_____

Did you go through pre-marital counseling prior to Marriage_____

Name of Spouse/Partner: _____

Spouse/Partner Address: _____

Spouse/Partner Occupation: _____Full-time or Part Time_____

Is your Spouse/Partner willing to come to counseling with you? _____

Have either of you every filed for divorce: Yes_____ No_____ IF so, when?
_____

Give brief information about any previous marriages:

-

_____
_____
_____
_____

Information about Children:

Name:	Age:	Years of Education:	Gender M/F	Marital Status

Health Information

Rate your Health: (Check) Very Good_____Good_____Average_____Poor_____

Weight Changes recently (+/-) _____

When do you normally go to bed: _____Fall asleep? _____wake up? _____

Any past/current illness, injury, or disability? _____

Do you currently exercise and how many days if applicable? _____

How would you rate your eating?
Healthy_____Good_____Decent_____Unheatlhy_____

Do you see a Doctor Regularly? If so, who? _____

Are you currently taking any medications/Prescriptions? _____

Medication	Dosage	Frequency	Prescribed for…	Date began taking

Have you or are you currently taking drugs other than medical purposes?

_____

If so what and how much? _____

Do you drink alcoholic beverages: Yes_____No_____

If so, how often per week? _____

Number of non-working hours per week spending on T.V_____ Phone/Computer_____

Hobbies, If so, what? _____

Please place a check by any of the following physiological symptoms that apply to you currently.

Headaches	Difficulty Breathing	Rapid Heart Rate	Vision troubles	Tension
Fatigue	Dizziness	Pain	Sleep Trouble	Weakness
Panic Attacks	Change in Appetite	Weight loss		

Family Background

How would you describe your relationship with your mother/stepmother/grandmother who raised you?

_____

_____

How would you describe your relationship with your father/stepfather/grandfather who raised you?

_____

_____

Do you have any siblings? If so, what are their ages?

_____

_____

How would you describe your relationship with your siblings growing up and has this changed currently?

_____

_____

How would you describe your Family growing up? (Traditional, Unpredictable, Affectionate, Loving, Abusive, Perfectionist, Critical, etc.) and why?

_____

_____

_____

What was your favorite childhood memory?

_____

_____

What was your least favorite childhood memory?

_____

_____

Were you physically or verbally abused? Yes_____No_____

If so, when and who abused you and how old were you at the time?

_____

Are you currently in an abusive relationship?

_____

Anything else you would like to share at this time?_____

_____

_____

_____

Religious Background

Have you ever repented of your sin and placed your faith in Jesus Christ? Yes_____ No_____

If so, share your brief story of how God saved you?_____

_____

_____

_____

_____

_____

_____

Did you go to church as a child? If so, where did you attend?

_____

Were you ever baptized? Yes_____No_____If yes, when? _____

Do you believe that the Bible is the Word of God and is totally without error? Yes_____No_____ If no, why not?_____

_____

Do you believe that Satan exists? _____

Do you believe in the Holy Spirit? _____

How many times a week would you say you read your Bible?

_____

How many times a week would you say you pray and when?

_____

How would you describe your current walk with the Lord? Be descriptive with how you feel._____

_____

_____

_____

Does your spouse or partner believe in Jesus? Yes_____No_____

Do they read their Bible and pray? If so, how often?

_____

_____

Who would you say the Spiritual Leader in your home is currently and why?

_____

_____

_____

Counseling Information

How would you describe the main reason for wanting Biblical Counseling?_____

_____

_____

_____

_____

What are your concerns in coming to counseling?

_____

_____

_____

What are your expectations and desires for counseling?

_____

_____

_____

Have you been to Counseling before for this concern or another in recent past? If so when and who did you see?_____

_____

_____

If you did go to counseling prior, what was the outcome?

_____

_____

Rate all that apply to your current situation with "1" not an issue and "10" being a great concern right next to the description:

Anxiety	Panic Attacks	Depression	Pornography	Bitterness
Grief	Guilt	Anger	Parenting	Marriage
Communication	Discontentment	Debt/Finances	Doubt Salvation	Physical Abuse
Sexual Abuse	Jealousy	Lying	Compulsion	Identity
Homosexuality	Insecurity	Infertility	Chronic Pain	Eating Disorder

Is there anything else you think we should know that wasn't covered on this form?_____