

CONFIDENTIAL

CLIENT INTAKE FORM

PART I – Personal Information

Today's Date: _____

Client Name _____ Nickname _____

Address _____ Age _____ Date of Birth _____

Email _____

Home Phone _____ (work) _____ Ex.# _____ (cell) _____

Client's Occupation _____ Number of years at this occupation _____

Referred by/heard about Crossroads by: _____

Check Marital Status ___ single ___ engaged ___ married (how long ___) ___ separated (how long ___) ___ divorced (how long ___) ___ live-in mate

(For Children Only)

Parent/Guardian name/address/phone _____

Spouse/Partner's Information (Optional)

Partner's Name _____

Address if different from yours _____ Age _____

Home Phone _____ (work) _____ Ex.# _____ (cell) _____

Client's Occupation _____ Number of years at this occupation _____

List name, birth date, sex relationship of all children, and/or siblings, including foster children, and/or children of mate, or room mate, and whether they live at home with you. (Use the back of this paper if necessary)

Name	Age	Birth Date	Sex	Relationship	Living at home or not
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Part II: Personal Information

Who in the family is coming for counseling? self ___ other ___ name: _____

Any prior counseling? Yes ___ No ___ If yes, when, and where _____

_____ With whom? _____

For what purpose? _____

Person to contact in emergency (name, address, relationship, phone):

In your own words, briefly state the nature of your concern: _____

What is your most difficult relationship right now?

What is your most difficult emotion right now? _____

CRISIS INFORMATION: Any current suicidal thoughts, feelings, or actions? _____

If yes, explain

Any current homicidal or assaultive thoughts or feelings, or anger-control problems?

___ Yes ___ No If yes, explain _____

Any past problems, hospitalizations, including incarcerations for suicidal or assaultive behavior?

___ Yes ___ No If yes, explain _____

Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)?

___ Yes ___ No If yes, explain _____

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PART III: Personal Information

Are you presently taking any medication? ___ Yes ___ No

If so, what? _____

For what purpose? _____

Any problems with: ___ eating ___ sleeping ___ pain ___ recent weight changes

Other: _____

Any other medical problems?

Have you or a family member ever been hospitalized for mental or emotional illness?

___ Yes ___ No If yes, please explain – dates, place, reason:

Common problem/symptom checklist: 0 = none, 1 = mild, 2 = moderate, 3 = severe.

- | | | | |
|-------------------|------------------------|----------------------|-----------------------|
| ___ marriage | ___ divorce/separation | ___ alcohol/drugs | ___ God/faith |
| ___ premarital | ___ child custody | ___ other addictions | ___ church/ministry |
| ___ singleness | ___ disabled | ___ grief/loss | ___ past hurts |
| ___ sexual issues | ___ work/career | ___ depression | ___ codependency |
| ___ family | ___ school/learning | ___ fear/anxiety | ___ intimacy |
| ___ children | ___ money/budgeting | ___ anger control | ___ communication |
| ___ parents | ___ aging/dependency | ___ loneliness | ___ self-esteem |
| ___ in-laws | ___ weight control | ___ mood swings | ___ stress management |

Other (specify):

Client Signature _____ Date _____

Dooba Eibensteiner, MA - Licensed Pastoral Counselor

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CLIENT INTAKE FORM

**Part I - Legal Policies Concerning Christian Counseling
with Dooba Eibensteiner**

In the State of California: Dooba Eibensteiner practices Christian Counseling in accordance with section 2908 of the State of California Business and Professions Code, and does not provide services under the laws regulating licensed Marriage and Family Counselors, Clinical Social Workers, Psychologists, and Licensed Professional Clinical Counselors in the State of California. California has no provision to license Pastoral/Christian Counselors.

I understand this is a faith-based, Christian counseling service. Dooba Eibensteiner is a Licensed Pastoral Christian Counselor, not a psychologist, and as such, will **NOT** testify in any litigation. In the unlikely event of subpoena, "the counselor" will exercise his right to fully invoke the clergy/client confidentiality privilege for the sole purpose of protecting his position as clergy and the sacred trust of those he counsels.

I understand no guarantees of any kind have been represented to me by "the counselor", as to my personal experiences, or the possible results of this counseling. I agree and understand payment for professional services is required at time of visit, and that this office will not bill in lieu of payment. I will pay any legal or collection fees related to nonpayment of my bill, including worthless check charges. I accept full responsibility for charges for myself, my dependent children, or "Client" named above." I understand any threats of imminent harm to self, or others, including but not limited to, child molestation/abuse, and/or elder molestation/abuse, must be reported by Dooba Eibensteiner to the proper authorities.

I understand there is a **MANDATORY 24 hr. cancellation policy** that states I am liable for reserved appointment time fees/costs in full, prior to the next appointment.

I release all liability, in any form, that may be charged against "the counselor", by myself, or my estate, for actions concerning this counseling. Dooba Eibensteiner shall not be liable for any damages or injury arising out of counseling. Dooba Eibensteiner disclaims any and all liability for direct, indirect, incidental, consequential, punitive, and special or other damages, lost opportunities, lost profit or any other loss or damages of any kind. I enter into this agreement of a sound mind, without influence of drugs, alcohol, or duress.

My signature below testifies that I have read, and do understand, the entire contents of this Intake Form. Upon request, I will be provided with a copy of this Form.

Client Signature: _____ Date: _____

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CLIENT INTAKE FORM

**Part II - Legal Policies Concerning Christian Counseling
with Dooba Eibensteiner**

The following statements document some of the client responsibilities in the counseling setting.

In order to enter into a contractual agreement for service with Dooba Eibensteiner the client must read the following statements and avail themselves of the opportunity to discuss and ask questions regarding policies and procedures of this service with the counselor.

1. The client must ensure accuracy of the Intake Forms and any other documentation provided to the client by Dooba Eibensteiner in a deliberate, thoughtful, timely and responsible manner.
2. The client's signature indicates his/her agreement of Policy Compliance and the accuracy of the information provided on the intake form
3. The client's signature also indicates his/her understanding of form content and client's responsibilities to the counseling process.
4. Client also agrees that Dooba Eibensteiner has provided satisfactory explanations during their initial contact regarding his counseling goals, interventions, plans, and/or procedures, as mutually accepted between counselor and client, for the positive, personal growth of the client.
5. Any other party whom the client may indicate in writing he/she chooses to add to their counseling arena, will be requested to comply with the policies. They will need to sign the necessary forms and releases before being allowed to participate in client's sessions. I waive confidentiality protocols, if any other party, including family members, participate by my request in my personal counseling sessions. There are no exceptions to this rule.

Client Signature: _____ **Date:** _____

Crossroads Christian Counseling

433 Second St, Ste #105, Woodland CA 95695

COUNSELING FEE SCALE

Crossroads Christian Counseling is a Christian business that primarily exists to minister to those seeking help. Therefore, I strive to keep the fees to a minimum. The fees are below prevailing market rates so that more people can receive the help they need.

It is my heart's desire to assist you, with the help of the Lord, the Word of God, my professional training and life experiences.

The normal cost for a counseling session is \$90.00 per 50 minute session. If you have an adequate income, I request payment to that amount.

The following sliding scale guide will assist you in determining payment for services.

____ Household Income Above \$60,000	\$90/50min
____ Household Income Above \$40,000	\$80/50min
____ Household Income Below \$40,000	\$70/50min.

Amount of payment \$ _____/session

Client Signature _____ Date _____