

# Welcome

We are honored that you desire to speak with one of our counselors. Attached is an intake assessment form. Please complete the assessment in its entirety and return it to the church office, Attention: Scott Stubbert. As soon as we receive the completed and signed intake assessment, we will call and set your first appointment. Until your appointment is set, rest assured you will be prayed for daily.

**We do not provide long-term counseling. We typically see individuals for six to eight sessions. If you feel this time frame is not adequate for your needs, we can refer you to a qualified Christian counselor.**

## What We Are

Big Valley Grace's Lay Counseling Ministry is designed to provide encouragement, insight and biblical guidance during times of crisis, change, personal and family difficulties. Our lay counselor will listen, clarify, and offer hope, encouragement, prayer and sound Biblical advice. Our goal is to help you resolve the challenges you are facing.

## What We Are Not

Lay counseling is not mental health care and should not be substituted for professional therapy or counseling if you are already under the care of a paid professional counselor. We do not perform psychiatric evaluations, nor do we prescribe medication. Our lay counselors are well-trained to address many situations and life challenges, but there are some counseling situations that are beyond our training. When this is the case, professional counseling will be recommended. **We are not licensed therapists; we are trained biblical lay and pastoral counselors.**

## The Process

Complete and sign intake assessment.

Return completed assessment to church office, Attention: Scott Stubbert.

You'll receive a call to schedule your first appointment.

We look forward to being a part of God's healing process for you. If you have questions or concerns, we may be reached at 577-1604 ext 341. You can also reach us via email at [counseling@bvg.org](mailto:counseling@bvg.org).

Sincerely,



# COUNSELING INTAKE FORM

PLEASE PRINT CLEARLY

## Personal and Family Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

May we leave a message? Yes \_\_\_ No \_\_\_ If "No", how may we best contact you? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_Single \_\_\_Divorced \_\_\_Separated \_\_\_Widowed \_\_\_Married

If married, spouse's name: \_\_\_\_\_ If divorced/separated, how long? \_\_\_\_\_

Number of children: \_\_\_\_\_ Number of children still living at home: \_\_\_\_\_

## Children

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Do you have legal custody of children? \_\_\_Yes \_\_\_No If "No," who does? \_\_\_\_\_

Is there anyone else that resides in the home? \_\_\_Yes \_\_\_No If "Yes," who? \_\_\_\_\_

Relationship? \_\_\_\_\_

## Employment Information

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we call you at work? \_\_\_Yes \_\_\_No What days/hours do you work? \_\_\_\_\_

May we leave a message for you at work? \_\_\_Yes \_\_\_No

On the scale below, rate your contentment with your current position/career.

*Miserable*

*Average*

*Very Happy*

1

2

3

4

5

6

7

8

9

10

## Church Information

Where do you attend church? \_\_\_\_\_

How would you describe your attendance? (Check One)

Regular Attendee

Visitor

Never Attended

Member

Are you involved in ministry?  Yes  No If "Yes," please list areas of involvement and how you are involved.

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

How did you hear about our lay counseling ministry? \_\_\_\_\_

\_\_\_\_\_

## Medical & Counseling Information

Have you ever been diagnosed with clinical depression?  Yes  No If "Yes" when and by whom? \_\_\_\_\_

\_\_\_\_\_

Do you suffer from any chronic disorders or are you currently under a medical doctor's care?  Yes  No If "Yes," please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently on medication?  Yes  No If "Yes," please list the name and purpose for each. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did you last visit a counselor or therapist? \_\_\_\_\_

What was the nature of your visit? \_\_\_\_\_

\_\_\_\_\_

Why did you stop seeing the counselor or therapist? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been counseled by any other Big Valley Grace pastor?  Yes  No

If "Yes," who? \_\_\_\_\_ When? \_\_\_\_\_

Describe the issues that bring you to seek counseling today. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On the following scale, indicate your level of hopefulness for the effectiveness of counseling:

<i>Not Hopeful</i>		<i>Somewhat Hopeful</i>		<i>Hopeful</i>		<i>Quite Hopeful</i>		<i>Very Hopeful</i>		
0	1	2	3	4	5	6	7	8	9	10

In what way can your counselor/pastor be the greatest help to you in counseling? Please be specific.

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Would you like your pastor/counselor to pray with you? \_\_Yes \_\_No

If "Yes", during the session? \_\_\_\_\_ During the week? \_\_\_\_\_

In what areas of your life would you like to experience change? \_\_\_\_\_

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My commitment level to making these changes is:

<i>Little or none</i>					<i>Average</i>					<i>Absolute</i>
0	1	2	3	4	5	6	7	8	9	10

### Personal Evaluation Questions:

How satisfied are you in your life?

#### **Overall**

<i>Totally dissatisfied</i>										<i>Couldn't be better</i>
1	2	3	4	5	6	7	8	9	10	

#### **Spiritually**

<i>Totally dissatisfied</i>										<i>Couldn't be better</i>
1	2	3	4	5	6	7	8	9	10	

#### **Emotionally**

<i>Totally dissatisfied</i>										<i>Couldn't be better</i>
1	2	3	4	5	6	7	8	9	10	

#### **Physically**

<i>Totally dissatisfied</i>										<i>Couldn't be better</i>
1	2	3	4	5	6	7	8	9	10	

**Socially**

Totally dissatisfied

Couldn't be better

1      2      3      4      5      6      7      8      9      10

**Financially**

Totally dissatisfied

Couldn't be better

1      2      3      4      5      6      7      8      9      10

What goals would you like to see happen in your sessions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you involved in Celebrate Recovery or a 12- step program? \_\_\_Yes \_\_\_No

If "Yes", where are you in this process? \_\_\_\_\_

\_\_\_\_\_

Do you have a sponsor or accountability partners? \_\_\_\_\_

\_\_\_\_\_



**CONFIDENTIALITY STATEMENT:**

*Information shared by an individual participating in our pastoral counseling sessions or with our Lay Counselors will be held in strictest confidence. Case notes written by the minister of counseling services or a Lay Counselor in a general nature will be seen only by the individual conducting the sessions and by the counseling services administrative personnel. All case notes could be subpoenaed by the courts. Confidentiality is NOT binding if it is perceived that the life of the Participant or the life of another person is in danger or that illegal activities are involved. Physical and sexual abuse of a minor MUST be reported to the authorities. (This is absolutely required by law.)*

*Big Valley Grace offers our counseling services at no cost. We are happy to receive contributions that an individual may want to give in gratitude for our ministry. Some classes may have small fees to cover the expense of books and workbooks.*

**Consultation with another Pastor/Counselor**

*If the counselor believes it is in the best interest of the client, he/she may consult with another pastor or counselor.*

\_\_\_\_\_

Signature of Client

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/guardian (if applicable)

\_\_\_\_\_

Date

Thank you for taking the time to fill out this form. All information will remain completely confidential. Upon return of completed intake assessment, we will contact you to set an appointment.



Scott Stubbert

Associate Pastor of Recovery & Counseling Ministries