

Name \_\_\_\_\_ Best contact # (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Birthdate \_\_\_\_\_ I am 18 yrs of age or older (circle one) Yes No  
 E-mail \_\_\_\_\_  
 Marital Status (circle one) Single Engaged Married Separated Divorced Widowed  
 If separated, divorced, or widowed, for how long? \_\_\_\_\_  
 Spouse's name \_\_\_\_\_ Length of marriage \_\_\_\_\_  
 Number of marriages - you \_\_\_\_\_ your spouse \_\_\_\_\_

Briefly answer the following questions:

1. Please describe the current problem for which you are seeking counseling.
  
  
  
  
  
  
  
2. What have you attempted to do to alleviate the problem (if anything)?
  
  
  
  
  
  
  
3. What do you hope to achieve through the counseling process? List two or three goals.
  
  
  
  
  
  
  
4. Have you sought other outside help? If so, from whom?
  
  
  
  
  
  
  
5. Are you a believer in Jesus Christ? (circle one) Yes No I don't know what that means
  
  
  
  
  
  
  
6. Please explain the Gospel as you understand it in the space provided below: (use additional pages, as necessary)

**Assessment**

Please check all the following that apply to you at this time:

- |   |   |
|---|---|
| <input type="checkbox"/> I feel depressed             | <input type="checkbox"/> I feel anxious             |
| <input type="checkbox"/> I am having marital problems | <input type="checkbox"/> I struggle with my in-laws |
| <input type="checkbox"/> I have children              | <input type="checkbox"/> I struggle as a parent     |
| <input type="checkbox"/> I abuse alcohol              | <input type="checkbox"/> I use illegal drugs        |
| <input type="checkbox"/> I use prescription drugs     | <input type="checkbox"/> I abuse prescription drugs |
| <input type="checkbox"/> I view pornography           | <input type="checkbox"/> I struggle sexually        |
| <input type="checkbox"/> I feel hopeless              | <input type="checkbox"/> I feel fearful             |
| <input type="checkbox"/> I feel angry                 | <input type="checkbox"/> I struggle with anger      |

## INTAKE AND ASSESSMENT

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- |   |   |
|---|---|
| <input type="checkbox"/> I am a poor communicator         | <input type="checkbox"/> I feel sad                     |
| <input type="checkbox"/> I struggle with bitterness       | <input type="checkbox"/> I feel worthless               |
| <input type="checkbox"/> I do not attend church regularly | <input type="checkbox"/> I do not read my Bible often   |
| <input type="checkbox"/> Jesus is important in my life    | <input type="checkbox"/> I don't think about Jesus much |
| <input type="checkbox"/> I strongly fear rejection        | <input type="checkbox"/> I have been sexually abused    |
| <input type="checkbox"/> I have been physically abused    | <input type="checkbox"/> I have been verbally abused    |
| <input type="checkbox"/> I have been sexually abusive     | <input type="checkbox"/> I have been physically abusive |
| <input type="checkbox"/> I am a loving husband            | <input type="checkbox"/> I am a respectful wife         |

### Church Affiliation

1. Are you a member of a local church? (circle one)      Yes      No
2. If so, how long have you attended this church? \_\_\_\_\_
3. Are you actively involved in your church? (circle one)      Yes      No
4. Do you have a person(s) to whom you are accountable at your church? (circle one)      Yes      No
5. Do you believe being an active part of a community of believers is important to reaching your goals in counseling? Why or why not? (use back of this page if necessary)

### Consent

In an effort to make informed decisions about your counseling experience, the following paragraphs are provided in order to discuss pertinent information regarding your counselor's background and qualifications as well as your rights and responsibilities as a client. If you have any questions or concerns as it relates to the following information, please feel free to express them.

### Licensure

**Kevin Suess is NOT a licensed professional counselor, clinician, or therapist. Neither he nor Faith Community Church represents themselves otherwise. Kevin Suess is a Certified Biblical Counselor and the counsel you will receive is drawn from 1) the Bible, 2) common sense and, 3) personal experience and training as a pastor, leader, biblical counselor, and life coach only.**

\_\_\_\_\_ I have read and understand this paragraph.

### Membership to the Associate of Biblical Counselors

Kevin Suess is a member of the Association of Biblical Counselors. While such membership provides opportunity for training and exposes members to quality biblical counseling resources, membership in the Association of Biblical Counselors alone does not necessarily qualify a person to provide sound biblical counseling. Do not hesitate to ask your counselor about his training and education in the realm of counseling prior to entering counseling with him or her.

### Method of Counseling

Your counselor's method of counseling is based on biblical principles. He is a Biblical Counselor (pastoral counselor or Christian counselor), which means that he believes Jesus Christ is the Son of God, and that by trusting in His atoning death, anyone may have life in his name (John 5:24). Your counselor's beliefs impact and shape the counseling process significantly, and if you are willing he is eager to work with you even if you do not share his/her faith.

## INTAKE AND ASSESSMENT

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### **Right to Privacy**

Content of your counseling sessions is confidential. However, legally and biblically there are several conditions under which your counselor may break confidentiality. They are listed as follows:

1. If you threaten to hurt yourself or someone else.
2. If you disclose any involvement in child-abuse or elder abuse.
3. If your conduct merits church discipline as outlined in the by-laws of the church of which you are a member.

### **Referrals**

If the counselee and/or counselor believe that a referral is needed, alternatives will be gladly provided. The counselee will be responsible for contacting and evaluating those referrals and/or alternatives.

Your signature below indicates that you have read and understood this document, and any questions about this document were answered to your satisfaction. You also indicate that you have received a copy of this statement for your records.

Counselee Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

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

Counselor Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

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