



# SOUL HOPE CHRISTIAN COUNSELING

## INTAKE QUESTIONS

Name\_\_\_\_\_

Date\_\_\_\_\_

What brings you to counseling at this time?

What have you already done about it?

If you've ever had any counseling before, please list dates, counselor and outcome.

What specific goals do you do hope to accomplish in counseling?

Why did you choose a Christian counselor instead of a non faith-based counselor?

Is there anything else you'd like to share?



# SOUL HOPE CHRISTIAN COUNSELING

MICHELLE O'NEAL, NCCA LICENSED CLINICAL PASTORAL COUNSELOR

## INFORMED CONSENT & CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, the counselee, have been informed by Soul Hope Christian Counseling that Biblical counseling and spiritual growth guidance are being provided and that:

1. Michelle O'Neal holds a Bachelor of Arts degree in Psychology, a Master of Arts degree in Clinical Christian Counseling, is licensed by the National Christian Counselors Association as a Clinical Pastoral Counselor (license number 22824), and is an Ordained Minister of the Christian Faith.
2. Professional Christian Counselors who are not acting in a pastoral capacity are considered to be "Mental Health Professionals". This category includes church counseling staff, independent Christian counseling agencies, as well as commissioned or ordained Christian counselors.
3. The state of Florida mandates that "all professionals must report or cause a report to be made and cannot keep silent on the grounds of confidentiality or privileged communication," when the following occurs:
  - A counselee may cause danger to self,
  - A counselee may pose a danger to others, or
  - Child or elder abuse is disclosed.
4. The counselee desires to take advantage of the counselor's services and training, and understands that the Bible will be the foundational basis for all counseling.
5. The counselee also understands that he or she is responsible for any decisions the counselee makes regarding his or her life.
6. I, as the counselee, have a full understanding of all of the above prior to entering into any counseling or disclosure.
7. I freely and willingly accept and agree to abide by this Informed Consent as presented.
8. I understand that all written and verbal information provided to the counselor throughout the duration of counseling services will be maintained under the strictest confidences unless disregarded by circumstances listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# SOUL HOPE CHRISTIAN COUNSELING

## *Financial Matters*

It is our sincere desire to bring the Lord's hope and healing to you with help from the Lord, the Word of God, the power of the Holy Spirit, our professional training, and life experiences.

The fee for our sessions is \$120 for a 50-minute session. If you desire a longer session, you may book two sessions back-to-back for a fee of \$240.

Counseling occurs during your scheduled counseling sessions. In between sessions, texts, calls, emails and forms requiring more than 5 minutes will be billed in 15 minute increments at the rate of \$30 per quarter hour.

We may administer a professional temperament assessment (APS). The cost for the assessment is \$50 per individual. Should you terminate counseling before the temperament assessment is reviewed, the cost of the assessment cannot be refunded.

Payment is expected at the time of scheduling the session or at the counseling appointment if paying cash. We accept cash, credit, or debit cards.

**Cancellations and reschedules with less than 24 hours notice will be charged the session fee of \$120 (or charged against the sessions provided by a third party).**

*I understand and accept the above terms:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# SOUL HOPE CHRISTIAN COUNSELING

## CLIENT INFORMATION

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Highest grade/degree completed in school? \_\_\_\_\_

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er) \_\_\_ Cohabiting \_\_\_

Spouse/Partner's name \_\_\_\_\_ Together how long? \_\_\_\_\_

Spouse/Partner's occupation \_\_\_\_\_ Employer \_\_\_\_\_

Describe your relationship with your spouse \_\_\_\_\_

\_\_\_\_\_

If previously married, please give dates and why it was dissolved

\_\_\_\_\_

\_\_\_\_\_

If you have children, please list their names, gender, and ages \_\_\_\_\_

\_\_\_\_\_

How many children live at home from the present marriage? \_\_\_\_\_

How many children live at home from a previous marriage? \_\_\_\_\_

## FAMILY HISTORY

Brother's ages: \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_ Sister's ages: \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_

Circle your placement: 1 2 3 4 5 6 7 8 9 10 11 12

What kind of relationship did/do you have with your sisters and brothers?

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How old were you when you left your parental home and why?

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Were you adopted? \_\_\_\_\_ If so, how old were you? \_\_\_\_\_

What kind of relationship did/do you have with:

your mother? \_\_\_\_\_

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your father? \_\_\_\_\_

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Was your parental home broken (divorce, absent parent, abusive environment)? \_\_\_\_\_

Did your mother remarry? \_\_\_\_\_ Your age then? \_\_\_\_\_

Did your father remarry? \_\_\_\_\_ Your age then? \_\_\_\_\_

How did/do you feel about your stepmother? \_\_\_\_\_

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How did/do you feel about your stepfather? \_\_\_\_\_

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## SPIRITUAL INVENTORY

Religion raised in: \_\_\_\_\_ Where are you attending now? \_\_\_\_\_

How frequently do you attend church? Weekly \_\_\_\_\_ Occasionally \_\_\_\_\_ Infrequently \_\_\_\_\_

Are you a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

Please circle Y (Yes), No (N), Unsure (U)

Y N U ..... I have a personal relationship with God through Jesus Christ, my Lord and Savior.

Y N U ..... I believe God loves me.

Y N U ..... I believe God forgives my sins.

Y N U ..... I know I am going to Heaven.

Y N U ..... I know I do not have to work to earn God's love.

Y N U ..... I read the Bible at least 4 times a week.

Y N U ..... I believe God is angry with me.

Y N U ..... I am angry at God.

I believe my **spiritual** condition is: poor fair good excellent

## PHYSICAL INVENTORY

Do you have any disorders? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List the names/purposes of medications, or vitamins: \_\_\_\_\_

\_\_\_\_\_

Is there a family history of disease or addiction? If yes, what and whom? \_\_\_\_\_

\_\_\_\_\_

List any allergies: \_\_\_\_\_

Other physical problems: \_\_\_\_\_

I generally sleep \_\_\_\_\_ hours a night.

Please answer Yes (Y) or No (N)

\_\_\_\_\_ I exercise on a regular basis.

\_\_\_\_\_ I eat foods that are healthy on a regular basis.

\_\_\_\_\_ I eat junk food on a regular basis.

\_\_\_\_\_ I drink coffee/caffeine drinks. How much? \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_\_\_ I drink alcohol. How much? \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_\_\_ I smoke or vape. How much? \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_\_\_ I have a complete physical yearly. Date of last physical? \_\_\_\_\_

I believe my **physical** condition is: poor fair good excellent

## PERSONAL INFORMATION

If you or your partner had any discontinued pregnancies or abortions, please explain:

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If you have ever been arrested for something other than a traffic violation, please explain: \_

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If you have you ever been institutionalized for any problem, please explain: \_\_\_\_\_

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Have you ever been involved with occult activities (Ouija board, palm/psychic readings, tarot cards, new age religions, witchcraft)? Please explain: \_\_\_\_\_

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Do you look forward to the future? Yes \_\_\_\_\_ No \_\_\_\_\_

Circle the time period you think about the most: Past Present Future

Circle how you feel about the past: Guilty Bitter Confused Hurt Okay Good

**Circle** if you are experiencing this in the **PRESENT**

**Checkmark** if you have had this experience in the **PAST**

Anxiety	Blaming Others	Feelings of Going Crazy
Worry	Crying Spells	Hearing Unseen Voices
Nervousness	Grief	Marital Problems
Guilt	Frequent Loss of Temper	Sexual Concerns
Hatred	Violent Outbursts	Loss of Sexual Interest
Fear	High and Low Moods	Adultery
Indecisiveness	Insomnia	Homosexuality
Irritability	Excessive Stress	Addictive Behavior
Confusion	Weight Loss or Gain	Pornography Use
Hopelessness	Difficulty Concentrating	Religious Doubts
Loss of Meaning	Difficulty Expressing Self	Loss of Faith in God
Feelings of Escaping	Loss of Faith in Self	Anger with God
Depression	Loss of Self Respect	Broken Relationships
Loneliness	Suicidal Thoughts	Loss of Faith in Others
Apathy	Hallucinations	Frequent Residence Changes
Bitterness	Fantasizing	Frequent Job Changes

Have you been involved in physical, emotional, or sexual abuse?

\_\_\_ BY others \_\_\_ OF others \_\_\_ no

I believe my **emotional** condition is: poor fair good excellent