



MY TRUE
Temperament
CHRISTIAN COUNSELING, LLC

Reverend Sherri L. Board, Ph.D.
Certified Pastoral Temperament Counselor, NCCA, #18278

CONFIDENTIAL
ADULT CLIENT INTAKE FORM
PART I-Personal Information

Today's Date _____

Client's
Name _____ Nickname _____

Address _____

Age _____ Date of Birth _____ E-mail _____

Phone _____

Occupation _____

Number of years at this occupation _____

Client's marital status: Single ___ Engaged ___ Married ___ (How long?) _____
Separated ___ (How long?) _____ Divorced ___ (How long?) ___ Live-in partner _____

Partner's Information (Optional)

Partner's
name _____ Nickname _____

Address if different from
yours _____ Age _____

Date of
Birth _____ Phone _____ Occupation _____

Years at this occupation _____

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

Name home or not	Age	Birthdate	Sex	Relationship	Living at
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Part I (a)- Personal Information

Who 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): _____

Briefly state the nature of your number one concern for
today: _____

What is counselee's most difficult relationship right
now? _____

What is counselee's 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/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 _____

FAMILY INFORMATION: Were either of your parents alcoholics or drug users? ___ Who? _____

Were you abused as a child? _____ Physically _____ Verbally _____
Sexually _____

RELIGIOUS BACKGROUND:

Denominational preference _____ What church do you attend? _____
Do you believe in God? _____ Do you pray often? _____ Are you saved? _____
Do you read the Bible? _____

CHECK LIST:

Have you ever sought guidance or been involved with any of the following:
Fortuneteller tarot cards witchcraft Jehovah's Witnesses
Pornography
Séance Ouija board hypnosis Buddhism
New Age
Palm reader horoscope Mormonism Hinduism
Chemical dependency

Crystal ball voodoo, spells, hexes Satanic Church Transcendental Meditation
Excessive alcohol/drug consumpti

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Part I (b)-Personal Information

Are you presently taking any medications? Yes____ No____ If so,
what?_____

For what
purpose?_____

Any problems with: eating____ sleeping____ pain____ recent weight changes____ If yes,
explain_____

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 problems/symptoms 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's
signature: _____ Date: _____

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Witness: _____ Date: _____

ADULT CLIENT INTAKE FORM
Part I-Legal Policies Concerning Rev. Sherri L. Board, Ph.D.

In the State of California: Rev. Sherri L. Board, Ph.D. practices Christian Temperament 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. Rev. Board is a commissioned minister and holds a Doctor of Philosophy in Clinical Christian Counseling, and is not a state licensed therapist.

I understand that this is a faith-based, Christian counseling service. Rev. Sherri L. Board, Ph.D. is a **Commissioned Minister**, not a psychologist, and as such will **NOT** testify in any litigation. In the unlikely event of subpoena, “the counselor” will exercise her right to fully invoke the clergy/client confidentiality privilege for the sole purpose of protecting her position as clergy and the sacred trust of those she counsels. I understand that 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 **before** each session 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 understand there is a **MANDATORY 24-HOUR CANCELLATION POLICY** that states that I am liable for reserved appointment time fees/costs in full, **PRIOR** to my next appointment. I accept full responsibility for charges for myself, my dependent children, or “Client” named below.

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 Rev. Board to the proper authorities.

I release all liability, in any form, that may be charged against “the counselor”, by myself, or my estate, for actions concerning this counseling. Rev. Board shall not be liable for any damages or injury arising out of counseling.

Dr. Board 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 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, and have reviewed the same with Rev. Board. Upon request I will be provided with a copy of this Form.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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Part II-Legal Policies Concerning Temperament Counseling with Rev. Sherri L. Board, Ph.D.

The following statements document some of the client responsibilities in the counseling setting. In order to enter into a contractual agreement for service with Rev. Board, the client must read the following statements and avail him or herself of the opportunity to discuss and ask questions regarding policies and procedures of this service with the counselor of record.

The client must also review, and acknowledge these steps by reading the Intake Forms, Disclosure Statements, and any other documentation provided to the client by Rev. Board in a deliberate, thoughtful, timely and responsible manner. The client's signature indicates his/her agreement of Policy Compliance.

The client's signature also indicates his/her understanding of form content and client's responsibilities to the counseling process. Client also agrees that Rev. Board has provided satisfactory explanations during their initial contact regarding her counseling goals, interventions, plans, and procedures, as mutually accepted between counselor and client, for the positive, personal growth of the client.

Any other party whom the client may indicate in writing they choose 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 participates by my request in my personal counseling sessions. There are no exceptions to this rule.

Client signature _____ Date _____

Witness signature _____ Date _____