



Intake Sheet

Today's Date _____

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ e-mail _____

Telephone (H) _____ (W) _____ Cell _____

Employer _____

Education (High School) _____ (College) _____

Religious Background _____

Present Church Membership _____

Marital Status Married _____ Divorced _____
 Separated _____ Widowed _____
 Single _____ Engaged _____

Previous Date Married _____ Date Married _____
Marriages Date Divorced _____ Date Divorced _____
 Date Widowed _____ Date Widowed _____

Names and 1. _____ Age _____ 4. _____ Age _____
Ages of 2. _____ Age _____ 5. _____ Age _____
Children 3. _____ Age _____ 6. _____ Age _____

Father's Name _____ Age _____
Mother's Name _____ Age _____

Siblings 1. _____ Age _____ 4. _____ Age _____
Names 2. _____ Age _____ 5. _____ Age _____
 3. _____ Age _____ 6. _____ Age _____

Have you received counseling before? _____ When? _____
Name of Counselor _____ Medication? _____

What is the specific problem or concern that has caused you to seek out counseling at this particular time?

Are you open to God's solution? Yes No (circle one)



Intake Questionnaire

Complete The Following:

1. Today I am _____
2. I wish I could change _____
3. I get upset when _____
4. If only _____
5. I picture myself as _____
6. Jesus Christ is _____
7. My childhood _____
8. What really hurts me is _____
9. My father _____
10. My mother _____
11. I feel certain about _____
12. In order to understand me _____

Answer the following questions:

1. Have you come to a place in your spiritual life where you know for sure that if you were to die tonight that you would go to heaven?

Yes No (*circle one*)

2. Let's suppose that it happened. You were in an automobile accident and killed. You are called to stand before God and He says to you, "Why should I let you into heaven?" What would your answer be?



*Limits of Confidentiality
And Disclosure Form*

All counseling sessions will be kept confidential with the following exceptions:

- If the counselor determines that you are a danger to yourself or others
- If you are a perpetrator of child abuse
- If you have direct, credible knowledge of child or elder abuse
- If you direct the counselor to disclose information about you by signing a Release Form
- If a court directs the counselor to disclose information

I have read the above and understand the limits of confidentiality.

Client's Name Signed

Client's Name Printed



Contractual Agreement

- All fees are due upon the day of counseling
- Cancellation of an appointment must be at least 24 hours in advance or the entire fee will be charged to the client
- All fees will be paid in full before the next session can be scheduled
- Counseling rates are set at \$95.00 per hour. If the fee schedule changes you will be notified before your next session.
- I understand that Johnny Walker operates legally in the State of Georgia under his certificate of ordination as a pastoral counselor
- Fees are charged on an hourly basis, anytime over the scheduled hour will be the responsibility of the client in 30 minute increments

I have read and agree to adhere to the above contract

Client's Signature

Date

Clients Name Printed