



Intake Sheet

Today's Date _____

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ e-mail _____

Telephone (H) _____ (W) _____ Cell _____

Employer _____

What School Are You Currently Attending? _____

Religious Background _____

Present Church Membership _____

Father's Name _____ Age _____

Mother's Name _____ Age _____

Siblings 1. _____ Age _____ 4. _____ Age _____

Names 2. _____ Age _____ 5. _____ Age _____

3. _____ Age _____ 6. _____ Age _____

Have you ever been in a serious dating relationship? Yes No (*circle one*)

Do you have a boyfriend or girlfriend now? Yes No (*circle one*)

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

(Have the person receiving counseling fill this out)

Complete The Following:

1. Today I am _____
2. I wish I could change _____
3. I get upset when _____
4. My one wish would be _____
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
(Juvenile)*

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

- If the counselor determines that your child is a danger to themselves or others
- If your child is a victim or perpetrator of child abuse
- If you child has direct, credible knowledge of child or elder abuse
- If you (the parent/guardian) direct the counselor to disclose information about your child 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.

Parent's Name Printed

Client's Name Printed

Parent's Signature

Client's Signature



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 or responsible party
- All fees will be paid in full before the next session can be scheduled
- Fees are charged on an hourly basis, anytime over the scheduled hour will be the responsibility of the client in 30 minute increments
- I understand that Johnny Walker operates legally in the State of Georgia under his certificate of ordination as a pastoral counselor
- The agreed hourly rate for counseling is \$95.00/hr

I have read and agree to adhere to the above contract

Responsible Party's Signature

Date

Responsible Party's Name Printed