Client Intake Form – Under 15 years of age

Today's Date: _____ Birthdate: _____

Client's First Name: _____ **Last Name:** _____

Email: _____ Phone Number:_____

In what ways may I contact client? ☐Email ☐Phone Call ☐Text Is it okay to leave a message? ☐Yes ☐No

In what ways may I contact parent? ☐Email ☐Phone Call ☐Text Is it okay to leave a message? ☐Yes ☐No

Address: _____ City, State, Zip: _____

Grade in school: _____ Do you work at all? ☐Yes ☐No

Place of Employment: _____

FOR CHILD TO COMPLETE:

Briefly describe why you are coming to counseling: _____

What is your most difficult relationship right now? _____

What is your most difficult emotion right now? _____

Who is coming for counseling? _____

Have you had any previous counseling? ☐Yes ☐No If yes, briefly provide the duration and circumstances of counseling. _____

_____

Are you currently having thoughts, feelings, or actions of hurting yourself? ☐Yes ☐No

If yes, please explain: _____

Are you currently having thoughts, feelings, or actions of hurting others?

If yes, please explain: _____

Are you currently experiencing any current threats of **significant loss or harm** (illness, parents divorce, moving, changing schools)? ☐Yes ☐No

If yes, please explain: _____

What is your parent/guardian's name? _____

Phone number(s): _____ May I call/text them knowing that what you share with me is completely confidential? ☐Yes ☐No

If living, what is your **father's** state of health and where does he live? If deceased, when and how did he die?

_____

List 3 words that best describe your father, like loving, mean, etc. _____

How do you get along with your father? _____

If living, what is your **mother's** state of health and where does she live? If deceased, when and how did she die? _____

List 3 words that best describe your mother, like loving, mean, etc. _____
How do you get along with your mother? _____

If living, what is your **stepfather's** state of health and where does he live? If deceased, when and how did he die? _____
List 3 words that best describe your stepfather, like loving, mean, etc. _____
How do you get along with your stepfather? _____

If living, what is your **stepmother's** state of health and where does she live? If deceased, when and how did she die? _____
List 3 words that best describe your stepmother, like loving, mean, etc. _____
How do you get along with your stepmother? _____

List your **siblings** in birth order. Include name, age, sex, where they live, and how close you are emotionally.

_____

_____

_____

_____

_____

Have you ever experienced any of the following? ***A more extensive list follows.***

☐Harsh physical punishment or abuse ☐Pregnancy

☐Inappropriate touching by an adult or older child ☐Being afraid while at home

☐Harsh verbal punishment

If yes to any of the above, please explain. _____

_____

_____

Have you used any **depressants**? ☐Alcohol ☐Inhalants ☐Barbiturates ☐Other
If yes, what was the age of first usage, age of last usage, and are you currently using? _____

_____

_____

Have you used/abused any of the following?

☐Marijuana ☐Opioids ☐LSD ☐XTC

☐Cocaine ☐Prescription Drugs ☐PCP ☐Other

If yes, what was the age of first usage, age of last usage, and are you currently using? _____

_____

_____

List any other substances used. What was the age of first usage, age of last usage, and are you currently using?

_____

_____

Do you inflict any other **self-harm** not listed? If yes, please explain. _____

_____

What was your religious affiliation when you were younger? _____
How meaningful was religion then? ☐Very important ☐Average importance ☐Not important

What is your religious affiliation now? _____
How meaningful is religion now? ☐Very important ☐Average importance ☐Not important

This is a ***strictly confidential*** client record. Please sign and date this document. Typing is acceptable.
Client's Signature: _____ Date: _____

Checklist of Concerns

Please mark all items that apply to you. You may also add any other concerns or details at the end.

☐I have no problems or concerns that bring me here.
☐Abuse – victim of physical, inappropriate touching, or emotional
☐Aggression, violence
☐Alcohol use
☐Anger, hostility, arguing, irritability
☐Anxiety, nervousness
☐Attention, concentration, distractibility
☐Conflict with family members
☐Confusion
☐Cutting, self-inflicted pain
☐Decision making, indecision, mixed feelings, putting off decisions
☐Drug use – prescription medications, over-the-counter medications, street drugs
☐Depression, low mood, sadness
☐Eating disorders – over/undereating, vomiting, excessive focus on food/dieting
☐Feeling like you must do something you don't want to do
☐Emptiness
☐Failure
☐Fatigue, tiredness, low energy
☐Fears, phobias
☐Feeling like you have to be perfect
☐Feeling worthless, like nobody loves you
☐Forgetting to do things you need to do
☐Friendships
☐Grieving, mourning, deaths, losses, divorce
☐Guilt
☐Headaches, other kinds of pains
☐Hearing or seeing things that others can't hear or see
☐Health, illness, medical concerns, physical problems
☐Legal matters, charges, suits
☐Loneliness

☐Memory problems
☐Obsessions, compulsions (thoughts or actions that repeat themselves)
☐Menstrual problems, PMS, bad cramps during period
☐Mood swings
☐Motivation, laziness
☐Nervousness, tension
☐Outbursts when frustrated, sad, overwhelmed
☐Oversensitivity to rejection
☐Panic or anxiety attacks
☐Parents' divorce or separation
☐Procrastination, laziness
☐Relationship problems
☐School problems
☐Self-centeredness
☐Self-esteem
☐Self-neglect, poor self-care
☐Shyness, oversensitivity to criticism
☐Sleep problems – too much, too little, insomnia, nightmares
☐Smoking and tobacco use
☐Stress, relaxation, stress management, stress disorders, tension
☐Struggle with sexuality
☐Suspiciousness
☐Self-harm or thinking about self-harm
☐Enjoying doing activities in which you could get hurt; thrill seeking
☐Temper problems, self-control, low frustration tolerance
☐Thought disorganization and confusion
☐Threats, violence
☐Weight and diet issues
☐Withdrawal, isolating
☐School problems
☐Worry about money, not having everything you need

Do you have any other concerns or issues? Please explain. _____

_____

_____

Please look back over the concerns you have checked off and write the **three** that you are most concerned with:

_____

Your responses are ***strictly confidential***. Disclosure or transfer is expressly prohibited by law. Please sign and date this form.

Client's Signature: _____ Date: _____

THE REST OF THIS DOCUMENT IS TO BE COMPLETED BY PARENT/GUARDIAN

Emergency Contact Name: _____ Relationship: _____
Phone: _____ Address: _____

Is your child or family member currently seeing a psychiatrist or counselor? ☐Yes (client) ☐Yes (family) ☐No
If yes, provide a brief summary of the circumstances. _____
_____
_____

When was client last examined by a physician (approximate date)? _____
Name of Physician: _____
List any **medical conditions** for which client is currently receiving treatment: _____
_____
List any **medications/supplements** that client is currently taking. Include name, dosage, and reason for taking:
_____
_____
_____

Information & Consent Form

Please carefully read through this important information and consent and share with your child whatever you think may be helpful for them to know, and then initial at the end of each line.

Credentials and Licensing

- **I understand that Caroline Sholl is a Pastoral Counselor. She is not licensed by the state of Louisiana, rather she is licensed by the National Christian Counselors Assn. _____**
- **Because she is not state licensed, Caroline Sholl cannot diagnose or treat mental health conditions and therefore cannot bill to insurance companies on your behalf. _____**
- **Caroline Sholl provides her services as an agent of the Church, not the state of Louisiana. _____**

Sessions and Payment

• Sessions typically last 50-60 minutes for individual counseling. Contact with clients will be limited to scheduled sessions unless mutually agreed upon for critical situations. Parents/guardians should discuss how you will handle contact outside of the session including logistics like appointment scheduling. _____

• The fee is due at the end of each session to WayMaker Ministries - NOLA. Acceptable forms of payment are Venmo, Zelle, and credit card. Check or money order must be received by date of appointment.
_____

• If client is unable to attend a session, you must contact Caroline at least 24 hours in advance to avoid being

charged a **cancellation fee of 50% of the session fee**. The cancellation fee is only 50% instead of 100% because problems do arise last minute. _____

• Although there are generally tremendous benefits associated with the therapy process, there are also some risks. These might include feeling "worse" before you feel "better" or not seeing the desired changes from counseling. The decisions the client makes as a result of counseling are his/her. The counselors of Way Maker are not responsible for any negative outcomes resulting from his/her decisions. _____

• WayMaker is not credentialed with any insurance companies. If your insurance policy covers mental health counseling, it possible for you to seek reimbursement from your insurance company for counseling fees on your own. _____

Code of Conduct: As a Licensed Clinical Pastoral Counselor with the National Christian Counselors Association, Caroline Cleveland Sholl strictly adheres to the Code of Ethical Standards outlined and published by this Association. Because your child's needs as a client will best be served if the counseling relationship remains professional, your counselor will not be able to accept any gifts or socialize outside of counseling. _____

Confidentiality: Everything that is said between your child and his/her counselor is to remain confidential, except in certain instances. These instances include:

- When you sign a written release of information indicating informed consent of such release;
- When your child's therapist believes he/she might cause physical harm to self or another;
- When abuse to a child, or elderly (65 yo or older) or dependent adult has been disclosed;
- When a complaint is filed with our professional board;
- When child is involved in court proceedings in which mental health is at issue;
- For the collection of fees; and,
- When the child's file is subpoenaed by a court of law. Your child's counselor will always assert privileged communication on your behalf and will consult with you when possible before a mandated disclosure.
- In instances when your counselor discusses your case with peers as part of peer supervision, your child's identity will remain anonymous, and the information disclosed during those meetings will remain confidential. _____

Your Child's Rights as the Client. Your child has the right to confidentiality, except in those cases previously mentioned. You have the right to see the contents of your child's file or obtain clear information regarding his/her case records. You have the right to actively participate in your child's counseling plan with his/her consent. You and your child may refuse any services recommended by the counselor and can terminate counseling at any time. _____

In the event that you are dissatisfied with services for any reason, please let your counselor know. If you still have concerns, you may report your complaints to the National Christian Counselors Association Licensing Board of Examiners, 5260 Paylor Lane, Sarasota, FL 34240, tel. 941-388-6869, www.ncca.org. _____

Your responsibilities as the parent of a Client. You are responsible for keeping and being on time for your child's appointments. You are responsible for paying for services at the time of each visit. You child is expected to be honest, to work hard, and to be open-minded. You are expected to notify your counselor of any other ongoing professional mental health services your child is receiving. If your child is seeing another professional for counseling, the professional must give your child's counselor permission to work with him/her. _____

Expectations of your child's counselor: You can expect your child's counselor to be professional, timely, kind, and honest. You can expect you counselor to challenge your child. You can expect your counselor to pursue ongoing continuing education and to pursue growth in her own walk with the Lord to best serve your child. _____

***For Virtual appointments*:** Your counselor expects your child to be alone and in a quiet space that is not a moving vehicle. _____

Termination of Therapy: Therapy may terminate for a number of reasons, including (but not limited to) improvement of the issues for which you originally sought counseling, if you think counseling is not helpful to your child, if your counselor thinks your child might be better served by working with another counselor or in a different type of setting, or if you are unable to meet your financial responsibilities in therapy. _____

Emergencies: If your child is experiencing an emergency during office hours, you should contact your therapist in accordance with your agreement about contact outside of the session. If you feel that you cannot wait for your counselor to return your call, you should go to the emergency room of your nearest hospital and ask for psychiatric services. In addition, you can call the COPE line at 800-749-2673. _____

I have read the above information. ☐Yes ☐No

I, _____, have this day retained Caroline Cleveland Sholl, Pastoral Counselor, to provide faith-based counseling to my child.

The **mutually agreed upon fee** for these services is $100.

It is expressly understood that Caroline Cleveland Sholl as Pastoral Counselor has not and **will not issue any guarantee** of cure or treatment effect, number of sessions necessary, or total cost of service. We, the undersigned counselor and Client parent/guardian, have read, discussed together, and fully understand this agreement and stated policies. We agree to honor these policies and will respect one another's views and differences in Christian charity. This agreement is entered voluntarily by the Client/s parent/guardian with competency, and with knowledge and understanding of the consequences. Please sign and date this document below, which may be typed or hand-written.

Client's Parent/Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____