Client Intake Form – 15-17 Years Old

Today's Date: _____ Birthdate: _____

First Name: _____ **Last Name:** _____

Email: _____ Phone Number:_____

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

Address: _____ City, State, Zip: _____

Highest level of Education: _____ Do you have a job? ☐Yes ☐No

If yes, place of employment and number of hours worked weekly: _____

_____

Briefly describe why you are seeking 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, or a family member, currently seeing a psychiatrist or counselor? ☐Yes (self) ☐Yes (family) ☐No

If yes, provide a brief summary of the circumstances. _____

_____

_____

Are you currently having **suicidal** thoughts, feelings, or actions? ☐Yes ☐No

If yes, please explain: _____

Are you currently **homicidal**, having assaultive thoughts or feelings, or anger-control problems? ☐Yes ☐No

If yes, please explain: _____

Have you had past counseling, hospitalization, or incarceration for suicidal or assaultive behavior? ☐Yes ☐No

If yes, please explain: _____

Are you currently experiencing any current threats of **significant loss or harm** (illness, divorce, custody, job loss, etc.)? ☐Yes ☐No

If yes, please explain: _____

Emergency Contact Name: _____ Relationship: _____

Phone: _____ Address: _____

When were you last examined by a physician (approximate date)? _____

Name of Physician: _____

List any **medical conditions** for which you are currently receiving treatment: _____

_____

List any **medications/supplements** that you are currently taking. Include name, dosage, and reason for taking:

_____

_____

_____

What is your parent/guardian's name? _____
Parent's DOB: _____ Cell: _____ May I call/text your parent(s) with your permission? ☐Yes ☐No

Marital Status: ☐Single ☐Engaged ☐Married ☐Separated ☐Divorced ☐Widowed
If married, what is your spouse's name? _____ DOB: _____
If you are a parent, list your **children** by name, age, sex, and if they live with you.

_____

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
☐Sexual advances made toward you
☐Sexual abuse
☐Incest
☐Verbal or emotional abuse
☐Physical abuse by boyfriend/girlfriend
☐Rape
☐Abortion
☐Alcoholic family member
☐Drug addicted family member
☐Fearfulness in your home

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

_____

_____

Have you ever 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 abused. 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 in elementary school? _____
How meaningful was religion to you 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, sexual, or emotional abuse or neglect
☐Aggression, violence
☐Alcohol use
☐Anger, hostility, arguing, irritability
☐Anxiety, nervousness
☐Attention, concentration, distractibility
☐Career concerns, goals, choices
☐Children, child management, childcare, parenting
☐Confusion
☐Compulsions – can't stop certain behaviors
☐Cutting, self-inflicted pain
☐Custody of children
☐Decision making, indecision, mixed feelings, putting off decisions
☐Drug use – prescription medications, over-the-counter medications, street drugs
☐Dependence
☐Depression, low mood, sadness
☐Divorce, separation of parents
☐Eating disorders – over/undereating, vomiting, excessive focus on food/dieting
☐Financial or money troubles, debt, impulsive spending, low income
☐Emptiness
☐Failure
☐Fatigue, tiredness, low energy
☐Fears, phobias
☐Friendships
☐Gambling
☐Grieving, mourning, deaths, losses, divorce
☐Guilt
☐Headaches, other kinds of pains
☐Health, illness, medical concerns, physical problems
☐Inferiority feelings
☐Interpersonal conflicts
☐Impulsiveness, loss of control, outbursts
☐Irresponsibility
☐Issues from your own childhood
☐Judgment problems, risk taking
☐Legal matters, charges, suits
☐Loneliness
☐Memory problems
☐Marital conflict, distance, coldness, infidelity, affairs, remarriage

☐Obsessions, compulsions (thoughts or actions that repeat themselves)
☐Menstrual problems, PMS, painful periods
☐Mood swings
☐Motivation, laziness
☐Nervousness, tension
☐Oversensitivity to rejection
☐Panic or anxiety attacks
☐Perfectionism
☐Perpetrator of physical, sexual, or emotional abuse or neglect (of children or elderly), or cruelty to animals.
*Please disclose this item only with the knowledge of my duty to report such abuse.
☐Procrastination, work inhibitions, laziness
☐Relationship problems
☐School concerns, goals, choices
☐Seeing or hearing things that others can't see or hear
☐Self-centeredness
☐Self-esteem
☐Self-neglect, poor self-care
☐Sexual issues, dysfunctions, conflicts, desire differences, confusion, other (see also "Abuse")
☐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 pregnancy or multiple sexual partners
☐Suspiciousness
☐Suicidal thoughts, actions, or self-harm
☐Temper problems, self-control, low frustration tolerance
☐Thought disorganization and confusion
☐Threats, violence
☐Weight and diet issues
☐Withdrawal, isolating
☐Work problems, employment, workaholism, overworking, can't keep a job

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: _____

Information & Consent Form

Carefully read through this important information and consent, initial at the end of each line, and sign at the bottom. ***Please have your parent/guardian initial each line with you.***

Credentials and Licensing

- **I understand that Beth Cleveland Maillho 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, Beth Cleveland Maillho cannot diagnose or treat mental health conditions and therefore cannot bill to insurance companies on your behalf. ____/____**
- **Beth Cleveland Maillho 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 and logistics like appointment scheduling. You and your counselor can discuss how you will handle contact outside of the session. ____/____

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

• If you are unable to attend a session, you must contact Beth at least 24 hours in advance to avoid being charged a **cancellation fee of 50% of your 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 you make as a result of counseling are yours. The counselors of WayMaker are not responsible for any negative outcomes resulting from your 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, Beth Cleveland Maillho strictly adheres to the Code of Ethical Standards outlined and published by this Association. Because your 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 you and your 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 therapist believes you might cause physical harm to yourself 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 you are involved in court proceedings in which mental health is at issue;
- For the collection of fees; and,
- When your file is subpoenaed by a court of law. Your 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 identity will remain anonymous, and the information disclosed during those meetings will remain confidential.

____/____

Your rights as a Client. You have the right to confidentiality, except in those cases previously mentioned. You have the right to see the contents of your file or obtain clear information regarding your case records. You have the right to actively participate in you counseling plan. You 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 a Client. *You are responsible for keeping and being on time for your appointments. You are responsible for paying for services at the time of each visit. You are 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 you are receiving. If you are seeing another professional for counseling, the professional must give your counselor permission to work with you.* ____/____

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

For Virtual appointments: Your counselor expects you 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 you, if your counselor thinks you 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 you are 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, _____, hereinafter referred to as the Client has this day retained Beth Cleveland Maillho, Pastoral Counselor, to provide pastoral faith-based counseling.

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

It is expressly understood that Beth Cleveland Maillho 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, 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 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 Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____