



General Intake Form

Initial Consultation

The initial session is important for both you and the counselor. This session will help determine whether or not a Biblically-based approach to counseling will be acceptable and meet your specific needs. The hourly rate applies to this session.

Frequency of Session

In our years of experience, we have learned that a commitment to the process of discovery is vital to a counseling relationship. Weekly sessions are best, (unless more frequent sessions are deemed necessary) until the issues crucial to your concerns are covered. An important part of your biblical counseling process may include homework between sessions.

Length of Session

Our standard session is one hour. Extended sessions range from 1-3 hours and are billed at the hourly rate. However, if you have paid in advance for discounted sessions, any request for extended sessions will count toward the total number of sessions you purchased. We make every effort to begin on time and end on time.

Cancellations

In consideration of others who are trying to schedule appointments with our office, we ask you to give us a 24-hour notice if you need to cancel a session. This allows us the opportunity to offer that time slot to another client. Cancellations given less than 24 hours will be billed at \$30 per hour. *NOTE: We reserve the right to discontinue the counseling process at our discretion, at any time.*

Fees & Method of Payment

Agathos INC is a 501(c)3 non-profit organization supported by client fees and donor contributions. Biblical counseling fees are as follows:

1. \$60.00 per hour = based on our hourly rate and due each session
 2. \$45.00 per hour = \$225 for four (5) 1 hour sessions if paid-in-full on the first visit
 3. \$30.00 per hour = \$300 for six (10) 1 hour sessions if paid-in-full on the first visit
- NOTE: Whichever payment you choose will be the hourly rate you pay for ongoing sessions*

Our goal is to provide a caring, healing ministry at an affordable rate to each person or couple who seeks biblical counseling from Agathos. If you need financial assistance, we recommend you appeal to family, friends or your church to sponsor your counseling fee with a tax-deductible gift (*checks must be ear-marked with your name*). Gift receipts will be mailed to contributors at the end of the calendar year or upon request. We accept cash or checks. Please make checks payable to Agathos INC. Contributions to Agathos INC are tax-deductible. However, no tax-deductible receipt will be issued for counseling services.

Please keep this page for your personal records.

Questionnaire

This questionnaire must be filled out completely and returned to Agathos. After being reviewed, an appointment will be made to meet with a counselor, at this time we will determine whether or not to begin biblical counseling and/or seek a referral to those more qualified.

Personal Information

Date: _____

Name: _____ DOB _____ Age: _____

Gender: Male Female

Address _____ City: _____ State: _____ Zip code: _____

Phone: (____) _____ - _____ Email: _____

Occupation: _____ Employer: _____

Educational Background

GED HS Diploma

Associate's/Technical Degree major: _____

Bachelor's Degree major: _____

Post-Graduate Degree major: _____

Other If degree applies please specify major: _____

Marital Status

Previously married? _____ If yes, how many times? _____ For how long? _____

Are you: Single Divorced Widowed Separated

Is your divorce final? _____ If not, when? _____

Do you have children from a previous marriage? _____ If yes, how many? _____

What are their ages?

_____ **Relationship**
status Current Relationship status ___ Seriously Dating ___ Engaged ___ Separated ___ Married

How long have you been together: _____

How long have you known your fiance? _____

How many times have you been engaged? _____

Religious / Spiritual Background

Were you affiliated with any church / religion growing up? Yes No

What Church or Religion? _____

Are you currently affiliated or attending a church/religion now? Yes No

What Church or Religion? _____

Describe your religious upbringing:

Describe your current relationship with God:

To what degree of spirituality do you wish to incorporate into your counseling sessions with Agathos Biblical Counselors?

None Little Some A lot

(Though the counseling received from Agathos is Biblical in nature we strive to make everyone feel comfortable in terms of how the counseling is conducted, recognizing that many suffer from religious trauma and will benefit from a safe and inclusive therapeutic relationship in which we give control to the client as to when spirituality or religion is brought up.)

Mental Health History

Are you currently receiving psychological services, professional counseling, psychiatric services, or any other mental health services? Yes No

Reason for change: _____

Are you currently taking any psychiatric prescription medication? Yes No

If yes, please list: _____

Have you been prescribed psychiatric prescription medication in the past? Yes No

If yes, please list: _____

Have you been psychiatrically hospitalized in the past? Yes No

If yes, please list dates and locations: _____

How is your physical health at the present time?

Poor Unsatisfactory Satisfactory Good Very good

Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, thyroid dysfunction, etc.):

Are you on any medication for physical/medical issues? Yes No

If yes, please list: _____

Are you having any problems with your sleep habits? Yes No

If yes, check those that apply:

Sleep too much Sleep too little Poor quality Disturbing dreams

Other: _____

Are there any changes or difficulties with your eating habits? Yes No

If yes, check those that apply:

Eating less Eating more Bingeing Restricting Other: _____

Have you experienced a weight change in the last two months? Yes No

Do you exercise regularly? Yes No

If yes, how many days per week do you exercise? _____

How many minutes/hours per session: _____

Do you consume alcohol regularly? Yes No

In one month, how many times do you have four or more drinks in a 24-hour period? _____

How often do you engage in recreational drug use?

Daily Weekly Monthly Rarely Never

What kinds of recreational drugs do you use: _____

Are you currently in a romantic relationship? Yes No

If yes, how long have you been in this relationship? _____

On a scale from 1-10 (10 being great), how would you rate the quality of your relationship? _____

In the last year, have you had any major life changes (e.g. new job, moving, illness, relationship change, etc.)?

Check the issues below that apply to you.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Memory Lapse | <input type="checkbox"/> Relationship Problems |
| <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Phobias | <input type="checkbox"/> Trouble planning | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Rapid Speech | <input type="checkbox"/> Repetitive Behaviors | <input type="checkbox"/> Sleep Disturbance | <input type="checkbox"/> Eating difficulties |
| <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Time loss | <input type="checkbox"/> Body Complaints |
| <input type="checkbox"/> Homicidal thoughts | <input type="checkbox"/> Excessive Worry | <input type="checkbox"/> Alcohol/Drug abuse | <input type="checkbox"/> Traumatic Event |

Have you felt depressed recently? Yes No

If yes, for how long? _____

Have you had any suicidal thoughts recently? Yes No

If yes, how often? Frequently Sometimes Rarely

Have you ever had suicidal thoughts in your past? Yes No

If yes, how long ago? _____

How often did you have these thoughts? Frequently Sometimes Rarely

Family Mental Health History

The following is to provide information about your family history. Please mark each as yes or no. If yes, please indicate the family member affected.

Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Suicide	Yes	No	_____
Anxiety Disorders	Yes	No	_____
Bipolar Disorder	Yes	No	_____
Panic Attacks	Yes	No	_____
Alcohol/Substance Abuse	Yes	No	_____
Eating Disorder	Yes	No	_____
Trauma History	Yes	No	_____
Domestic Violence	Yes	No	_____
Sexual Abuse	Yes	No	_____
Obesity	Yes	No	_____
Obsessive Compulsive Behavior	Yes	No	_____
Schizophrenia	Yes	No	_____

Other Information

List your strengths and what you like most about yourself: _____

List areas you feel you need to develop _____

What are some ways you cope with life obstacles and stress? _____

What are your goals for therapy/what would you like to accomplish?

Confidentiality Disclosure Statement and Agreement

Biblical care ministry is Not Professional Psychotherapy

The mission of Biblical Counselors at Agathos is to bring healing, hope, and wholeness to individuals, families, and communities by expanding and equipping spiritually grounded individuals through Biblical and psychologically informed care and counseling. Biblical care ministry is not based on a medical or professional model consequently Biblical counselors care for people rather than treat disorders. Biblical counselors cannot provide a diagnosis of mental disorders or psychotherapy to treat disorders. Consequently, Biblical counseling is not covered by most health insurance. The credentials of our counselors are NOT to be equated with, nor are they represented as being equal to licensing by the State of Tennessee as a professional licensed therapist/psychotherapist. Because they are Biblical Counselors performing a Biblical Care function, Agathos Biblical counselors do not fall under the regulatory license requirements of the State of Tennessee.

Limits of Confidentiality Statement

All confidential information provided to Agathos, is strictly confidential by our Biblical Counseling staff and will not be revealed to any outside person or agency without your written permission on an information release consent form, except when required by law.

You should know that there are certain situations in which all counselors are mandated by Tennessee or Case Law to reveal information to other persons or agencies without your expressed permission or consent.

These situations are:

1. If you threaten bodily harm or death to another person, we are required to inform the intended person, as well as appropriate law enforcement agencies.
2. If there is sufficient evidence presented in the course of ministry to suspect that a child or elderly person is being or has been abused, either by neglect, assault, battery or sexual molestation, we are required to report the reasonable suspicion of such abuse to appropriate authorities.
3. If a court of law issues a legitimate subpoena, we are mandated by law to provide the information specifically described in the subpoena.
4. If there is expressed intention to commit bodily harm to one's self (i.e. suicide), we are required by law to inform necessary individuals and/or agencies to prevent harm.

If for some reason there is a need to share information in your record with a health care professional, you will first be consulted and asked to sign a consent form authorizing transfer of the information.

I, _____, have read and understand the above Disclosure Statement and acknowledge that the ministry of Agathos is the type of counseling I desire to receive. I have also read and accept the Limits of Confidentiality Statement above and agree to the terms of the Biblical Care Ministry Agreement.

Client Signature _____ **Date** ____/____/____

Note: This page must be signed and returned with your INTAKE FORM before counseling begins.