



VICTORY IN CHRIST COUNSELING MINISTRY
CLIENT INTAKE FORM

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address _____

May we contact you via: Phone: Y / N Email: Y / N Post Mail: Y / N

What is your level of education _____ Drop Out _____ High School / Ged _____ College

Are you currently employed? Yes / No _____ Part-time _____ Full-time

Family History

Describe your relationship with your family (parents, grandparents, siblings)

Describe the environment that you grew up in:

As a child did you witness or experience any of the following:

_____ Sexual Abuse _____ Physical Abuse _____ Domestic Violence _____ Adultery

_____ Addiction _____ Neglect _____ Extreme Poverty

If you experienced any of the following at what age did it begin? _____

Were there repeated offenses? Yes / No

If you experienced Sexual Abuse please detail what type of abuse it was (were you touched, penetrated, exposed to another person's genitals etc)

Have you shared the abuse with anyone else? Yes / No Were you believed Yes / No

What was the outcome of the abuse? _____



At what age did the abuse end? _____ Under what circumstance did the abuse end?

Who raised you? _____ How is your relationship with that them. _____

Do you consider yourself to have a supportive relationship with your family? Yes / No

Are you married? Yes / No Do you have children? Yes / No

How is your relationship with your spouse/significant other and children?

In this relationship has there been any abuse? _____ Yes _____ No

On a scale from 1-5 with 1 being very good and 5 being very bad please rate the quality of your relationship with your significant other /spouse and children _____

Spiritual History

Are you saved? Yes / No How long have you been saved? _____ Do you have family members that are saved? Yes / No How long have you been in your church? _____

Please place a check mark by the ministries that you are involved in?

- Worship/ Choir/Dance Life Group (mid-week bible studies) Evangelism
- Singles/Married Couples Recovery Homes Usher Children's ministry
- Other _____

Social History

How many close friends would you say that you have? _____

How many would you say are "real" friends _____

Please describe your relationship with your friends.



Would you say that your friends are supportive of you? Yes / No

How do you and your friends resolve issues? _____

Substance Use

Have you ever had a problem with Alcohol? Yes / No Drugs Yes / No

At what age did you try alcohol or drugs for the first time? _____

What were the circumstances? _____

At what age did you begin drinking or using drugs regularly? _____

Describe your current drinking or drug use

What type of drugs have you tried in the past? _____

When was you last use? _____

Have you felt as though you have used too much of a drug or drank too much alcohol in the past year? Yes / No

Have you tried to quit using drugs or drinking in the past year? Yes / No

Have you asked anyone to help you manage your alcohol or drug use in the last year? Yes /No

Has anyone complained about your drug or alcohol use in the past year? Yes / No

Have you had to use more drugs or alcohol to get the same effect? Yes / No

Have any of the following occurred or caused you problems in the last year? Check all that apply

- Had blackouts or other periods of memory loss due to drug or alcohol use
- Injured yourself while using drugs or alcohol
- Seen things that were not really there due to alcohol or drug use
- Been injured after drug or alcohol use
- Used needles to shoot drugs
- Experienced shaking, depression, agitation or cravings after stopping use
- Had convulsions or delirium tremens (DT's)
- Had liver problems due to or made worse by drinking
- Felt sick, shaky or depressed after drinking (more than just hung over)

Mental Health History



Have you been diagnosed with any of the following? Check all that apply

- Depression
- Anxiety
- Bipolar Disorder
- Schizophrenia
- PTSD
- Other

Have you ever had to talk to a medical professional about an emotional problem such as depression or suicidal thoughts? Yes / No

Have you ever been prescribed medicine for a mental health conditions such as anxiety or depression Yes / No

Have you ever felt that you needed help for an emotional problem? Yes / No

Has a family member or close friend ever suggested that you seek help for an emotional problem? Yes / No

Have you ever heard voices that no one else can hear? Yes / No

Have you ever been depressed for an extended period of time? Yes / No

Have you ever been so depressed that you lost interest in activities you usually enjoy? Yes / No

Have you ever attempted suicide? Yes / No If so, how many times have you attempted suicide? _____ Have you ever had to be hospitalized for attempting suicide? _____

Are you currently having suicidal thoughts? Yes / No Have you thought of ways to carry it out? Yes / No

Current Situation

Can you share a little about what has brought you in to seek counseling today?

What are you hoping to gain from your experience with counseling?



Informed Consent

Biblical World View

The VICTORY IN CHRIST COUSELING MINISTRY (VICCM) provides support group and counseling services in partnership with and under the direction of Victory Outreach Church of Dallas and Victory Outreach Christian Recovery Homes for Men and Women. Although your counselor/facilitator will consider all aspects of care (biological, psychological, environmental etc.); all services are provided primarily from a biblical world view. As such, biblical truths will be discussed and adhered to as the foundation of optimal health and well-being. All counseling/support group sessions will open and close in prayer. The counselor/ facilitator may also assign prayer, scripture memorization and other biblical activities as a part of therapy. VICCM will not discriminate against nor deny services to persons expressing a belief in any other faith. Your participation in counseling/ support group services with VICCM is proof of your agreement and acceptance of this principal. You (the client) will hold VICCM Victory Outreach Dallas and Victory Outreach Recovery Homes for Men and Women innocent of any offense or liability stemming from our biblical world view or biblical practices whether real or imagined. We discriminate against no one; however, we will not alter our beliefs or practices if they contradict the scripture as we interpret it. You understand that you will receive inspiration, support and encouragement from biblical lay counselors, pastoral counselors and on rare occasions licensed counselors. Because of this any suggestions you are given are to be taken as such. Our responsibility is not to tell you what to do, rather we strive to help you discover the best answer for yourself. No staff will diagnose or attempt to treat any mental illness or co-occurring disorders. Your participation is at will and can be terminated at any time by either party.

By signing below, you are acknowledging that you understand and accept the guidelines stated

_____ (initial here)

Confidentiality and Disclosure

VICCM will keep all information obtained in each group session private. However, there are some instances where information may have to be released to a third party. These instances include, but are not limited to: the safety of yourself or others, reaching the goal of optimal healthcare, for use in legal issues or court proceedings etc. There may be other instances where the release of information to the Senior Pastor or another member of the ministerial staff would be necessary. This would only take place for the purpose of providing optimal care.

_____ (initial here)

Legal Obligation To Report

VICCM has a legal responsibility to report any suspected instances of abuse of children or the elderly. We also have the responsibility to report any suspected violence or criminal activity. We must also report suspected threats of suicide. Although the information you share will be kept confidential, we will, without fail report any of the above instances without hesitation. Our primary responsibility is to the public and our congregation. Please be advised that we will take



these things seriously and operate under a zero-tolerance policy. _____ (initial here)

Virtual Group Sessions

In order to make our support groups available to those outside of the local area, VICCM support groups will sometimes take on a “virtual” format. This means that the groups will be recorded live for members living in other areas. (virtual members) Those VM will be considered as part of the group and required to uphold the same group agreements and confidentiality standards as the members present in the actual classroom. If your group session is chosen as a virtual room, your sessions will be recorded live and unedited. Sometimes you will be able to interact with the virtual members and other times they will watch the recorded session at a later time. By participating in the group whether present in bodily form or as a virtual member you agree to participate in the virtual format. You also agree to uphold confidentiality with the members in the group whether they are present in bodily form or virtual participants _____ (initial here)

REFERRAL POLICY/DISCLAIMER

If in the course of the support group sessions the facilitating staff feels you will benefit from one on one counseling you will be referred to Krishunna Smith for assignment to a member of the counseling staff. You will also have the option to request one on one counseling at any time by contacting your facilitator and requesting a referral

Counseling Fees

Counseling session fees are determined on a case-by-case basis. However, fees are not to exceed 25.00 an hour and are due at the time service is rendered unless a prior arrangement is made with the counselor.

***Please note that we are unable to accept insurance. ***

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____