

Baylight Counseling

Biblical Soul Care for Hope and Healing

COUNSELING INTAKE FORMS (STANDARD EDITION)

Dear Friend,

Welcome to Baylight Counseling, Inc., a donor-supported ministry that is dedicated to providing professional *quality*, biblical soul care. We are grateful that you have welcomed us into your life at this time. It is never easy to ask for help. We admire the courage, faith, and humility this first step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction into your life.

Our goal at Baylight is to provide trustworthy, Christ-centered counseling to individuals and families in need of care. This means that the counseling you receive will focus upon helping you identify how your beliefs, values, and relational priorities contribute to your struggles with emotions, relationships, decision-making, or clear/confident sense of identity (Prov. 4:23; Matt 6:21; Luke 6:45).

The next step in the counseling process is to complete the intake forms you are now reading. We have designed them to allow the counseling process to start smoothly. **You will need to allow approximately 45 minutes to complete these forms.**

The counseling forms are designed to **(1)** help us to get to know you in a comprehensive, holistic, and efficient manner, and **(2)** help you organize your thoughts about your counseling objectives.

We ask that you complete these forms, and submit them to us. Once we receive the completed forms:

- The following five pages provide your counselor with background on your situation (if you are married, and seeking joint counseling, then you and your spouse will both need to complete a set of these forms). If you are coming in to seek counseling for a child or minor you need to download the Parent-Child Intake Form.
- The last three pages contain our policies. Please read, initial, and sign these pages. If you have any questions, your counselor will be happy to answer them. Thank you for taking the time to complete these forms. Please bring them with you to your first appointment. Counseling sessions will require you to be in our office for approximately one hour.
- Childcare is not provided, and children who require care are not allowed to sit unattended in the waiting room. If you are unable to make alternative plans for your child for the first appointment and subsequent parent consultations, then counseling should be postponed until arrangements can be made.
- Please arrange to be on time to maximize your benefit from counseling. We will collect your counseling fee (\$75.00/per) at the start of your session; this is with respect to emotions that often come by the end of a counseling session.

NOTE CONCERNING MEDICATION: If you are taking any prescription medication(s) please do not alter your dose on the day of your appointment. If you recently began a new medication, please allow approximately two weeks before scheduling your appointment. In the case of an emergency, please call 911. If you are presently on any form of medicine intended to help stabilize your emotions, please do not stop taking it unless you are under the direct supervision of your doctor. Baylight is not a state-licensed counseling center; we do not provide medical diagnoses; we do not prescribe or manage medication; our work is "pastoral" and church-based in nature (see our confessional documents online for more information).

NEXT STEP: If you do not already have an appointment, please call us at **(727) 300-6576** or email **info@baylightcounseling.com**. Once you have an appointment, you need to thoughtfully complete these intake forms and bring them with you to your first appointment.

We are grateful to be able to serve you at this time and to be a part of the journey God has for you. We look forward to playing a role in your progress and hope.

In Christ,

Joshua Waulk, M.A.

Executive Director

(Rev. 12/19)

COUNSELING INTAKE FORMS (STANDARD EDITION)

Date: _____

Name: _____ Gender: Male Female Age: _____
 Address: _____ City/State: _____ Zip: _____
 Primary Phone Numbers: _____ May we leave a message here: Yes No
 Second Phone Numbers: _____ May we leave a message here: Yes No
 Occupation / Employer: _____ Avg Hours/Week: _____
 Birth date: ____ / ____ / _____ Email Address: _____
 Social Security Number (needed in case of emergency reporting): _____
 Highest degree(s) earned: _____ School: _____

With Whom Do You Currently Live: (Please circle all that apply)

Alone Parent(s) Spouse Children Boyfriend Girlfriend Other: _____

Marriage & Family Information: (Please complete if you are currently engaged or dating)

Name of Spouse: _____ Your Spouse's Age: _____
 Address: (same as above) _____
 Phone #: (_____) _____ - _____ Email Address: _____
 Occupation / Employer: _____ Avg Hours/Week: _____
 Highest degree(s) earned: _____ School: _____
 Is spouse willing to come for counseling? Yes No Uncertain
 Have you ever been separated? Yes No Currently When/How Long? _____
 Date of Marriage: _____ Your ages when married: Husband _____ Wife _____
 How long did you know your spouse before marriage? _____
 Length of steady dating: _____ Length of engagement: _____

Give **brief** information about any previous marriages:

| Ex-Spouse's Name | Year Married | Length of Marriage | Reason for Divorce | # Kids |
|------------------|--------------|--------------------|--------------------|--------|
| | | | | |
| | | | | |
| | | | | |

* Other relevant information can be written on the back of this page.

| Child's Name | Age | Gender | Living | At Home | Married | Special Condition(s) | *PM/A/MC |
|--------------|-----|--------|--------|---------|---------|----------------------|----------|
| | | M / F | Y / N | Y / N | Y / N | | |
| | | M / F | Y / N | Y / N | Y / N | | |
| | | M / F | Y / N | Y / N | Y / N | | |
| | | M / F | Y / N | Y / N | Y / N | | |
| | | M / F | Y / N | Y / N | Y / N | | |

* Check this column if child is by previous marriage (PM), adoption (A), or lost to miscarriage (MC).

SPIRITUAL / RELIGIOUS INFORMATION

DO YOU CONSIDER YOURSELF A RELIGIOUS PERSON? Yes No

Church Name: _____ Number of Years at Church: _____

Pastor's Name: _____ May we consult with your pastor? Yes or No

Denominational Preference: _____ Church Attendance: _____ Times per month

Are you a part of a Sunday School class? Yes No Are you a part of a home group Bible Study? Yes No

What are you learning through sermons and bible studies at your church? _____

Please list any ministry involvement: _____

Church attended in childhood: _____

HAVE YOU BEEN BAPTIZED? Yes No When? _____

If applicable, what is the religious background of your spouse: _____

Spouse's church attendance: _____ Times per month

Do you and your spouse openly discuss and encourage one another in your faith? Yes No

DO YOU PRAY TO GOD? Yes No How often? _____

What do you pray about? _____

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR LORD AND SAVIOR?

Yes No Uncertain Don't know what you mean

How would you define the Gospel and what it means to be a Christian? _____

Do you read the Bible? Yes No How often? _____

Do you have personal devotions? Yes No How often? _____

Describe your personal devotions: _____

Do you have family devotions? Yes No How often? _____

Describe your family devotions: _____

Favorite Christian Authors: _____

Please note any recent changes in your spiritual life: _____

HEALTH INFORMATION

Have you had counseling before? Yes No

Have you seen a psychiatrist before? Yes No Currently

| Age | Duration | Counselor/ Center | Issue(s) / Topics(s) / Diagnosis | * Your Evaluation of Counseling |
|-----|----------|-------------------|----------------------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

** Use back of this page if necessary or if you need more space*

Approximately how many hours of sleep do you get each night? _____

When do you normally: go to bed? _____ fall asleep? _____ wake up? _____ get out of bed? _____

What do you normally do between going to bed and falling asleep? _____

Describe any recent changes in sleep habits: _____

State of current health: Very good Good Average Declining Other: _____

Date of last medical examination: _____ Results: _____

Current illness, injury, or disability: _____

Are you presently taking any medication? Yes No Prescribing Doctor(s): _____

| Medication | Dosage | Frequency | Prescribed for... | Date began taking... |
|------------|--------|-----------|-------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

** Use back of this page if necessary*

Have you used drugs for other than medical purposes? Yes No When? _____

What? _____ Amounts/Dosages: _____

Do you drink alcoholic beverages? Yes No When? _____ How much? _____

Describe your eating habits or changes in appetite: _____

Describe your exercise routine: _____

Current weight? _____ lbs Weight changes: **6 months** +/- _____ lbs **1 Year** +/- _____ lbs **5 Years** +/- _____ lbs

Number of non-working hours per week spent watching television _____ on computer _____ hobbies _____

Please check any of the following physiological symptoms that apply to you.

- | | | |
|---------------------------------|---------------------------------------|------------------------------------|
| Headaches Past Present | Difficulty Breathing ... Past Present | Rapid Heart Rate Past Present |
| Visual Trouble ... Past Present | Tension Past Present | Dizziness Past Present |
| Weakness Past Present | Fatigue Past Present | Pain Past Present |
| Sleep Trouble Past Present | Change in Appetite ... Past Present | Other (on back) Past Present |

Indicate how distressed you are by circling on the scale below (1 = very little distress; 10 extreme distress):

1
2
3
4
5
6
7
8
9
10

Check any of the following struggles you and/or your family are experiencing ****at this time****:

- | | | |
|--|--|---|
| Abuse, Physical ... <input type="checkbox"/> You <input type="checkbox"/> Family | Eating Disorder ... <input type="checkbox"/> You <input type="checkbox"/> Family | Peer Pressure..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Abuse, Sexual..... <input type="checkbox"/> You <input type="checkbox"/> Family | Empty Nest..... <input type="checkbox"/> You <input type="checkbox"/> Family | People Pleasing... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Abuse, Verbal <input type="checkbox"/> You <input type="checkbox"/> Family | Envy..... <input type="checkbox"/> You <input type="checkbox"/> Family | Perfectionism..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Abuse in Past <input type="checkbox"/> You <input type="checkbox"/> Family | Fear <input type="checkbox"/> You <input type="checkbox"/> Family | Pornography..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Addiction <input type="checkbox"/> You <input type="checkbox"/> Family | Financial Management | Pre-Marital Sex..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Anger <input type="checkbox"/> You <input type="checkbox"/> Family | <input type="checkbox"/> You <input type="checkbox"/> Family | Pride..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Anxiety <input type="checkbox"/> You <input type="checkbox"/> Family | Greed..... <input type="checkbox"/> You <input type="checkbox"/> Family | Priorities..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Apathy <input type="checkbox"/> You <input type="checkbox"/> Family | Grief..... <input type="checkbox"/> You <input type="checkbox"/> Family | Procrastination... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Bad Memories..... <input type="checkbox"/> You <input type="checkbox"/> Family | Guilt..... <input type="checkbox"/> You <input type="checkbox"/> Family | Purpose, Lack of... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Bitterness..... <input type="checkbox"/> You <input type="checkbox"/> Family | Homosexuality.... <input type="checkbox"/> You <input type="checkbox"/> Family | Rebellion..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Caring for Parents | Humility..... <input type="checkbox"/> You <input type="checkbox"/> Family | Rejection..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| <input type="checkbox"/> You <input type="checkbox"/> Family | Identity..... <input type="checkbox"/> You <input type="checkbox"/> Family | Relationships..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Chronic Pain..... <input type="checkbox"/> You <input type="checkbox"/> Family | Impatience..... <input type="checkbox"/> You <input type="checkbox"/> Family | Respecting Authorities |
| Codependency..... <input type="checkbox"/> You <input type="checkbox"/> Family | Infertility..... <input type="checkbox"/> You <input type="checkbox"/> Family | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Communication, affection | Insecurity..... <input type="checkbox"/> You <input type="checkbox"/> Family | Respecting Parents <input type="checkbox"/> You <input type="checkbox"/> Family |
| <input type="checkbox"/> You <input type="checkbox"/> Family | In-Law Conflict... <input type="checkbox"/> You <input type="checkbox"/> Family | Respect Spouse... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Communication, day to day | Jealousy..... <input type="checkbox"/> You <input type="checkbox"/> Family | Same Sex Attraction |
| <input type="checkbox"/> You <input type="checkbox"/> Family | Judgmental..... <input type="checkbox"/> You <input type="checkbox"/> Family | <input type="checkbox"/> You <input type="checkbox"/> Family |
| Communication, emotions | Leadership..... <input type="checkbox"/> You <input type="checkbox"/> Family | Self-Control..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| <input type="checkbox"/> You <input type="checkbox"/> Family | Lifestyle Change... <input type="checkbox"/> You <input type="checkbox"/> Family | Self-Injury..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Communication, planning | Loneliness..... <input type="checkbox"/> You <input type="checkbox"/> Family | Selfish <input type="checkbox"/> You <input type="checkbox"/> Family |
| <input type="checkbox"/> You <input type="checkbox"/> Family | Lying <input type="checkbox"/> You <input type="checkbox"/> Family | Shame..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Communication, problem solving | Manipulation <input type="checkbox"/> You <input type="checkbox"/> Family | Social Anxiety..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| <input type="checkbox"/> You <input type="checkbox"/> Family | Marital Intimacy... <input type="checkbox"/> You <input type="checkbox"/> Family | Spiritual Growth... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Compulsions..... <input type="checkbox"/> You <input type="checkbox"/> Family | Moodiness..... <input type="checkbox"/> You <input type="checkbox"/> Family | Submission..... <input type="checkbox"/> You <input type="checkbox"/> Family |
| Depression..... <input type="checkbox"/> You <input type="checkbox"/> Family | On-Line Sins..... <input type="checkbox"/> You <input type="checkbox"/> Family | Suicidal Thinking.. <input type="checkbox"/> You <input type="checkbox"/> Family |
| Debt <input type="checkbox"/> You <input type="checkbox"/> Family | Panic Attacks..... <input type="checkbox"/> You <input type="checkbox"/> Family | Time Management <input type="checkbox"/> You <input type="checkbox"/> Family |
| Discontentment. <input type="checkbox"/> You <input type="checkbox"/> Family | Parenting <input type="checkbox"/> You <input type="checkbox"/> Family | Work Unfulfilling <input type="checkbox"/> You <input type="checkbox"/> Family |
| Divorce Recovery <input type="checkbox"/> You <input type="checkbox"/> Family | Parenting Adult Child | |
| Doubt Salvation... <input type="checkbox"/> You <input type="checkbox"/> Family | <input type="checkbox"/> You <input type="checkbox"/> Family | |

If you were raised by someone other than your own parents, briefly explain: _____

Number of older brothers: _____ Older Sisters: _____ Younger brothers: _____ Younger Sisters: _____
 Step/half: _____ Step/half: _____ Step/half: _____ Step/half: _____

The town I grew up in was urban suburban small town rural changed frequently.

My family's financial situation was poor lower middle middle class upper middle class wealthy.

Did you have any significant traumatic events as a child? Yes (please describe on back) No

Which of the following words best describe your home of origin (circle all that apply):

- | | | | | |
|-----------------|----------------|---------------|---------------|----------|
| Traditional | Authoritarian | Unpredictable | Divorced | Lonely |
| Substance Abuse | Physical Abuse | Verbal Abuse | Perfectionist | Critical |
| Sexual Abuse | Affectionate | Affirming | Permissive | Safe |

Give **brief** information about places you have lived (moves within same city or area not necessary to list):

| Location Lived | Ages Lived There | Reason for Move |
|----------------|------------------|-----------------|
| | | |
| | | |
| | | |

Please complete the following in one or two sentences:

- In order to understand me _____
- My ambition in life is to _____
- What really hurts me _____
- I get nervous when _____
- I wish I could lose my fear of _____
- What I wish I could change about myself _____
- My *best* childhood memory _____
- My *worst* childhood memory _____
- My father is/was _____
- My mother is/was _____
- My biggest regret is _____
- My greatest achievement is _____
- My role in my current family is _____
- For refuge/rest I turn to _____
- When life gets too hard I _____
- To be happy I need _____
- I would do anything for _____
- I often wonder why _____
- It embarrasses me to _____
- I cannot decide _____

1. Please describe the current problem, as you understand it. _____

2. What have you done about it (*most* effective and *least* effective)? _____

3. Other than counseling, what help are you seeking? _____

4. Who referred you to Baylight for help? _____

5. Please describe any family history (the family that you grew up in), which might be pertinent to the concerns that you bring to counseling (your relationship with your parents, their relationship with each other, significant losses or events): _____

6. What are your expectations in coming here? _____

7. What, if any are your concerns about coming to counseling? _____

8. What do you believe you will have to change to see the progress you desire? _____

9. Is there any other information we should know? _____

Baylight Counseling Policy Review

Instructions for Policy Review: After carefully reading each policy please place your initials (beside each dark triangle) in the space provided to indicate your understanding and agreement with each policy. If you have questions, please direct them to your counselor before your initial meeting. If for any reason you are unable to sign these forms, we will be unable to serve you.

Your Rights as a Counselee: As a counselee you have the right to discuss possible outcomes and challenges regarding the counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options to counseling. You have the right to ask about and/or refuse any counsel. You are encouraged to report to the Board of Directors of Baylight according to “The Waiver of Liability” below, if you have any grievances regarding the counseling. You may terminate counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

***Not Professional (state licensed) Advice:** If you have legal, financial, medical, or other technical questions, you should seek advice from a professional with expertise in those fields. Counseling at Baylight is not intended to provide evidentiary testimony in any civil litigation, and is not state licensed mental health or medical care, but biblical and pastoral in nature. All documents related to your counseling are or become the exclusive property of Baylight Counseling, Inc. and will not be disseminated.

FINANCIAL POLICY

Baylight is able to operate because of your financial contributions. Our expenses are not underwritten; therefore, it is the responsibility of each counselee to maintain the operating expenses associated with their counseling. The fair-market-value of counseling in the Tampa Bay area ranges from \$75.00 to \$125.00 or more per session. **Fees are \$75.00 per session. All fees and/or donations are non-refundable and expected at the time of service prior to the start of each session.** Checks can be made payable to: Baylight Counseling, Inc. Payments by card or cash are also accepted.

*** Initial here if you understand and agree with this Financial Policy: _____ 

APPOINTMENT CANCELTION POLICY

We require a 24-hour notice if you wish to cancel or are unable to keep an appointment. E-mail is an acceptable form of contact (must email counselor directly). **Same-day appointment cancellation donations are expected (\$25.00/session).** Counseling services may be suspended or terminated by your counselor if this policy is not honored. We may require advance payment at any time and at our discretion.

*** Initial here if you understand and agree with this Cancellation Policy: _____ 

PHILOSOPHY OF CARE

We are committed to providing a clinically-informed, biblical approach to counseling. By biblical counseling we mean that your counselor is a Christian with special training and experience in applying the truths of the Bible to life. We believe that the Bible speaks to all of life and to all of its problems, but sometimes it takes careful thought and prayerful wisdom to know how to make those connections. We don't believe that the Bible is simply a how-to book or a recipe book for happiness.

We believe that the Bible ultimately points us to a person and a relationship - Jesus Christ as our Savior and Redeemer. We believe that real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. This does not mean that you must be a Christian to profit from our counseling, although we believe that only God himself brings about lasting change. While the Bible is never used in artificial or heavy-handed ways, biblical counseling can at times be challenging for the Christian, and non-Christian alike.

When necessary we will work with your physician to ensure you receive the appropriate medical care in conjunction with the counseling services you receive. Baylight holds to the doctrinal and ethical statements of the Biblical Counseling Coalition. Success in counseling is contingent upon many factors. No warranties or guarantees are expressed or implied.

*** Initial here if you understand and agree with this Philosophy of Care: _____ 

CONFIDENTIALITY CLAUSE

Confidentiality is an important aspect of the counseling process, and we will carefully guard the *information* you entrust to us. However, we do not promise *absolute* confidentiality. Your counselor reserves the right to consult with other counselors or pastors for the purpose of providing the highest level of pastoral-biblical care.

There are times when counseling information may be shared outside the Baylight context. Those exceptions would include, but are *not* limited to the following: (1) known or suspected child or elderly abuse of any kind; (2) the intent to take criminal actions or violence against another person; and (3) active suicidal thoughts or intentions.

If you are suicidal during the course of your counseling with your counselor, it is crucial that you talk with your counselor about these matters. By initialing this paragraph you are indicating that you agree to share any suicidal thoughts or intentions with your counselor at any time they arise, and that you would seek medical care if you become suicidal in the course of your counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the marriage and not to the individual.

Confidentiality at Baylight, as a parachurch ministry, is defined by pastor-parishioner privilege and, therefore, our counselors operate as agents of the church (pastors/ministers) not agents of the state (licensed counselors). This means counseling conversations are inadmissible in the court of law in the same way as conversations with a priest in a confessional booth. If your counseling subject requires professional representation in a court setting by a counselor, Baylight will *not* be the best-fit for your needs. Baylight Counseling will report on all suspected cases of child abuse, or abuse of the elderly.

*** Initial here if you understand and agree with this Confidentiality Clause: _____



WAIVER OF LIABILITY

In seeking counseling from Baylight, you must acknowledge your understanding of the following conditions and further release Baylight, its staff, counselors, all organizational leadership, your church, and anyone taking part in your counseling from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling at Baylight is provided by those with appropriate biblical counseling credentials (i.e., graduate degree/certification/internship). The counseling staff are *not* licensed counselors through the State of Florida, nor are they medical doctors; Medication is not prescribed/managed. Disease is not diagnosed.
2. All counseling is provided in accordance with the biblical principles adhered to by Baylight (i.e. BCC), and is not necessarily provided in adherence to any local or national psychological or psychiatric associations (i.e. APA). Baylight Counseling only provides marital counseling services in keeping with a traditional, biblical, one man/one woman definition of marriage (cf. The Nashville Statement). Further, we hold to a binary (male/female) view of human sexuality.
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by Baylight counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those state licensed professions.
4. It is understood by the participant counselee(s) that the Board of Directors of Baylight will hear all complaints and grievances. If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant counselee(s) may elect to involve only Peacemaker Ministries, Inc., at their expense, for the purpose of mediation, and/or binding arbitration. You agree to waive your right to civil litigation (1 Cor. 6:1-11).

*** Initial here if you understand and agree with this Waiver of Liability: _____



CONSENT TO COUNSEL

Having read and understood Baylight Counseling's Policy Review in its entirety:

I, _____ grant permission for Baylight Counseling to render biblical counseling services to me and to discuss my case with the listed persons below (please include the names of those who may be involved in your counseling process):

| | |
|--|--|
| | |
| | |
| | |

I also understand that Baylight may terminate services without cause or notice, or for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent or abusive behavior, threats of violence, involvement in criminal behavior, or for other similar issues. Counseling fees and donations to Baylight are non-refundable in all circumstances. This document and all related counseling documents are or become the property of Baylight Counseling, Inc. and will not be disseminated for any reason. Baylight Counseling, Inc. reserves the right to dispose of any and all counseling records.

* * * * *

Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are enrolling yourself into counseling of your own will, free of compulsion or coercion.



Client Signature

Date