BLUE SPRINGS CHRISTIAN COUNSELING
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Client Intake Form

PASTORAL / BIBLICAL COUNSELING | Accessible, editable Word form

Instructions: Answer the questions below by clicking or tapping each answer field in Word. You may also print this form and write your answers. For questions with choices, type or circle your response. You may ask for help completing this form. You do not have to disclose a diagnosis or disability to request an accommodation.

1. Client information

Legal name (required)

Answer:

Preferred name (optional)

Answer:

Date of birth / age (required)

Answer:

Preferred telephone number (required)

Answer:

Email address (optional)

Answer:

Mailing address (optional)

Answer:

Preferred contact method Choices: Phone call; text; email; other.

Answer:

May we leave a neutral voicemail? Choices: Yes; no.

Answer:

May we send neutral appointment reminders? Choices: Yes; no; by phone only.

Answer:

2. Type of pastoral counseling

What type of counseling are you seeking? Choices: Teen individual; adult individual; couple; family; premarital.

Answer:

Preferred session format Choices: In person; online; either.

Answer:

Other people expected to participate (names and relationships), if any

Answer:

3. Parent or guardian information (clients under 18)

Complete this section when the person receiving counseling is a minor. Appropriate consent will be required before services begin.

Parent or legally authorized guardian name

Answer:

Relationship to teen

Answer:

Guardian phone number and email

Answer:

Any custody orders or limitations affecting permission to consent? You may request a private discussion. Choices: Yes; no; unsure; prefer to discuss.

Answer:

4. Emergency contact

Emergency contact name

Answer:

Relationship to you

Answer:

Emergency contact phone number

Answer:

Providing an emergency contact does not authorize routine disclosure of private pastoral counseling information.

5. Reason for seeking guidance

What brings you to pastoral counseling at this time?

Answer:

What changes or improvements are you hoping for?

Answer:

How long has this been a concern?

Answer:

Who referred you (optional)?

Answer:

6. Personal and relational background

Relationship status Choices: Single; married; separated; divorced; widowed; other.

Answer:

Your main daily setting Choices: School; work; home/family; retirement; other.

Answer:

Areas you would like to discuss Choices: Marriage; parenting; family conflict; grief; stress; life decisions; faith; other.

Answer:

Have you received pastoral counseling or professional mental-health care before? (optional) Choices: Yes; no; prefer to discuss.

Answer:

Are health concerns, medications, or substance use affecting your daily life? (optional)
Choices: Yes; no; prefer to discuss.
Answer:

Other circumstances or supports you would like the pastor to know (optional)
Answer:

7. Immediate safety and support

Are you currently concerned that you might hurt yourself or someone else? Choices: Yes; no; prefer to discuss immediately.
Answer:

Do you currently feel unsafe at home, in a relationship, or elsewhere? Choices: Yes; no; prefer to discuss immediately.
Answer:

IMPORTANT: If anyone is in immediate danger, call 911 or go to the nearest emergency department. In the United States, call or text 988 for suicide or emotional-crisis support. This ministry is not an emergency or crisis service. Do not wait for a reply to this form in an emergency.

8. Faith and spiritual preferences

Are you connected to a church or faith community? (optional) Choices: Yes; no; prefer not to say.
Answer:

Church or faith community (optional)
Answer:

Spiritual practices you welcome in pastoral sessions Choices: Scripture; prayer; spiritual growth; none at this time; prefer to discuss.
Answer:

Questions or boundaries you would like us to respect about faith discussions (optional)
Answer:

9. Strengths, goals and accessibility

Who or what helps you during difficult times?

Answer:

What would make pastoral counseling most helpful?

Answer:

Would any communication or accessibility accommodations help you participate? (optional) Choices: Large print; screen-reader-friendly form; help reading or completing this form; captions or interpretation; accessible meeting space; other; none.

Answer:

You may request accommodations without describing your disability. Requests can also be made by calling 931-922-2770 or emailing pastor.bluesprings@gmail.com.

10. Acknowledgment

I have answered to the best of my knowledge. Completing this intake form does not guarantee that services will be offered and does not replace the Informed Consent for Pastoral Counseling. For minors, a parent or legally authorized guardian must complete the separate consent form, and the teen will be invited to assent.

Client name (printed):

Client signature (handwritten or agreed electronic signature):

Date: