

15. Spiritual/Religious Background: _____

16. What church do you attend? _____

How long have you attended? _____ Are you a member? _____

Do you know Jesus as your Savior? Yes No

Does your spouse/fiancé(e) know Jesus as his/her Savior? Yes No

When did you come to know Him/Her? _____

When did he/she come to know Him? _____

17. State the main reason you are seeking counseling at this time: (Use extra paper if you need more space)

18. How long have you been experiencing this problem? _____

Is this a reoccurring problem? _____

How long has it been since the last occurrence? _____

19. On a scale of 1-10, please rate the overall severity of your situation with 10 being the most severe: _____

20. General health condition: _____

Illnesses/disabilities:

Medications – indicate what condition they are treating and how long you have been taking each:

21. Previous counseling (Check one): Yes No

Current counseling (Check one): Personal Family Group

Reason(s) for previous counseling/therapy:

Therapist _____

Agency _____

Address _____

Dates of Counseling _____

22. Please indicate which of the following are concerning you at this time (check all that apply):

- Adjustments to life changes
- Uncontrollable thoughts
- Numbness in fingers
- Work, Vocational Problems
- Uncontrollable behaviors
- Legal/Criminal Problems
- Anger
- Excessive Sweating
- Financial Problems
- Irritability
- Dry Mouth
- Abortion
- Miscarriages
- Chest Pain
- Emotional Abuse
- Crying Spells
- Shortness of Breath

- Sexual Abuse
- Sudden weight gain/loss
- Excessive Sweating
- Anxiety
- Insomnia
- Muscle Aches
- Thoughts of Suicide
- Excessive Sleeping
- Panic Attacks
- Grief
- Decreased Concentration
- Dizziness/Faintness
- Illness
- Loss of interests
- Digestive Problems
- Mood Changes
- Racing Thoughts
- Rapid/Pounding pulse

- Alcohol/Substance abuse
- Family Problems
- Eating Disorders
- Marital/Relational Problems
- Poor appetite
- Sexual Difficulties
- Hopelessness, Helplessness
- Fatigue
- Sexual Addiction
- Guilt, Worthlessness
- Muscle Twitching
- Physical Abuse
- Restlessness

EMOTIONAL HISTORY

23. Place a check next to all that apply:

- I don't remember being loved physically as a child (hugs, being held, etc.)
- My parents divorced when I was a child. I was ____ years old.
- I had no father growing up because of (check one) death divorce preoccupation.
- One of my parents committed suicide. I was ____ years old.
- I suffered abuse from a non-parental family relationship: Identify: _____
- _____
- I was sexually abused as a child. By whom? _____
- _____
- I had (have) a physical/mental abnormality that brought ridicule from peers.
- I experienced a severe trauma (e.g. house fire, accident, tragedy) Identify: _____
- _____
- I was verbally abused as a child.
- I have given up a child for adoption.
- I have had a very unhappy marriage.
- I had an alcoholic parent.
- I was adopted.
- I have felt abandoned by friends.
- I suffer with low self-esteem.
- I have had one or more abortions. How many? _____
- I have had one or more miscarriages. How many? _____
- I have had losses & separations. Identify major ones: _____
- _____
- _____
- _____

25. Please check how often the following occur to you:

- | | | | | | | | | |
|---------------------------------|--------------------------|-------|--------------------------|--------|--------------------------|-----------|--------------------------|------------|
| 1. Life is hopeless. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 2. I am lonely. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 3. No one cares about me. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 4. I am a failure. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 5. Most people don't like me. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 6. I want to hurt someone. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 7. I am so stupid. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 8. I am so depressed. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 9. God is disappointed with me. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 10. I am disappointed with God. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 11. I can't be forgiven. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 12. Why am I so different? | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 13. I can't do anything right. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 14. I am out of control. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| 15. I am unlovable. | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |

26. Check how you generally get along with other people:

Affectionate Aggressive Avoidant Fight/Argue often Follower Friendly Leader
 Outgoing Shy/Withdrawn Submissive Other: _____

27. Describe any areas of interest or hobbies. _____

28. Additional Comments: _____

LBC COUNSELING

POLICIES AND PROCEDURES

COUNSELING PHILOSOPHY

Vincent Cobb has a Master's Degree in Counseling from Colorado Christian University. He is licensed in the State of Colorado to practice as a Substance Abuse Therapist. He has been working in the field of addictions for over 10 years and is currently employed full-time with RRK Enterprises as the Transitional Drug Abuse Treatment Program Coordinator. Vincent is trained and certified in multiple treatment modalities. He favors a person-centered approach to counseling. Vincent has spent the majority of his career working with the offender population and has treated mild to severe levels of addiction to include those with co-occurring disorders.

APPOINTMENTS

Appointments are scheduled based on the availability of the counselee and counselor . Appointments are normally scheduled for 50 minutes. Punctuality is important to maximize the use of your session time. We recognize that your time is important, too, and will make every effort to avoid unnecessary delays. If a client is ever more than 15 minutes late, the appointment may be considered cancelled. At that point, the client may reschedule the appointment. All appointments and appointment changes are to be made through the LBC Counsel. LBC Counseling fees will be discussed with the client and determined before sessions are initiated.

MISSED APPOINTMENTS

As a courtesy to counselor, and others seeking assistance, we ask that you notify us at least 24 hours in advance when you need to cancel or reschedule an appointment. When you notify us, we are able to be better stewards of that time by using it to assist others. When a client fails to notify LBC counseling in advance about an absence, he/she will be considered a "no show." After two instances of being a "no show," before counseling can continue we will ask that a consultation be arranged to discuss difficulties keeping appointments and how the issue can be resolved.

DISCONTINUING COUNSELING

You are free to discontinue counseling at any time. Most people remain in counseling until they feel they have learned more effective methods of thinking, feeling, and/or acting regarding their situations. Occasionally, counselors elect to discontinue counseling. This usually happens when they feel no substantial progress is being made or other factors are interfering with their ability to help you. If counseling ends prematurely, we will attempt to help you find qualified help elsewhere if you desire. If in the course of your counseling, you decide to seek counseling from another source, we will be ethically required to discontinue counseling.

ELECTRONIC DEVICES

In order to avoid any unnecessary interruptions during your counseling session, please turn off your mobile phones and pagers. Tape-recording of sessions is not permitted.

CONFIDENTIALITY

Under normal circumstances, anything that you discuss with your counselor and anything you write on this intake will be held in strict confidence. However, be aware that there are some situations that may have to be reported to appropriate authorities as required by law. This reporting may take place without your permission or knowledge. Reportable situations include, but may not be limited to, indications of bodily harm to self or others, involvement in a felony, suicidal intentions, and reasonable evidence/suspicion of child or elder abuse/neglect. Your counselor may also be required to disclose information in response to a subpoena issued by a court of law. Your information will not be shared without your written consent except under legal obligation or for professional consultation. All aspects of your session could be discussed with my clinical supervisor.

COUNSELORS' NOTES

The lay counselor you are seeing may make his or her own personal notes about your session for future reference. All written notations made during the counseling sessions are confidential.

CONSENT AGREEMENT

I have read the Counseling Policies and Procedures, and I have completed the Counseling Intake Form. I desire to receive counseling from LBC Counseling.

Print Your Name

Your Signature Date

Spouse Print Name

Spouse Signature Date

Parent/Guardian Print Name

Parent/Guardian Signature Date