Date: _____

Dr. Shelia Kensinger_____
Jill Robinson_____
Abby Pinson_____

332 River Bend Road, Louisa, KY 41230
Phone: 606 638 3322

Cornerstone Christian Counseling Louisa, Inc.

Client's Name: _____ Date of Birth: _____

Type of Pay: (self) (Insurance) (other) Social Security #: _____

If you have insurance, your must provide name of Insurance and phone number: Insurance Phone #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for today Visit:_____

Referred by: _____ _____

Diagnosis Code Number: _____

Special Program: _____

Procedures: PD Intake 90791____Psychotherapy 45-50 90834___ Psychological Testing /APS 96100___

Group 90853____

Client Signature: _____ Date Signed: _____

CLIENT BEING SEEN NAME: _____
SPOUSE NAME: _____
ADDRESS: _____
PHONE NUMBER____/___/_____ WORK_____/_____/_____ CELL_____/____/_____
MARITAL STATUS :____(SINGLE) ___ (ENGAGED) ____ (LIVING TOGETHER) _____
MARRIED HOW LONG_____TIMES MARRIED_____LIVING TOGETHER__
SEPERATED HOW LONG_____DIVORCED HOW LONG_____

EMPLOYER_____
EDUCATIONAL LEVEL_____OCCUPATION_____
SOCIAL SECURITY#_____SPOUSE EDUCATION_____
SPOUSE AGE_____SPOUSE BIRTH DATE_____/_____/_____
SPOUSE OCCUPATION_____
INSURED'S EMPLOYER_____

LIST NAMES, BIRTHDATES, SEX, RELATIONSHIP OF ALL CHILDREN:

NAME	BIRTHDAY	SEX	RELATIONSHIP	AT HOME
1._____	_____	____	_____	_____
2. _____	_____	____	_____	_____
3. _____	_____	____	_____	_____
4. _____	_____	____	_____	_____

WHO IS COMING FOR COUNSELING? _____ANY PRIOR__ (YES) __ (NO_
IF YES, WHEN_____WHERE_____WITH WHOM_____

WHY WAS PERSON SEEN? _____

ARE YOU OR ANOTHER MEMBER OF YOUR FAMILY CURRENTLY SEEING A PSYCHIATRIST OR COUNSELOR? _____ (YES) __ (NO)

PERSON TO CONTACT IN EMERGENCY (NAME, RELATIONSHIP, PHONE, ADDRESS).

NAME: _____
RELATIONSHIP:
_____
PHONE: _____
ADDRESS:

STATE THE NATURE OF YOUR PROBLEM IN YOUR OWN WORDS:
_____
_____
WHO IS YOUR MOST DIFFICULT RELATIONSHIP RIGHT NOW?
_____

CRISIS INFORMATION: ANY CURRENT, SUICIDAL THOUGHTS, FEELING, OR ACTIONS :_____(YES) _____ (NO)

IF YES,
EXPLAIN_____
_____

ANY CURRENT HOMICIDAL OR ASSULTIVE THOUGHTS, FEELINGS, OR ANGER? _____ (YES) _____ (NO)

ANY PAST PROBLEMS, HOSPITALIZATIONS, OR JAILING FOR SUICIDAL OR ASSAULTIVE BEHAVIOR? _____ (YES) ____ (NO)

ANY CURRENT THREATS OF SIGNIFICANT LOSE OF HARM (ILLNESS), DIVORCE, CUSTODY, LOSS OF JOB, ETC) _____ (YES) _____ (NO)

IF YES EXPLAIN_____

MEDICAL INFORMATION: YOUR DOCTOR'S NAME, ADDRESS, PHONE NUMBER:

ARE YOU PRESENTLY TAKING ANY MEDICATIONS? _____ (YES) _____ (NO)

FOR WHAT PURPOSE?

ANY PROBLEMS WITH: ___EATING____SLEEPING___CHRONIC PAIN____WEIGHT (GAIN/LOSS).

ANY OTHER MEDICAL
PROBLEMS:_____

HAVE YOU OR ANY FAMILY MEMBER BEEN HOPITALIZED FOR MENTAL OR EMOTIONAL ILLNESS?____(YES)___(NO).

EXPLAIN, GIVE DATES, PLACE,REASON:

COMMON PROBLEMS/SYMPTOM CHECKLIST: 1=MILD, 2=MODERATE,3=SEVERE

_MARRIAGE	_DIVORCE/SEPERATION	_ALCOHOL/DRUGS
_FAITH/GOD	_PREMARITAL	_CHILD CUSTODY
_OTHER ADDICTIONS	_CHURCH/MINISTRY	_SINGLENESS
_DISABLE	_GRIEF/LOSS	_PAST HURTS
_SEXUAL ISSUES	_WORK/CAREER	_FEAR/ANXIETY
_DEPRESSION	_CODEPENDENCY	_FAMILY
_SCHOOL/LEARNING	_INTIMACY	_CHILDREN
_MONEY/BUDGET	_LONEINESS	_ANGER/CONTROL
_COMMUNICATION	_PARENTS	_AGING/DEPENDENCY
_LONELINESS	_SELF-ESTEEM	_IN-LAWS
_WEIGHT CONTROL	_MOOD SWINGS	_STRESS

OTHER: _____

SPIRITUAL INFORMATION, DO YOU HAVE A PERSONAL RELATIONSHIP WITH JESUS CHRIST? __ (YES) __ (NO).
PLEASE
EXPLAIN._____
_____

CLIENTS WITH ANY CONCERNS OR QUESTIONS ABOUT THIS POLICY AGREE TO RAISE THEM WITH THEIR COUNSELOR AT THE EARLIST POSSIBLE TIME TO RESOLVE THEM IN THE CLIETNS BEST INTERST.

Work agreement: It is agreed that the client shall make a good faith effort at personal growth and engage in the counseling process as an important priority at this time in his or her life. Client gain is most important in pastoral counseling. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling for any unresolved conflict or impasse between counselor and client.

CCCL Intake Form

Cornerstone Christian Counseling Louisa, Inc. is a non-demonational ministry of Riverview College of Christian Counseling, Inc. and is govern by a board of trustee's under the 501 c (3) tax exempt status of the IRS. Any issues that arise will be addressed with client and counselor first and unresolved issues will be taken up with the board for final resolution. Future revisions are possible as need arises.

Fee Agreement: The agreed counseling fee per session is $165.00 per hour. If the fee scale is elected, fill out the first two categories below: Minimum fee per session is $35.00 per hour.

Monthly family gross Income: _____
Number in family: _____
Fee Scale_____per session. Ask for help if needed.

Service Agreement. We, the undersigned pastoral counselor and client, have read, discussed together and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiation and meditate as stated above, and will respect one another's views and differences in their outworking. We have also agreed to an initial definition of counseling work and to the fee to be paid by the client. I am the legal guardian of this (child) (person) and give permission for treatment.

Client signature_____Date___/___/_____

Guardian signature_____Date__/____/_____

Counselor signature_____Date___/___/_____

Counselor observation of
Client:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Cornerstone Christian Counseling Louisa, Inc. is a non-demonational ministry of Riverview College of Christian Counseling, Inc. in Louisa, KY

First and foremost we are Christian counselors. As Christian counselors we believe that hiding our beliefs and trying to do value-free counseling is both unwise and impossible to do, so we want you to know what our important values and beliefs are.

Like most counselors, we recognize that personal problems can come about because of physiology, social-environmental influence and psychological pressure.

We also believe that many problems can be spiritual in nature, resulting from either not understanding Biblical Truth or from sinful behavior. We also believe that individuals are created in God's image and can only feel complete and fulfilling through relationship with God through His Son Jesus Christ. Thus, Christian Counseling as opposed to other kinds of counseling is very concerned with spiritual as well as the emotional and physical needs of a client. The main goal of Christian Counseling, like the goal of Christian living, is to move toward greater emotional and spiritual health by becoming more like Jesus.

As Christian Counselors, we are not limited to psychological techniques or to our own human effort and wisdom. We believe that God is the real authority in counseling and He gives us the resources to change. We believe that counseling without the Jesus factor is about as effective as applying a band-aid over a bacteria infested wound. We believe counseling should include praying about the client's difficulties and looking to the authority of the Bible for guidance. In this way we seek to encourage clients to build a dependency on God. The client can find forgiveness for the past, strength and comfort for the present, and hope for the future by trusting the Lord daily to meet and heal emotional wounds. We try to reflect the character of Jesus Christ and to love our clients as Jesus does. While we try not to force our beliefs on any client, we strongly urge them to develop a relationship with the only true healer of the body, soul and spirit, Jesus Christ.

I have read the statement and I am fully aware of the content I give my permission to be treated according to the principles stated.

Signed_____Date_____/_____/_____

Witnessed_____