

BIBLICAL COUNSELING INTAKE PACKET

THINKING ABOUT COUNSELING?

Pastor Michael Burgos serves Northwest Hills Community Church (Torrington, CT) in preaching, teaching, and counseling. He is a certified biblical counselor through Association of Certified Biblical Counselors, an international biblical counseling accrediting organization. He holds advanced degrees in biblical and theological studies and has years of counseling experience. Pastor Burgos will accept a limited number of clients via private practice. Should he be unable to accept your application, a referral to a qualified counselor will be provided.

WHAT IS BIBLICAL COUNSELING?

Biblical Counseling is distinct from psychology, psychiatry, integrationism, and secular counseling modalities in that we believe God's Word is sufficient to provide all the instruction and information we need to live well-adjusted and joy-filled lives. Biblical counselors take a compassionate, faithful, and God-honoring approach to counseling problems, whether interpersonal problems, or problems of the heart. God's Word is filled with all that is needed for the cure of souls.

FAQs

- Becoming part of a healthy and Bible-believing church is an integral part of the Christian life and is necessary for your spiritual flourishing. Participating in regular fellowship with fellow believers is an essential part of the care offered in biblical counseling.
- If you are currently under the care of another counselor, we ask that you conclude meeting with that counselor prior to your first session of biblical counseling. Receiving counsel that is contradictory is unhelpful and unwise.
- Pastor Burgos is available to meet for counseling through office appointments or via zoom/skype.
- At any time during the counseling, for reasons sufficient to himself, the counselor as also the counselee—shall have the option of terminating counseling.
- Pastor Burgos will counsel children, teens, and adults. However, in the event that a child or teen seeks counsel, parental approval is required (see *Counseling Confidentiality Agreement*).
- We do not accept insurance plans to cover counseling fees.
- Counseling sessions tend to last anywhere between one and two hours. If you have time constraints, please inform Pastor Burgos ahead of time.
- Generally, counseling materials will be provided to you free of charge. However, there are some materials that may require a nominal purchase (i.e., \$10-30).
- Please have writing materials and a Bible for your appointments.

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ABOUT OUR INTAKE DOCUMENTS

Included in this packet are three intake forms. The *Fees Agreement* explains the costs associated with counseling. The *Personal Data Inventory* (PDI) is designed so that your counselor can get to know you better in order to serve you well. This form affords you an opportunity to describe both your familial and religious background as well as pertinent health information and why you have sought counsel. Please take the time to fill it out thoroughly. Lastly, the *Counseling Confidentiality Agreement* explains our commitment to confidentiality and its limitations.

**** Carefully complete and submit the PDI and Counseling Confidentiality Agreement prior to your first appointment. You may either submit your intake paperwork in person at our offices (24 Church St., Torrington, CT) or via email at Counsel@MRBurgos.com. ****

FEES AGREEMENT

A \$35 session fee is due for each appointment. There is a \$35 fee for cancelling a scheduled appointment within twenty-four hours of the appointment. *We do not accept cash payments.* If you are unable to afford the session fee, please indicate that below.

- Payment Methods:** PayPal <https://paypal.me/MRBurgosJr>
 Zelle Invoice (\$5 fee)
 Personal Check (written to Michael Burgos by mail or in office)

Payment Agreement

- I agree to pay a session fee (\$35) within twenty-four hours of my scheduled appointment. Initial
 If I cancel within 24hrs of an appointment or fail to show I will pay the session fee. Initial
 I understand that all fees are non-refundable. Initial
 I understand that failing to pay the relevant fees may preclude further appointments. Initial
 OR
 I am currently unable to afford counseling fees. Initial

Print Name(s): _____ Email: _____

PERSONAL DATA INVENTORY

Identification Data

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____ Business _____

Email _____ Occupation _____

Gender _____ Date of Birth _____ Age _____ Height _____

Nationality or Ethnic Background _____

Marital Status: Single _____ Separated _____

Going Steady _____ Divorced _____

Married _____ Widowed _____

Education (circle last year completed):

Grade school 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6+

Other training (list type and years) _____

Referred here by (name) _____

(address) _____

Health Information

Rate your physical health: Very Good ___ Good ___ Average ___ Declining ___

Other _____

Recent weight changes: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination: _____ Report: _____

Physician _____ Address _____

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

Are you presently taking medication? Yes ___ No ___ What? _____

Prescribing Physician: _____ Address _____

Have you ever had a severe emotional upset? Yes ___ No ___

Have you ever had any psychotherapy or counseling? Yes ___ No ___ if yes, list name(s) of counselor(s) and dates: _____

(continued on next page)

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Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes _____ No _____

Have you ever been arrested? Yes _____ No _____

Religious Background

Denominational preference: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attendance in childhood: _____

Have you ever been baptized? Yes _____ No _____

Religious background of spouse (if married): _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you pray to God? Never _____ Occasionally _____ Often _____

Are you saved? Yes _____ No _____ Not sure what you mean _____

How much do you read your Bible? Never _____ Occasionally _____ Often _____

Explain recent changes in your religious life, if any: _____

Personality Information

Circle any of the following words which best describe you now:

- | | | | |
|------------------|--------------|----------------|----------------|
| active | ambitious | self-confident | Persistent |
| nervous | hardworking | Impatient | Impulsive |
| moody | often – blue | excitable | Imaginative |
| calm | serious | easy – going | shy |
| introvert | extrovert | likable | good – natured |
| leader | quiet | hard – boiled | passive |
| self – conscious | lonely | sensitive | other _____ |

Have you ever felt people were watching you? Yes _____ No _____

Do people’s faces ever seem distorted? Yes _____ No _____

Do colors seem too bright? _____ Too dull? _____

Are you able to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

Are you afraid of being in a car Yes _____ No _____

What difficulties do you have in hearing (if any)? _____

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(continued on next page)

Marriage Information (If never married, check _____ and omit this section)

Name of Spouse _____ Address _____

Phones: Home _____

Cell _____ Business _____ Occupation _____

Is spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes _____ No _____

Have either of you ever filed for divorce? Yes _____ No _____ If so, when? _____

Date of this marriage: _____

Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse? _____

Length of engagement? _____

Give brief information about any previous marriages: _____

Broken by: Divorce _____ Death _____

Information about children:

pm*	Name	Age	Sex	Living? yes/no	Education – years	Marital Status

*Check this column if child is by previous marriage.

Your spouse's age _____ Education (years) _____ Religion _____

Family History

If you were reared by anyone other than your own parents, briefly explain: _____

Answer this section describing your own parents or parent substitute:

Still living? (yes/no) Father _____ Mother _____

Religious affiliation: Father _____ Mother _____

Church attendance per month: Father 1 2 3 4 Mother 1 2 3 4

(continued on next page)

Occupation: Father _____ Mother _____

Are your parents still living together? Yes _____ No _____

If not, cause of separation: _____

When separated: _____

Rate your parents' marriage:

Unhappy _____ Average _____ Happy _____ Very Happy _____

As a child, did you feel closest to your: Father _____ Mother _____ Another _____

How many brothers and sisters do you have? _____

How many *older* brothers and sisters do you have? Brothers _____ Sisters _____

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PLEASE CONCISELY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? What brings you here?
2. What have you done about it?
3. What can we do? What are your expectations in coming here?
4. As you see yourself, what kind of person are you? Describe yourself.
5. Is there any other information we should know?
6. Please list previous counseling you have had and approximate dates, including hospitalizations.
7. Please list any medications you are presently taking, purpose of each medication, and dosage.

COUNSELING CONFIDENTIALITY AGREEMENT

On the date herein below the parties, Rev. Michael R. Burgos (hereinafter designated Counselor) has agreed to provide counseling services to _____, (hereinafter designated Counselee) on the following terms and conditions:

Whereas the parties acknowledge that the counseling services provided are Biblically based and are not part of a licensed discipline governed/regulated by any governmental agency, and;

Whereas the parties acknowledge that the counseling services and confidentiality of the same is conditional for which the Counselee gives authorization and full release of Counselor upon the disclosure of information should contingencies arise that require the same as outlined herein below;

Now therefore, the parties further agree as follows:

Confidentiality – The counselor is very sensitive to the issue of confidentiality. Confidentiality is crucial to an effective and trusting counseling relationship and the counselor will carefully guard the information Counselee entrusts to him/her. There are situations, however, in which the discipleship Counselor may believe that it is wise or mandated (Biblically and/or legally) for them to share certain information with others.

There are five (5) situations where it may become necessary for Counselor to share certain information with others.

By signing this agreement Counselee acknowledges that they are pursuing a form and course of counseling that is in conformity with their faith and Biblical orientation and desire the same to be provided and is being provided in relation to the church community they have voluntarily engaged and further authorizes the Counselor to share information with others in the following limited circumstances:

- When a Biblical Counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor. The specific name and particular information will be generalized so that the other consultant doesn't know who the Counselor is counseling (Prov. 11:14; 24:6). _____ (initial)
- When there is concern that someone may be harmed and abused unless government officials intervene (Rom. 13:1-7). _____ (initial)

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- Adult and Domestic Abuse: If we have reasonable cause to believe that an adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency which provides protective services. If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat. We must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent and/or appropriate criminal agencies. _____ (initial)
- Child Abuse: According to the State of Connecticut's mandated reporter laws (CT Gen. Stat. §17a-28; 17a-101), if we have reasonable cause to suspect abuse of children (i.e., anyone under the age of 18 or any DCF client under the age of 21) with whom counselor comes into contact, we will report this to the appropriate governmental agencies. _____ (initial)
- When counseling someone who is under familial authority (e.g. wife to husband, child to parent) the counselor may encourage the Counselee to inform their familial authority and/or the Counselor may inform them (Eph. 5:22- 6:4). _____ (initial)
- When a person refuses to renounce a particular sin, and seeks to continue in counseling with the counselor, it will become necessary to seek the assistance of others in the Counselee's church to encourage repentance and reconciliation and/or to begin the process of church discipline (Prov. 15:22, 24:11; Matt. 18:15-20). _____ (initial)
- When discussing the information with the observers sitting in on the counseling sessions to assist the Counselor or for training purposes. _____ (initial)

Please be assured that our counselors strongly prefer not to disclose your personal information to others (if not needed), and they will make every effort to help you find ways to resolve a problem as privately as possible.

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The parties being in full agreement with the terms and conditions hereinabove, the acceptance of the same being a precondition to Counselor accepting and providing counseling to Counselee, each have subscribed their signatures herein below on this the _____ day of _____, 20____.

Name (please print): _____

Signature: _____

Date: _____

Parent/Guardian Name*: _____

Parent/Guardian Signature*: _____

Date*: _____

* only required if counselee is under 18 years of age