Client Intake Form
Consent to Treatment and Confidentiality

I am a qualified Licensed Professional Pastoral Counselor. I work with you only as you choose to work with me. God has seen fit to work with and through me in moving people toward freedom from spiritual, emotional and even physical problems. It is, therefore, my expectation that He will help you through our time together. But I cannot control God or promise what He will do. I can only promise that I will do my best to work with God for your good and God’s glory.

What usually happens in this type of counseling with inner healing is that God brings a mind of “spurt” toward wholeness in each session. Sometimes additional work is necessary for a person to attain the complete freedom he or she and God desire. There may be some homework that is required for you to do. It is always advisable for the person to actively pursue spiritual disciplines such as Church attendance. Prayer, Bible study and worship.

I am committed to keep confidential what you share with me. I am, however, required by law to report to appropriate persons two kind of things.

1. Any intent of a person to take harmful, dangerous or criminal action against another person or against him-or herself, or
2. Any act of child or elderly abuse or neglect.
   • If it appears that such notification needs to be given, that intention will be shared with you first.

I _____________________________, request counseling services from Cherlene Robson MA,BA, AIFC Emmstraat 59, 2595EH Den Haag, Netherlands. I hereby authorize the counselling staff of the above stated facility to provide consultation and referral services.

I have read and fully understand the above authorization of counseling/consultation. No guarantee or assurance has been made to me as to any of the results that may be obtained from these services. I hereby release from any and all liability the staff, counselors, and employees of the above mentioned place from any and all decisions and actions that I may or may not take as a result of the counseling I receive at this place. I understand that Christian Counseling is spiritual, not medical, in nature.

In order to provide the appropriate legal protection, I ask that each person sign the following Statement of Release.

I hereby release Cherlene Robson from any liability should this counseling session not live up to my expectations or lead to any spiritual, emotional or physical dysfunction.

Signed by Client
Client Name: ___________________________________________________________________________

Date:________________________________________________________________________________

Signed by Cherlene Robson
Licensed Pastoral Counselor

________________________________________________________________________________________
Confidential Personal History Questionnaire #1

Name: ______________________________________ email: ____________________________________________

Address: __________________________________________________________________________________________

Mobile: ____________________________________________ Occupation __________________________________________

Sex: {M}______{F}______ Age: ____ D.O.B _____________

Nationality: ________________________ Education (highest grade/degree) ____________________________________

How did you hear Faith Based Counseling?
_____________________________________________________________________________________________________

Person who is financially responsible for today’s visit Name: _______________________________________________
Method of payment: __________________________ Internet banking ____________________________ Cash

How many older brothers ________ sisters ________ do you have?

How many younger brothers ________ sisters ________ do you have?

Were you adopted? _____ Yes _____ No

Were you brought up by someone other than your parents? Yes/No

If so, explain: _____________________________________________________________________________________

Did your parents want you? ___________________________________________________________________________

Is it likely they were fighting while you were in the womb? _________________________________________________

Was there a sense of security and harmony in your home during the first twelve years of your life:
___________________________________________________________________________________________________

How was affection shown between your parents and toward you?
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
Marriage Information

Marital Status: ________________

Name of spouse (if married/divorced): ____________________________________________

Have either of you ever filed for divorce? ____ Yes ____ No If yes, how long? ________

Spouse’s age ___________ D.O.B __________ Occupation____________________________________

Nationality: __________________ Education (spouse’s highest grade/degree) ____________________

Date of marriage: __________________

In emergency please notify: __________________________________________________________

Your ages when married: Wife ___________ Husband ___________

Does your spouse know you are here for counseling? {Yes}_____ {No}_____ {n/a} ______

Would your spouse willing to come for counseling? {Yes} _____ {No}______ {n/a} _____

Have either of you ever filed for divorced? _______ When? _______ Who? __________________ [n/a] ______

Have you ever been separated? {Yes} ______ {No} ______ {n/a} ______

If so, when? _____________ for how long? _____________

If divorce/separated. Give brief information about any previous marriages:
____________________________________________________________________________________________________
________________________________________________________________________________________________________
____________________________________________________
____________________________________________________

Information about Children

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Living (Yes/No)</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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<td>5.</td>
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<tr>
<td>6.</td>
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<tr>
<td>7.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Have you ever had a miscarriage? _______ Yes _______ No

Have you ever had an abortion? _____ Yes _____ No. How many times? ________

or advice someone to have an abortion? __ Yes __ No

Who? __________________________________________
Parents’ Relationship

Is your father living? ______ Yes _________ No

Is your mother living? _________ Yes _________ No

Are your parents presently married to each other? _________ Yes _________ No

Of the children in your family, which number were you? _____ How many children in all? ______

Brothers? _____ Sisters? _____ Are you adopted? _________

Brothers and sisters adopted? _______________________________________________________

Are you a twin?  _____ Yes _______ No ________Identical?  _________ Yes _______ No

Were you raised by someone other than your parents? ______ Yes _____ No

Does anyone in your family have a significant physical or emotional problem? _____ Yes ____ No

Was the father clearly the head of the home or was there a role reversal where the mother ruled the home? Explain
________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Are you aware of any adultery and/or incest in your family or your grandparents’ family? If so, explain
________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

How does your father treat your mother?
________________________________________________________________________________________________________

Was there ever an adulterous affair to your knowledge with your parents or grandparents?
________________________________________________________________________________________________________

To your knowledge, have your parents, grandparents or great-grandparents ever been involved in any occult or non-Christian religious practices?
________________________________________________________________________________________________________

________________________________________________________________________________________________________

Briefly explain your parents’ Christian experience (i.e. Did they profess to be Christians? If so, did they live out their Christianity?)
________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________
Family Health

Any addictions in your family (e.g. alcohol, drugs, gambling, eating disorders, etc.)? Who?
__________________________________________________________________________________________________________________________________________

Does your family or you have any history or mental or emotional illness?
__________________________________________________________________________________________________________________________________________

Any history of any of the following?
Tuberculosis ____
Ulcers ____
Heart disease ____
Glandular problems____
Diabetes ____
Epilepsy ____
Cancer ____
Other ____

List the name of individuals who have had a significant influence on your life including all siblings. Explain why their influence was significant.
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
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__________________________________________________________________________________________________________________________________________
Moral Climate

Rate the family atmosphere in each of the following areas during the first eighteen years of your life.

<table>
<thead>
<tr>
<th></th>
<th>Overly Strict</th>
<th>Strict</th>
<th>Average</th>
<th>Permissive</th>
<th>Overly Permissive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothing</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Sex</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Dating</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Movies</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Music</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Reading material</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Drinking</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Smoking</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Church attendance</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Personality Information

Have you ever had any psychotherapy, psychology, counseling or prayer ministry? Yes _______ No ______

If yes, which? ______________________ When? ______________________

What was the outcome? _______________________________________________________________

Were you abused as a child? No ____ Physically ____, verbally____, sexually ______

Have you ever attempt suicide? ___ Yes _____ No

How many hours of sleep do you get each night? _____when do you go to sleep? ______when do you get up______

Circle any of the following words that describe you now:

Active     nervous     moody     calm
Ambitious  hardworking often blue serious
Self-confident impatient excitable easygoing
Persistent impulsive imaginative shy
Introvert  good-natured likeable leader
Extrovert  quiet hard-boiled submissive
Sensitive  self-conscious lonely helpless

My spiritual condition (circle): poor fair average good
Emotional (circle): poor fair average good
Do you drink coffee? Yes _____ No ______
Decaffeinated ____ Caffeinated ____ How many cups per day? ______
Alcohol ____ Yes _____ No. Beer or wine? ________ How many glass/bottles per day? ______
Your Health Information

Physical:
Rate your health (circle): Very good    Good    Average    Declining    Poor

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

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Date of last medical examination: _______________ Report: _________________________________________________

Are you presently taking medication? ______ Yes    ______ No
If so, what?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Have you used drugs other than for medical purposes? ______ Yes    ______ No
If so, what?

________________________________________________________________________________________

Describe your eating habits (i.e., Are you a junk food or health food addict? Do you eat regularly, or sporadically? Is your diet balance?)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Do you have addictions or cravings that you find difficult to control (Food in general, sweets, drugs, alcohol, sex etc.)? ______ Yes    ______ No
Is so, what?

________________________________________________________________________________________

Are you having any recurring nightmares or disturbances? If so, explain.

________________________________________________________________________________________

Mental/Emotional:
Have you ever had a severe emotional upset? Yes    ______ No    ______
If so, explain:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Where would you put yourself on this optimism-pessimism scale?
Events: Pessimism 5    4    3    2    1    Optimism
(i.e., things that happen tend to be bad/good)

People: Pessimism 5    4    3    2    1    Optimism
(i.e., people tend to be evil/good)

Do you fear (or have you feared) that you might “crack up or give up”? ______ Yes    ______ No
If so, explain:

________________________________________________________________________________________

Have you ever been arrested? Yes    ______ No    ______
If so, why?

How much time do you spend per week watching TV?  
How much time do you spend per week reading? What do you read?

How much time do you listen to music? What kind(s)?

Are you emotionally honest with God? Yes ________ No __________  
Explain: ____________________________________________________________________________

Who in your life can you be emotionally honest with right now? (you can tell this person exactly how you feel)  
________________________________________________________________________________________

Do you spend much time wishing you were somebody else or fantasizing that you were somebody else or possibly imagining yourself at a different time, place, or under different circumstances? Explain.  
________________________________________________________________________________________

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**Check and explain any problems with any of the following:**

Please tick any of the following you are experiencing from the past (pst) and now:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pst</th>
<th>Now</th>
<th>Condition</th>
<th>Pst</th>
<th>Now</th>
<th>Condition</th>
<th>Pst</th>
<th>Now</th>
<th>Condition</th>
<th>Pst</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premarital</td>
<td></td>
<td></td>
<td>Singleness</td>
<td></td>
<td></td>
<td>Children</td>
<td></td>
<td></td>
<td>Marriage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td>__in-laws</td>
<td></td>
<td></td>
<td>Work/career</td>
<td></td>
<td></td>
<td>Fear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money/budgeting</td>
<td></td>
<td></td>
<td>Insomnia</td>
<td></td>
<td></td>
<td>Aging</td>
<td></td>
<td></td>
<td>Mood swing</td>
<td></td>
<td></td>
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<tr>
<td>Difficult concentrating</td>
<td></td>
<td></td>
<td>Spiritual confusion</td>
<td></td>
<td></td>
<td>Excessive worry</td>
<td></td>
<td></td>
<td>Blaming others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Dependency</td>
<td></td>
<td></td>
<td>Weight control</td>
<td></td>
<td></td>
<td>Acting violence</td>
<td></td>
<td></td>
<td>Past hurt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td>Lack of intimacy</td>
<td></td>
<td></td>
<td>Low self-image</td>
<td></td>
<td></td>
<td>Frequent anger</td>
<td></td>
<td></td>
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<tr>
<td>pornography</td>
<td></td>
<td></td>
<td>Lack of motivation</td>
<td></td>
<td></td>
<td>Grief/loss</td>
<td></td>
<td></td>
<td>Shame</td>
<td></td>
<td></td>
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<tr>
<td>Unworthiness</td>
<td></td>
<td></td>
<td>Self-Hatred</td>
<td></td>
<td></td>
<td>Inadequacy</td>
<td></td>
<td></td>
<td>Guilt</td>
<td></td>
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</tr>
<tr>
<td>Deception</td>
<td></td>
<td></td>
<td>Rejection</td>
<td></td>
<td></td>
<td>Anxiety</td>
<td></td>
<td></td>
<td>Insecurity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td></td>
<td></td>
<td>Panic</td>
<td></td>
<td></td>
<td>Inferiority</td>
<td></td>
<td></td>
<td>Bitterness</td>
<td></td>
<td></td>
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<tr>
<td>Abandonment</td>
<td></td>
<td></td>
<td>Lust</td>
<td></td>
<td></td>
<td>Resentment</td>
<td></td>
<td></td>
<td>Doubt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td>Fantasy</td>
<td></td>
<td></td>
<td>Skepticism</td>
<td></td>
<td></td>
<td>Pride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death wish/ suicide thoughts</td>
<td></td>
<td></td>
<td>Loneliness</td>
<td></td>
<td></td>
<td>Headaches</td>
<td></td>
<td></td>
<td>Rebellion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessions</td>
<td></td>
<td></td>
<td>Negative thoughts</td>
<td></td>
<td></td>
<td>Compulsion</td>
<td></td>
<td></td>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Which of the following best describes how you handle positive and negative emotions?

- ___ readily express all emotions  
- ___ express some of my emotions but not all  
- ___ acknowledge their presence but reserved  
- ___ tend to suppress my emotions  
- ___ find it safest not to express how I feel  
- ___ tend to disregard how I feel since I can’t trust my feelings  
- ___Consciously or subconsciously deny them since it is too painful to deal with some of them

---

**Religious Background**

What church do you presently attend? __________________________________________________________

Are you a member? {Yes} [ ] {No} [ ] {n/a} [ ]

What denomination? ____________________________________________________

Who is the pastor? _________________________________________________________

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

Church you attended in childhood _____________________________________________

Baptized in water? _____ Yes _____ No

Baptized in the Holy Spirit – evidence of tongues? ________ Yes ________ No

Religious background of spouse (if married/divorced) ___________________________

Do you know for certain that you will go to heaven when you die? Yes ______ No ______

What is your basis for answering the preceding question as you did?

____________________________________________________________________________________

____________________________________________________________________________________

Are you plagued with doubts concerning your salvation? Yes ______ No ______

How much do you read the Bible? Never _____ Occasionally _____ Often ______

How much time do you spend praying? Do you find praying difficult? How do you pray? Explain:

____________________________________________________________________________________

____________________________________________________________________________________

Do you have regular personal time with God? Yes _____ No _____

Do you have regular family devotions? Yes _____ No _____

When attending Christian meetings, are you plagued with foul thoughts, jealousies or other mental harassment? If so, explain:

____________________________________________________________________________________

____________________________________________________________________________________
Explain any recent changes in your religious life:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Have you ever watch TV, movie on magic, psychic show or taken a class or read books on parapsychology (deals with psychic, hypnosis)? or metaphysics (astronomy, cosmological) or had other occult involvements? If so, when, how, explain:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Have you ever heard voices in your mind? If so explain:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Describe any other experiences you may have had that would be considered out of the ordinary.
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Have you ever engaged in the following sexual deviations? (circle)

<table>
<thead>
<tr>
<th>Adultery</th>
<th>lesbianism</th>
<th>compulsive masturbation</th>
<th>bestiality</th>
<th>rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual fantasy</td>
<td>oral sex</td>
<td>demonic sex</td>
<td>fornication</td>
<td>homosexuality</td>
</tr>
<tr>
<td>Incest</td>
<td>abortion</td>
<td>child molesting</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Have you ever had compulsive habits? (circle)

<table>
<thead>
<tr>
<th>Daydreaming</th>
<th>gossip</th>
<th>lying</th>
<th>stealing</th>
<th>cursing</th>
<th>biting fingernails</th>
<th>other</th>
</tr>
</thead>
</table>

Do you have frequent, habitual negative emotions? (circle)

<table>
<thead>
<tr>
<th>Rejection</th>
<th>Hatred</th>
<th>Religious pride</th>
<th>Discouragement</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restlessness</td>
<td>Fear</td>
<td>Anxiety</td>
<td>Listlessness</td>
<td>Impatience</td>
</tr>
<tr>
<td>Bitterness</td>
<td>Loneliness</td>
<td>Suspicion</td>
<td>Possessiveness</td>
<td>Jealousy</td>
</tr>
<tr>
<td>Pride</td>
<td>Unbelief</td>
<td>Anger</td>
<td>Unforgiveness</td>
<td>Other</td>
</tr>
</tbody>
</table>
Have you had any experience or involved in the following cults and religions? If so, explain below:

<table>
<thead>
<tr>
<th>Occult</th>
<th>Cults</th>
<th>Religions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Astral projection</td>
<td>Christian Science</td>
<td>Zen Buddhism</td>
</tr>
<tr>
<td>Ouija board</td>
<td>Unity (who dabbled in spiritualism, Eastern religions and the occult)</td>
<td>Hare Krishna</td>
</tr>
<tr>
<td>Table tilting</td>
<td>Scientology</td>
<td>Baha'ïsm</td>
</tr>
<tr>
<td>Speaking in trance</td>
<td>The Local Church</td>
<td>Rosicrucianism (who study and practice metaphysical laws governing the universe).</td>
</tr>
<tr>
<td>Automatic writing</td>
<td>The Way International</td>
<td>Science of Mind</td>
</tr>
<tr>
<td>Demonic dreams</td>
<td>Unification Church</td>
<td>Silva Mind Control</td>
</tr>
<tr>
<td>Telepathy</td>
<td>Unitarianism</td>
<td>Eckankar (Karma and reincarnation are primary beliefs)</td>
</tr>
<tr>
<td>Clairvoyance</td>
<td>Jehovah’s Witnesses</td>
<td>Erhard Seminars</td>
</tr>
<tr>
<td>Fortune-telling</td>
<td>Children of God</td>
<td>Transcendental meditation</td>
</tr>
<tr>
<td>Tarot cards</td>
<td>Mormonism</td>
<td>Islam</td>
</tr>
<tr>
<td>Healing magnetism</td>
<td>Freemasonry/Eastern Star</td>
<td>Black Muslim</td>
</tr>
<tr>
<td>Palm reading</td>
<td>New Age</td>
<td>Hinduism</td>
</tr>
<tr>
<td>Blood pacts</td>
<td>Worldwide Church of God (Armstrong)</td>
<td>Dowsing (rod or pendulum)</td>
</tr>
<tr>
<td>Astrology</td>
<td>Yoga</td>
<td>Magic (black or white)</td>
</tr>
<tr>
<td>Séances</td>
<td>Amateur hypnosis</td>
<td>Theosophy</td>
</tr>
<tr>
<td>Going to psychics</td>
<td>Games like Dungeons &amp; Dragons</td>
<td>The five senses (not trough Jesus)</td>
</tr>
<tr>
<td>Hypnosis</td>
<td>Acupuncture</td>
<td>Horoscope</td>
</tr>
<tr>
<td>Good luck charms (Lucifer is the god of luck)</td>
<td>Wishing on star</td>
<td>Others: ___________________________________</td>
</tr>
</tbody>
</table>
Four Important Questions

Describe the problem that brings you here?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

What have you done about these problems?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

What do you hope to gain from this counseling with inner healing?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Is there any other information that you think the counselor should know?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________