

**Adult Intake Form**  
Pastoral Counseling Center  
(Please Print)

Date: \_\_\_\_\_



**Section A: Patient Information**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Gender:  Male  Female Social Security Number \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Home# \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred Contact Method:  Home  Cell  Email Marital Status:  Single  Married  Separated  Divorced  
 Engaged  Remarried  Widowed

Who were you referred by?  
 Self  Lawyer  School  Phone Book/Internet  Therapist  Work  Family  Friend  Minister  Physician  
 Other: Please provide Name/Business & Address \_\_\_\_\_

May we use your name to thank your referral source?  Yes  No

Are You Employed?  Full Time  Part Time  No Are You a Student?  No  Yes: If yes, Where? \_\_\_\_\_

Patient's Employer \_\_\_\_\_ Yrs. Employed \_\_\_\_\_ Annual Gross Income \_\_\_\_\_

Employer's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

High School  GED  College  Graduate School  
Highest level of Education Completed  Other-Specify (Business, Nursing, etc.) \_\_\_\_\_ Year \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Church \_\_\_\_\_ Your Attendance:  Regular  Occasional  
 Seldom  Never Denomination \_\_\_\_\_

Type of Counseling:  Individual  Marriage  Family  Relationship

**Section B: Responsible Party Information**

Who will be responsible for payment of counseling services?  Self  Insurance  EAP  Other \_\_\_\_\_

Insurance Company \_\_\_\_\_ Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

\* If Insurance is to be filled, please complete the Third Party Provider Data & Release Form .

# **Informed Consent**

Pastoral Counseling Center

## **Consent to Treat**

I further acknowledge that I consent to and seek treatment from the Baptist Easley's Pastoral Counseling Center. My signature below confirms that I understand and accept all the information contained in the **Things You Should Know About Counseling, What you Should Know About Your Counselor.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Consent for Treatment of Minors**

This is to certify that I am the legal guardian for the child (children) named below, and that I give my permission to Baptist Easley's Pastoral Counseling Center to provide counseling for my child (children). Types of counseling/therapy may include individual, family, play therapy, group counseling, and testing. This treatment may also include referrals to other appropriate professional agencies. My signature below confirms that I understand that I will be kept informed about treatment options reserving the right to accept or decline treatment recommendations.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Consent to Receive Mail at Home**

Pastoral Counseling Center may send mail to me at my home address. My signature below confirms that I understand that the office may bill me at my home for any unpaid balance on my account or a returned check without my written consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Acknowledgment of Notice of Privacy Practices**

My signature acknowledges my receipt of the Notice of Privacy Practices from Baptist Easley.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Consent to Use Name**

Pastoral Counseling Center may send referral source a note to inform the source that I have followed up with the counseling center per their request. My signature confirms my authorization for Pastoral Counseling Center to use my name for the specified reason only.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date