



Merciful Ministries Inc.

Serving women of all ages with Biblical counseling, discipleship, and comfort along life's journey.

COUNSELING INTAKE FORMS

Dear Friend,

Welcome to the Merciful Ministries, inc. We are grateful that you have welcomed us into your life at this time. It is never easy to ask for help. We admire the courage, faith, and humility this first step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction into your life. Our goal at Merciful Ministries is to provide the highest quality, Christ-centered counseling, to individuals and families who are hurting or confused. This means that we will look through the lenses of Scripture to see how your beliefs, values and priorities are contributing to your struggle, whether it be in your emotions, relationships, or sense of identity. We have found this to be the greatest source of authentic, consistent hope.

The next step in the counseling process is to complete the intake forms you are now reading. We have designed them to allow the counseling process to start smoothly. You will need to allow approximately 35-45 minutes to complete these forms.

The counseling forms are designed to (1) help us to get to know you in a comprehensive, holistic, and efficient manner and (2) help you organize your thoughts about your counseling objectives.

- You will find both a map and written directions on the next page to allow you to find the office easily.
- The following five pages provide your counselor with background on your situation (if you are married, then you and your spouse will both need to complete a set of these forms).
- Finally, the last three pages contain the policies of Merciful Ministries. Please read, initial, and sign these pages. If you have any questions, your counselor will be happy to answer them. Thank you for taking the time to complete these forms. Please bring them with you to your first appointment.
- Childcare is not provided, and children are not allowed to sit unattended in the waiting room. If you are unable to make alternative plans for your child for the first appointment, then counseling should be postponed until arrangements can be made.
- Please arrange to be on time to maximize your benefit from counseling.

NOTE CONCERNING MEDICATION: If you are taking any prescription medication(s) please do not alter your dose on the day of your appointment. If you have recently begun a new medication, please allow approximately two weeks before scheduling your appointment.

NEXT STEP: If you do not already have an appointment, please call our office at (484) 686-6108 to schedule an appointment. Once you have an appointment, you need to thoughtfully complete these intake forms and bring them with you to your first appointment.

We are grateful to be able to serve you at this time and to be a part of the journey God has for you. We look forward with a sober anticipation towards playing a role in your progress and hope.

Blessings, Lizabeth Swayne, Pastoral Biblical Counselor

DIRECTIONS TO MERCIFUL MINISTRIES, INC.

Location: Palmetto Women's Center

Address: 828 Lucas Street

Rock Hill, SC 29730

Phone: 803-746-4946

We are located on Lucas Street, near the Charlotte Avenue YMCA, in downtown Rock Hill, SC.

Merciful Ministries, Inc., is a nonprofit ministry located within the Palmetto Women's Center. Palmetto Women's Center kindly allows Merciful Ministries office space within. Parking lot is to the right and rear of the building. Enter through the front door.

As you enter, sign in, and the receptionist will alert your counselor that you have arrived. Take a seat in our waiting area. Make yourself at home and your counselor will greet you as soon as we are available. If no one comes to greet you within ten minutes of your appointed time, please let the receptionist know you have been waiting. Thank you.



****DO REMEMBER TO BRING THIS COMPLETED PACKET WITH YOU TO YOUR FIRST APPOINTMENT****

For your information:

Counseling Office Address: 828 Lucas Street
Rock Hill, SC 29730
(484) 686-6108

Donation Office Address: Merciful Ministries c/o Hamilton
Financial 3710 University Drive, Suite 330
Durham, NC 27707
(919) 489-1011

****** For tax-deductible gifts or donations please make checks or debit payable to: ******
“Merciful Ministries c/o Hamilton Financial”, thanks!

Mailing Address: Merciful Ministries Twitter: @mmilivfree
PO Box 36743 Blog: <http://mmilivfree.blogspot.com/>
Rock Hill, SC 29732 Instagram: tba

Email Address: lbswayne@gmail.com
Mercifulministries.com

Facebook Address: <https://m.facebook.com/profile.php?id=822376204475753>

COUNSELING INTAKE FORMS

Date: _____ Who referred you to Merciful Ministries for help? _____ Relationship _____

Name: _____ Gender: M F DOB: ___/___/___ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ May we leave a message here: Yes No

Mobile Phone: _____ May we leave a message here: Yes No

Work Phone: _____ May we leave a message here: Yes No

Occupation: _____ Employer: _____

Ave. Hours/Week: _____ Social Security Number (needed in case of emergency reporting): _____

Email Address (es): _____

Highest degree(s) earned: _____ School: _____

Who do you currently live with: *(Please check all that apply)*

Alone Spouse Parent(s) Father Mother Boyfriend Girlfriend Other: _____

MARRIAGE – FAMILY INFORMATION:

Spouse's Name: _____ Age: _____

Spouse's Address: Same or _____

Spouse's Phone Numbers: Same or _____ May we leave a message here: Yes No

Spouse's Email Address: _____

Spouse's Occupation/Employer: _____ Avg. Hours/Week: _____

Is spouse willing to come for counseling? Yes No Uncertain

Have you ever been separated? Yes No Currently When/How Long? _____

Date of Marriage: _____ Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating: _____ Length of engagement: _____

Give **brief** information about any previous marriages:

Ex-Spouse's Name	Year Married	Length of Marriage	Reason for Divorce	# Kids

Names of Children	Age	Gender	Living	At Home	Married	Special Condition(s)	*PM/A/MC
		M / F	Y / N	Y / N	Y / N		
		M / F	Y / N	Y / N	Y / N		
		M / F	Y / N	Y / N	Y / N		
		M / F	Y / N	Y / N	Y / N		
		M / F	Y / N	Y / N	Y / N		

* Check this column if child is by previous marriage (PM), adoption (A), or lost to miscarriage (MC).

SPIRITUAL/RELIGIOUS INFORMATION:

Church Name: _____ City: _____

of Years at Church: ____ Are you a Member Yes No # of Years as Member: ____ Attendance Mthly (avg.): ____

Pastor's Name: _____ Denominational Preference: _____

Are you a part of a Sunday School class? Yes No Are you a part of a home/small group Bible Study? Yes No

What are you learning through sermons and Bible studies at your church? _____

Do you consider yourself a religious person Yes No Explain: _____

Please list any ministry involvement: _____

Church attended in childhood: _____ Frequency: _____

Spouse's church attendance: ____ (Times per month)

Do you and your spouse openly discuss and encourage one another in your faith? Yes No

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR?

Yes No Uncertain Don't know what you mean?

HAVE YOU BEEN BAPTIZED? Yes No When? _____

If applicable, what is the religious background of your spouse: _____

DO YOU PRAY TO GOD? Yes No How often? _____

What do you pray about? _____

How would you define the Gospel and what it means to be a Christian? _____

Do you read the Bible? Yes No How often? _____

Do you have personal devotions? Yes No How often? _____

Describe your personal devotions: _____

Do you have family devotions? Yes No How often? _____

Describe your family devotions: _____

Favorite Christian Authors: _____

Please note any recent changes in your spiritual life: _____

HEALTH INFORMATION

Have you had counseling before? Yes No Have you seen a psychiatrist before? Yes No Currently

Age	Duration	Counselor/ Center	Issue(s) / Topics(s) / Diagnosis	* Your Evaluation of Counseling

** Use back of this page if necessary or if you need more space*

Approximately how many hours of sleep do you get each night? _____

When do you normally: go to bed? _____ fall asleep? _____ wake up? _____
 get out of bed? _____ average sleeping hours per night? _____

Describe any recent changes in sleep habits: _____

State of current health: Very good Good Average Declining Other: _____

Date of last medical examination: _____ Results: _____

Current illness, injury, or disability: _____

Are you presently taking any medication? Yes No Prescribing Doctor(s): _____

Medication	Dosage	Frequency	Prescribed for...	Date began taking...

** Use back of this page if necessary*

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

What? _____ Amounts/Dosages: _____

Have you consumed alcoholic beverages? Yes No When? _____ How much? _____

Describe your eating habits or changes in appetite: _____

Describe your exercise routine: _____

Current weight? _____ lbs. Weight changes: **6 months** +/- _____ lbs. **1 Year** +/- _____ lbs. **5 Years** +/- _____ lbs.

Number of non-working hours per week spent watching television _____, on computer _____, hobbies _____

Please check any of the following physiological symptoms that apply to you:

Headaches	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Difficulty Breathing	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Rapid Heart Rate	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Visual Trouble	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Tension	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Dizziness	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Weakness	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Fatigue	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Pain	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Sleep Trouble	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Change in Appetite	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Other (on back)	<input type="checkbox"/> Past	<input type="checkbox"/> Present

Indicate how distressed you are by circling a number on the scale below (1 = very little distress; 10 = extreme distress):

1
2
3
4
5
6
7
8
9
10
+

Check any of the following struggles you and/or your family are experiencing **at this time**:

Please rate "blank" if none; "1" if mild; "2" if moderate; or "3" if severe.

You	Family		You	Family		You	Family	
		Abuse, Physical			Fear			Perfectionism
		Abuse, Sexual			Financial Management			Pornography
		Abuse, Verbal			Greed			Pre-Marital Sex
		Abuse in Past			Grief			Pride
		Addiction			Guilt			Priorities
		Anger			Homosexuality			Procrastination
		Anxiety			Humility			Purpose, Lack of
		Apathy			Identity			Rebellion
		Bad Memories			Impatience			Rejection
		Bitterness			Infertility			Relationships
		Caring for Parents			Insecurity			Respecting Authorities
		Chronic Pain			In-Law Conflict			Respecting Parents
		Codependency			Jealousy			Respect Spouse
		Communication, affection			Judgmental			Same Sex Attraction
		Communication, day to day			Leadership			Self-Control
		Communication, emotions			Lifestyle Change			Self-Injury
		Communication, planning			Loneliness			Selfish
		Communication, problem solving			Lying			Shame
		Compulsions			Manipulation			Social Anxiety
		Depression			Marital Intimacy			Spiritual Growth
		Debt			Moodiness			Submission
		Discontentment			On-Line Sins			Suicidal Thinking
		Divorce Recovery			Panic Attacks			Time Management
		Doubt Salvation			Parenting			Work Unfulfilling
		Eating Disorder			Parenting Adult Child			
		Empty Nest			Peer Pressure			
		Envy			People Pleasing			

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

Number of older brothers: _____ Older sisters: _____ Younger brothers: _____ Younger sisters: _____ Step/half: _____
 _____ Step/half: _____ Step/half: _____ Step/half: _____

The town I grew up in was urban suburban small town rural changed frequently.

My family's financial situation was poor lower middle middle class upper middle class wealthy.

Did you have any significant traumatic events as a child? Yes (If yes, please describe on back) No

Which of the following words best describe your home of origin (check all that apply):

- Traditional Authoritarian Unpredictable Divorced Lonely
- Substance Abuse Physical Abuse Verbal Abuse Perfectionist Critical
- Sexual Abuse Affectionate Affirming Permissive Safe

Give brief information about places you have lived (moves within same city or area not necessary to list):

Location Lived	Ages Lived There	Reason for Move

** Use back of this page if necessary*

Please complete the following:

In order to understand me _____

My ambition in life is to _____

What really hurts me _____

I get nervous when _____

I wish I could lose my fear of _____

What I wish I could change about myself _____

My best childhood memory _____

My worst childhood memory _____

My father is/was _____

My mother is/was _____

My biggest regret is _____

My greatest achievement is _____

My role in my current family is _____

For refuge and rest I turn to _____

When life gets too hard I _____

To be happy I need _____

I would do anything for _____

I often wonder why _____

It embarrasses me to _____

I cannot decide _____

I think God sees me as _____

One word to describe myself is _____

1. Please describe the current problem, as you understand it. _____

2. What have you done about it (most effective and least effective)? _____

3. Other than counseling, what help are you seeking? _____

MERCIFUL MINISTRIES COUNSELING POLICY REVIEW

Instructions for Policy Review: After carefully reading each policy please place your initials (beside each arrow) in the space provided to indicate your understanding and agreement with each policy. If you have questions, please direct them to your counselor before your initial meeting. If for any reason you are unable to sign these forms, we will be unable to serve you.

Your Rights as a Counselee: As a counselee you have the right to discuss possible outcomes and challenges regarding the counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options to counseling. You have the right to ask about and/or refuse any techniques used. You are encouraged to report to the Board of Directors of Merciful Ministries or the appropriate authorities as defined in "The Waiver of Liability" below, if you have any grievances regarding the counseling. You may conclude counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

Not Professional Advice: If you have legal, financial, medical or other technical questions, you should seek advice from a professional with expertise in those fields.

FINANCIAL POLICY

Merciful Ministries is able to operate because of your financial donations. The expenses of Merciful Ministries are not underwritten by an individual, church, or corporation. Therefore, it is through the donations of our counselees as well as friends of Merciful Ministries that our operating expenses are met. The fair-market-value of counseling in the Charlotte/Rock Hill area ranges from **\$85.00 to \$125.00** per 50-minute session. Your responsibility is to pray about the amount God would have you donate for the counseling you receive and be obedient to Him in your giving. Donations may be given at the end of each visit as you are able.

Donations should be in accord with what a man or woman has, not according to what he or she does not have. Therefore, no one will be refused counseling because of the amount of his or her donation. We have made intentional efforts to keep our operating expenses extremely low. However, there are some expenses that are unavoidable. We have closely examined our budget and determined that we require an average of **\$60.00** per counseling session.

*** Initial here if you understand and agree with this Financial Policy: _____ 

APPOINTMENT CANCELLATION POLICY

Common business practices dictate that you notify Merciful Ministries as soon as you know you that you cannot keep your scheduled appointment. We have set aside this time specifically to work with you, in prayer and preparation time. Therefore, please be considerate of others who may need to be seen at the time allotted for you if you indeed need to cancel. We understand that emergencies do arise and will work with you in such cases. However, you will be expected to be present if you don't cancel within 24 hrs. E-mail is not an acceptable form of contact.

If you fail to give us a 24 hour notice you will be expected to pay a missed appointment fee.


\$25.00 for the first appointment missed or cancelled with insufficient notice.

\$50.00 for the second appointment missed or cancelled with insufficient notice.

All clients are requested to have a credit card on file to reserve appointments. This information will be kept confidential and will only be used to: (1) process payments at your request, (2) to bill for late cancellations or missed appointments, or (3) to reimburse Merciful Ministries for returned checks. In each case you will be called and a message will be left (if answering service is available) before payments are processed. A \$10.00 service charge is added to your donation for returned checks.

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ / _____ Type

of Card: MasterCard Visa CV Code _____ (3 digit code on the back)

*** Initial here if you understand and agree with this Cancellation Policy: _____ 

PHILOSOPHY OF MINISTRY

We are committed to providing a balanced and biblical approach to counseling. By biblical counseling we mean that your counselor is a Christian with special training and experience in applying the truths of the Bible to life. We believe that the Bible speaks to all of life and to all of its problems, but sometimes it takes careful thought and prayerful wisdom to know how to make those connections. We don't believe that the Bible is simply a how-to book or a recipe book for happiness. We believe that the Bible ultimately points us to a person and a relationship with Jesus Christ as our Savior and Redeemer. We believe that real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. This does not mean that you must be a Christian to profit from our counseling, although we believe that deep and lasting change is brought about only by God himself, as his Holy Spirit works within us. However, the Bible is never brought to bear in an artificial or heavyhanded way.

When necessary we will work with your physician to ensure you receive the appropriate medical care in conjunction with the counseling services you receive.

*** Initial here if you understand and agree with this Philosophy of Ministry: _____ 

CONFIDENTIALITY CLAUSE

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. Your information is not ours to tell. However, we do not promise absolute confidentiality. Your counselor reserves the right to consult with other counselors of Merciful Ministries, inc. for the purpose of providing the highest level of care. Remember, "Where there is no guidance the people fall, but in abundance of counselors there is victory." **Proverbs 11:14**

There are times when counseling information may be shared outside the Merciful Ministries context. Those exceptions would include, but are not limited to the following: (1) known or suspected child or elderly abuse of any kind; (2) the intent to take criminal actions or violence against another person; and (3) active suicidal thoughts or intentions.

If you are suicidal during the course of your counseling with your counselor, it is crucial that you talk with your counselor about these matters. By initialing this paragraph you are indicating that you agree to share any suicidal thoughts or intentions with your counselor at any time they arise, and that you would seek medical care if you become suicidal in the course of your counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the relationship and not to the individual.

As a para-church ministry, dedicated to the growth of the local church Merciful Ministries seeks to help you connect with the body of believers to whom you have made a commitment. We reserve the right to involve the church where you hold membership for the purpose of cooperative pastoral care. Counseling involving the persistent refusal to renounce a particular sin may require the disciplinary involvement of your church. This is a last resort but a healthy part of healing if deemed necessary.

Confidentiality for counseling at Merciful Ministries, as a para-church organization, is defined by pastor-parishioner privilege and, therefore, our counselors operate as agents of the church (pastoral counselors) not agents of the state (licensed counselors). This means counseling conversations are inadmissible in the court of law in the same way as conversations with a priest in a confessional booth. If your counseling subject requires professional representation in a court setting by a counselor, Merciful Ministries will likely not be the best-fit for your needs.

At ROC there are closed circuit video cameras on the premises for theft surveillance. These cameras record picture only. They do not record voice. Videotapes are securely stored and made a part of ROC's permanent records. Cameras are used exclusively for office protection and liability reduction.

*** Initial here if you understand and agree with this Confidentiality Clause: _____



WAIVER OF LIABILITY

In seeking counseling from Merciful Ministries, you must acknowledge your understanding of the following conditions and further release Merciful Ministries and ROC, their staff, counselors, employees, Board of Directors, and all organizational leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling will be provided by a Registered Nurse, equipped with a "Masters of Divinity with Emphasis in Counseling" degree, from Westminster Theological Seminary in Philadelphia, PA and CCEF; the Christian Counseling and Education Foundation. The counseling staff is **not** a licensed counselor through the state of South Carolina;
2. All counseling is provided in accordance with the biblical principles adhered to by Merciful Ministries and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above mentioned counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;
4. It is understood by the participant counselee(s) that all complaints and grievances will be heard by the Board of Directors of Merciful Ministries. If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant counselee(s) may elect to involve *Peacemaker Ministries, Inc.*, at their expense, for the purpose of mediation or arbitration.

*** Initial here if you understand and agree with this Waiver of Liability: _____



