



# SOUL CARE

CHRISTIAN COUNSELING • SPIRITUAL DIRECTION

## Counseling & Spiritual Direction Intake Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Ever Divorced? \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse's Age \_\_\_\_\_ Years Married \_\_\_\_\_ # of children \_\_\_\_\_

List children and their ages **starting with the oldest**:

1) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

3) \_\_\_\_\_ 5) \_\_\_\_\_

List all brothers and sisters, deceased or alive, **starting with the oldest and including yourself**:

1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_ 6) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Highest level of education \_\_\_\_\_ Present Church Affiliation \_\_\_\_\_

How would you rate your health? \_\_\_\_\_ Date of last medical exam \_\_\_\_\_

Presently taking any medication? \_\_\_\_\_ What kind? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Have you ever had counseling/spiritual direction before? \_\_\_\_\_

If yes, list names and dates seen: 1) \_\_\_\_\_ 2) \_\_\_\_\_

What crisis or need led you to seek counseling or spiritual direction at this time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(please continue on other side)

In your own words, describe what you hope to accomplish/receive through this process. \_\_\_\_\_

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## Fees

Fees for sessions are to be established with the counselor according to the length of the individual sessions and will be discussed before the commencement of any sessions. All payments are expected at the time that the service is provided. Please have cash or made out checks ready prior to the appointment, or arrange for credit card payments via PayPal **prior to each session**. Appointments that are scheduled, but are not kept (no-shows) or that are not cancelled are charged a no-show/cancellation fee equivalent to the standard session fee. **All Appointments that are canceled less than 24 hours before the appointment time (except in case of an emergency out of your control) are subject to a late cancellation charge equal to the session fee.** Anyone receiving assistance funds from the Soul Care Scholarship Fund who is a no-show for a session or does not cancel their appointment with 24 hours notice will be responsible to pay the full session fee out of their own money and cannot receive assistance from the Scholarship Fund for those sessions. It is understood that occasionally you may need to consult with your counselor briefly by telephone or email. For these necessary and brief consultations there is no charge. However, for all communications that take longer than ten minutes the fee is \$2.00 per minute. By signing below you are committing yourself to pay for all counseling, spiritual direction, and no-show fees.

## Pastoral Counseling & Spiritual Direction

I, Nathan Shattuck, am a Pastoral Counselor/Spiritual Director and practice as such under GA State Law (GA Code Title 43-10A-7,b,11). My training is a combination of Christian Soul Care, Spiritual Formation and Psychology. Both my graduate training and my approach with the individuals, couples and groups that I work with reflects my view of a unified, biblical perspective on the emotional, spiritual and physical parts of our personhood. My approach in our times together will be grounded in the belief that Psychology can reveal a lot about how God has created your heart and mind and how those dynamics are impacting your experience of life and your relationship with others. But, I am guided by the conviction that only by personally engaging with the spiritual dynamics that drive the feelings and behavior can you come to know yourself and God in a way that brings deep healing and true freedom to you and enables you to love others well. It is the organic, often non-linear, nature of this psychospiritual process that I will seek to facilitate and encourage in you through our times together. It is not unusual that this process may entail periods where you feel worse rather than better in the process leading to a deeper, lasting change and freedom for you personally and/or in your relationships. Be aware that if your first or only goal in counseling is the relief of the symptoms that brought you to seek counseling, then our approach at **SOUL CARE** is not the best fit for achieving those goals.

## Confidentiality

Information about counseling and spiritual direction is confidential and will not be discussed or released to anyone, except as noted below. The exceptions to this policy are as follows: In general, but not always, we discourage the keeping of secrets between family members. It is our view that secrets, such as past sexual abuse, unwanted pregnancies, adulterous affairs, etc. are more problematic when kept secret than when dealt with in an honest and appropriate manner. Please note that we are required by law to inform family members, the police, and others when there is sufficient cause to believe that a life is in danger, or when you appear suicidal. We are also required by law to report child abuse, child sexual abuse, elder abuse or intentions to harm others. If you have any questions or reservations about the policy in regard to confidentiality, then the policy should be discussed before signing below. By signing below you are accepting the confidentiality policy, its limits and exceptions. In addition, in an attempt to gain perspectives and ideas as to how best to help you reach your goals, Soul Care counselors may meet with each other or their professional supervisor regarding their clients, but without identifying information being disclosed.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_