

# New Haven Ministries

## Confidential Intake Questionnaire

Please fill out this questionnaire as completely as possible. Your information will be kept confidential and we're looking forward to meeting with you. Thank you for contacting New Haven.

Date \_\_\_\_\_ Referred by \_\_\_\_\_

### Basic Information

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

### Minors

I am a minor. Do your parents know you are coming to New Haven?  Yes  No

### Personal History

Total size of family \_\_\_\_\_

Number of brothers \_\_\_\_\_ Number older than you? \_\_\_\_\_

Number of sisters \_\_\_\_\_ Number older than you? \_\_\_\_\_

Are you  Oldest?  Middle?  Youngest?

Who else lives in your home?  Mom  Dad  Step-Mom

Step-Dad  Grandmother  Grandfather  Others?

If your parents are divorced or separated, which one do you live with most of the time?

\_\_\_\_\_

If not living with parents, whom do you live with? \_\_\_\_\_

### School

Where do you attend school? \_\_\_\_\_ Grade? \_\_\_\_\_

Who is your teacher? \_\_\_\_\_

### School (continued)

What do you like best about school? \_\_\_\_\_  
\_\_\_\_\_

What do you like least about school? \_\_\_\_\_  
\_\_\_\_\_

**Church / Activities**

I go to Church

I go to Sunday school

Name of my Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

What games or sports do you enjoy? \_\_\_\_\_  
\_\_\_\_\_

What TV programs do you watch? \_\_\_\_\_  
\_\_\_\_\_

I like to draw pictures.

I like to write stories.

I like to help Mom and Dad with chores and projects.

Would you rather play with friends or by yourself? \_\_\_\_\_

**Personal Life**

What makes you most happy? \_\_\_\_\_  
\_\_\_\_\_

What makes you sad? \_\_\_\_\_  
\_\_\_\_\_

What are you afraid of, if anything? \_\_\_\_\_  
\_\_\_\_\_

May I be your friend? \_\_\_\_\_

Will you be my friend? \_\_\_\_\_

*Parent Signature* \_\_\_\_\_

# AUTHORIZATION TO TREAT MINOR CHILDREN

I, \_\_\_\_\_, give my permission to \_\_\_\_\_  
Name of Parent or Guardian Counselor

to see my son/daughter \_\_\_\_\_ for counseling,  
Name of Minor Child(ren)

with and/or without my being present in the same session. I/we understand that we are the holder of confidential privilege – the right to withhold disclosure of private counseling information about my child. However, in the interest of developing a trust relationship between the counselor and my/our child(ren), I/we give the counselor permission to reveal or withhold information that in his/her judgment is necessary to best help and protect my/our child(ren).

The only exception to this discretion would be in the case of \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor/Witness \_\_\_\_\_ Date \_\_\_\_\_

## **Disclaimer and Release of Liability and Confidentiality**

I have voluntarily sought counseling at New Haven Ministries. I am under no obligation or compulsion to accept this counseling or any advice I may receive during this counseling process. I further agree to hold New Haven Ministries and its staff free from any and all liability, loss or damage of any kind that may arise as the result of the counseling.

I understand that New Haven Ministries and any employee or other representative of New Haven is offering this counseling voluntarily, at a voluntarily pledged cost, and that I or New Haven can terminate or limit this counseling at any time.

I understand that this counseling is not a medical, psychiatric, psychological or other professional service, but is exclusively the sharing and explaining of principles set forth in the Bible as applied to my personal situation.

I understand that any counselor representing New Haven Ministries might thoughtfully choose to, or may be legally bound to disclose information received from me in the following circumstances:

1. The information may be disclosed to law enforcement officers or other governmental officials, if the counselor believes that the information may be about an actual, threatened or potential crime, other violation of law, or other matter within the responsibilities of the officers or officials to whom the disclosure is made.
2. The information may be disclosed to the proper authorities, if the counselor believes it is about an actual, threatened or potential suicide, or other act of self- harm.
3. The information that minors disclose regarding abuse, illegal activities may be disclosed to parents or other appropriate authorities if the counselor believes such disclosures will enhance the counseling process or provide necessary protection for the minor.

I have fully read this statement. I understand and agree with what I have read. I have executed this statement as my free and voluntary act on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
Counselor Name (please print clearly)

\_\_\_\_\_  
Client Name (please print clearly)

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Signature of Client/Parent (if a minor)