

**MOSAIC CHURCH AUSTIN COUNSELING PROGRAM**  
**Christian Counseling Intake Form**

This form will enable us to gain a quicker understanding of you and it will become a part of your confidential file. Please answer each question as completely as possible. If you are a couple, please fill out two forms, one for each person.

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

Name: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ May we leave a message here?  Yes  No

Secondary Phone: \_\_\_\_\_ May we leave a message here?  Yes  No

Email address: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Separated  Divorced  Widow

Name of Spouse: \_\_\_\_\_ Age of Spouse: \_\_\_\_\_ Years Married: \_\_\_\_\_

Is your spouse/significant other willing to come for counseling?  Yes  No  Uncertain

Names and ages of children: \_\_\_\_\_

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

Who referred you to our ministry? \_\_\_\_\_ Relationship: \_\_\_\_\_

**Spiritual/Religious Information:**

Church Name: \_\_\_\_\_ Number of years attending: \_\_\_\_\_

Church Attendance: \_\_\_\_\_ times per month Are you part of a small group?  Yes  No

Have you been baptized?  Yes  No When? \_\_\_\_\_

If applicable, what is the religious background of your spouse? \_\_\_\_\_

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

Describe your spiritual life: \_\_\_\_\_

\_\_\_\_\_

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Please note any recent changes in your spiritual life: \_\_\_\_\_

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**Health Information:**

Primary Care Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you presently taking any medication?  Yes  No Prescribing Doctor: \_\_\_\_\_

Medication	Dosage	Frequency	Prescribed for	Date began taking

**Current or Prior Counseling/Psychological Care:**

Have you had counseling before?  Yes  No

Have seen a psychiatrist before?  Yes  No  Currently

Age	Dates	Counselor/Center	Issue/Topic/Diagnosis	Results

Have you ever been hospitalized for a mental, emotional, or addiction issue? If so, list details:

Date                      Place                      For what reason?

Indicate how distressed you are on a scale of 1 – 10 (1=very little | 10=extreme): \_\_\_\_\_

**Concern Checklist:** (check all that currently or recently apply to you)

	Abuse, Physical		Family tension		Parenting
	Abuse, Sexual		Fear		Peer Pressure
	Abuse, Verbal		Financial Management		People Pleasing
	Abuse in the Past		Forgiveness		Perfectionism
	Addiction		Greed		Pornography
	Anger / Frustration		Grief		Pre-Marital Sex
	Anxiety		Guilt		Pride
	Apathy		Homosexuality		Procrastination
	Bad Memories		Humility		Purpose, Lack of
	Bitterness		Identity		Rebellion
	Chronic Pain		Impatience		Regrets
	Communication Problems		Infertility		Rejection
	Compulsions		Insecurity		Relationships
	Conflict Resolution		In-Law Conflict		Respecting Parents/Spouse
	Depression		Jealousy		Sexual Concerns
	Debt		Judgement		Self-Control
	Discontentment		Loneliness		Self-Injury
	Divorce Recovery		Lying		Shame
	Doubt Salvation		Manipulation		Social Anxiety
	Difficulty making decisions		Marital Difficulties		Spiritual Growth
	Eating Disorder		Moodiness		Suicidal Thinking
	Empty Nest		Online Sins		Time Management
	Envy		Panic Attacks		Trust

Are you okay with a supervised intern sitting in on your sessions for training purposes?

Yes, an intern may sit-in on our sessions

No, I prefer not to have an intern sit-in on our sessions

**Please answer the following questions:**

Please describe the current problem, as you understand it.

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Please state what you have done so far to solve the problem(s) you mentioned above:

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Please state your goals for counseling (how you hope to benefit from counseling):

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What, if any, are your concerns about coming to counseling?

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Is there any other information we should know?

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Do you have any current charges, or convictions within the last 7 years?

(a) aggravated crimes  Yes  No

(b) other violent crimes  Yes  No

(c) crimes of a sexual nature  Yes  No

If you answered yes for any of the crimes listed above, please explain

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## **MOSAIC CHURCH AUSTIN COUNSELING PROGRAM PRIVACY POLICY**

This Privacy Policy is provided to you to describe how personal, psychological and health information about you may be used and disclosed, and how you may access it.

For the safety of employees, counselors, and visitors, Mosaic Church Austin employs security monitoring equipment. Security camera recordings are archived and only reviewed by an authorized supervisor if there is a reported threat against person or property, physical harm, or material loss on Mosaic Church Austin campus.

Your counselor may use your personal, psychological and health information information:

1. To provide counseling services to you, including assessment, audits/administrative services, case management and care coordination.

You consent that your counselor may disclose your personal, psychological and health information information:

1. To parties which your counselor is required to disclose such information by law, ethical, or licensure requirements.
2. To supervising pastor or elder of Mosaic Church Austin.
3. To any other parties which you have provided separate written permission to your counselor to disclose.

You have the following rights concerning the use/disclosure of your personal, psychological and health information:

1. To request restrictions on certain uses and disclosures. However, Mosaic and your counselor are not required to agree to a restriction you request.
2. To inspect and copy the information in your counseling file (other than your counselor's private notes).
3. To request to amend or correct information in your counseling file.

You agree that your counselor may use/disclose your personal, psychological and health information without your consent in the following circumstances:

1. Child Abuse. If your counselor has cause to believe that a minor has been or may be abused, neglected, or exploited, you agree that your counselor may report this to the proper authorities without your consent.
2. Elderly/Disabled Persons Abuse. If your counselor has cause to believe that an elderly or disabled person has been or may be abused, neglected, or exploited, you agree that your counselor may report this to the proper authorities without your consent.
3. Judicial/Administrative Proceedings. If you are involved in a civil, criminal, administrative, or law enforcement proceeding which involves an order requiring information about your diagnosis and treatment, you agree that your counselor may comply with such order, including delivery to the requesting party of your personal, psychological and health information without your consent.
4. Serious Threat to Health and Safety. If your counselor determines (in their sole judgment) that you pose a serious threat to the health and safety of yourself or another person, your

counselor may disclose your relevant personal, psychological and health information without your consent to proper authorities.

5. Sexually Transmitted Disease. If you remain sexually active after being informed that you have a sexually transmitted disease, and are potentially spreading the disease to other persons, your counselor may disclose such information to protect others that you might put at risk.
6. Sexual Contact with a Mental Health Professional. If you disclose sexual contact with a counselor, psychiatrist, psychologist, therapist, pastor, or other lay or professional counselor or mental health professional, your counselor may disclose such information to such party's supervising authorities.

### **MOSAIC CHURCH AUSTIN COUNSELING PROGRAM COUNSELING AND APPOINTMENT POLICY**

1. Counseling provided under Mosaic Church Austin ("Mosaic") counseling program may be provided by licensed professional counselors ("LPCs"), pastoral counselors, and/or lay counselors. LPCs are subject to licensure and regulation by the state of Texas. Pastoral and lay counselors are not subject to such requirements. However, it is the policy of Mosaic to require all counselors to adhere to the requirements set forth in this document and the foregoing Privacy Policy.
2. All counseling services provided by counselors under Mosaic's counseling program is provided in accordance with Christian religious and biblical principles and standards as interpreted and adhered to by Mosaic and is not necessarily provided in adherence or conformance with any local, state, or national psychological or psychiatric practices, association, or methodology.
3. Mosaic is committed to providing biblical counseling guided by the Christian scriptures as interpreted and adhered to by Mosaic. In sessions your counselor may listen, explain, pray with you, and give homework. Your responsibility is to be open and honest, to complete homework assignments, and to work diligently toward the goals which you and your counselor establish for your counseling. You may end your counseling relationship with your counselor at any time. While benefits from counseling are expected, specific results are not guaranteed. You have the right to discuss or refuse any counseling techniques that you believe might be harmful.
4. Counseling sessions are scheduled for sixty (60) minutes. Longer sessions or sessions held more or less often than once per week will be decided on an individual basis.
5. All counseling services are donation based. No fees are charged. Mosaic will not refuse to provide counseling services to persons for the mere reason that they are unable or unwilling to make a donation. Donations can be made online, via text, or by cash or check at the time of appointment. Suggested donation per session with Staff Counselor is \$60.
6. You agree to provide no less than twenty-four (24) hours prior notice of cancellation of any counseling appointment. Your first missed appointment without proper prior notice will be excused. Subsequent missed appointments without proper prior notice will result in termination of your eligibility to receive counseling services from Mosaic unless the suggested donation amount is given for the missed appointment.

7. The number of counseling sessions provided to you will be determined by you and your counselor; provided, however, that you, your counselor, or Mosaic may refuse to offer or to continue offering counseling services to you at any time for any reason.
8. To schedule an initial appointment, please email Nathan Brown at [nathan@mosaicchurchaustin.com](mailto:nathan@mosaicchurchaustin.com). If you need to cancel or reschedule an appointment, please call 512-537-0027 and leave a message. For health emergencies, please call 911, or go to your closest emergency room. For serious psychological or psychiatric emergencies or distress, please contact Shoal Creek Psychiatric Hospital at 324-2000.
9. If you are dissatisfied with the counseling services you receive, please advise your counselor to resolve your concern. If you cannot resolve it with your counselor, please notify Nathan Brown at [nathan@mosaicchurchaustin.com](mailto:nathan@mosaicchurchaustin.com) so Mosaic can work to resolve your concern with you and your counselor. If your counselor is a licensed professional counselor (LPC) and Mosaic cannot resolve your complaint about your counseling services to your satisfaction, you may contact:

Texas State Board of Examiners of Professional Counselors  
1100 West 49th Street, Austin, TX 78756  
(512) 834-6658

or call:  
Consumer Complaint Line  
1-800-942-5540

10. If your counselor is a Licensed Marriage and Family Therapist (LMFT) or a Licensed Marriage and Family Therapist Associate (LMFT Associate) and Mosaic cannot resolve your complaint about your counseling services to your satisfaction, you may write to:

Complaints Management and Investigative Section  
P.O. Box 141369  
Austin, Texas 78714-1369

or call:  
1-800-942-5540

to request the appropriate form or obtain more information. This number is for complaints only.

**MOSAIC CHURCH AUSTIN COUNSELING PROGRAM  
ACKNOWLEDGMENT AND SIGNATURE PAGE**

I acknowledge receipt of the foregoing Counseling Intake Form, Privacy Policy, and Counseling and Appointment Policy for the counseling program of Mosaic Church Austin. Collectively, the foregoing documents are referred to as the "Agreement".

I am signing the Agreement on my own behalf and on behalf of my assigns, representatives, heirs, executors, and administrators and I agree to be specifically bound to all terms and conditions of the Agreement. I have read the entirety of the documents comprising the Agreement, fully understand that I am giving up substantial rights by signing it, am aware of its legal consequences, have signed this Agreement freely and voluntarily, and knowingly accept all the terms and conditions as set forth above.

I hereby release and hold harmless Mosaic Church Austin, its pastors, employees, volunteers, licensed counselors, and lay counselors working in the counseling program of Mosaic Church Austin from any and all liability, claims, and/or expenses related to or arising from any counseling services received (or not received) under the Agreement. I acknowledge that I do not waive, release, or hold harmless any licensed professional counselor participating in the counseling program of Mosaic Church Austin from any claims or causes of action which are not waiveable or may not be released under Texas law.

I understand that all statements made by me to my counselor are of a confidential nature and generally, except as noted in the Agreement, will not be disclosed by my counselor without my consent. I further understand and accept as a condition of my receiving counseling, that certain statements made by me or situations may require my counselor to take action or make disclosure when my counselor believes it is necessary for the protection of life or when my counselor may be required by law to disclose or report threats or past instances of harm to myself, or threatened harm or past instances of harm to a third person.

I understand issues may be discussed during counseling that could be upsetting in nature and that this may be necessary to help me resolve my problems.

I understand records and information collected about me will be held and released in accordance with Mosaic's foregoing policies and state laws regarding confidentiality of such records and information.

I understand that Mosaic's foregoing policies and state and local laws may require my counselor to report cases in which there exists a danger to others or myself, such as suspected abuse or neglect of minors or vulnerable adults.

I understand there may be other circumstances in which Mosaic's foregoing policies and the law requires my counselor to disclose confidential information.

*I have read and understand the entirety of the Agreement and agree to the terms and policies contained in it.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_