

CONFIDENTIAL
Intake Information

Today's date _____.

About You Personally:

Name _____
(last) (first) (middle)

Address _____
(number & street) (city & state) (ZIP code)

Phone: A.M. _____ P.M. _____ Cell _____

Email address (optional) _____

Occupation/Profession _____ Place of Employment _____

Age _____ Birthdate _____ Gender Male Female

Relationship status: Single Separated Married Divorced Widowed Other

If you have served in the armed forces, please provide the following information:

Branch _____ Years of service _____ Rank _____

About Your Family:

Spouse's name _____ Age _____ Years married _____

Occupation/Profession _____ Place of Employment _____

Please provide the following information about any children you may have from oldest to youngest:

Name _____ Age _____ Are you the birth parent?

Name _____ Age _____ Are you the birth parent?

Name _____ Age _____ Are you the birth parent?

Name _____ Age _____ Are you the birth parent?

Regarding your parents, are they (please check one) Married Separated Divorced

Mother: Living Deceased Father: Living Deceased

How would you describe your relationship with them? _____

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About Your Medical History:

Family Physician _____ Phone _____.

Please provide the following information about any prescription medications you are taking:

Rx name _____ for _____ dose _____ x/per day _____ since _____

Rx name _____ for _____ dose _____ x/per day _____ since _____

Rx name _____ for _____ dose _____ x/per day _____ since _____

Rx name _____ for _____ dose _____ x/per day _____ since _____

Height ____' ____" Weight (opt.) ____ lbs. Date of past physical exam _____.

General physical condition _____ Current physical problems _____

Person to contact in emergency _____ Relationship to you _____

Their contact numbers: A.M. _____ P.M. _____

Have you ever been hospitalized for psychological reasons? ____yes ____no

Have you ever attempted suicide? ____yes ____no

About Your Spiritual Life:

Please indicate with which, if any, church or religion you identify or are affiliated. _____

If you are affiliated with a specific congregation, please give the name. _____

Are you actively involved in the life of this group? ____yes ____no

List a few words or phrases from the box below that describe your current spiritual experience:

not a spiritual person	curious but skeptical	curious and hopeful	seeking God
born again	charismatic	stagnant	growing
closed toward God	open towards God	God is a friend	God is distant
God is a good Father	God is an angry Father	God knows me	God loves me
angry with God	God is punishing me	God likes me	confused about God

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About Your Desire for Counseling:

Who referred you? _____ Relationship to you _____

Reason you are seeking counseling today _____

Have you sought counseling for this reason before? _____yes _____no

If so, what was the name of the counselor? _____

What was the outcome of that counseling? _____

What is the desired outcome of the counseling you are pursuing today? _____

I certify that the information contained herein is complete and accurate, to the best of my knowledge. I voluntarily consent to the counseling I receive from Dr. Walley.

(signature)

_____._____._____
(date)

Welcome! I look forward to our work together and enter this process with expectancy that God will use these times for your best and His good purposes.

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___01	reducing my fear of _____	___26	improving my ability to sleep
___02	increasing pleasure in normal activities	___27	reducing sensitivity to possible criticism
___03	improving communication with spouse/children/ friends/coworkers/others [circle choice(s)]	___28	Help with my marriage (specify) _____
___04	expressing myself more assertively	___29	learning problem-solving/decision-making skills
___05	learning how to relax	___30	reducing family difficulties
___06	better managing my health	___31	reducing on-the-job difficulties
___07	better tolerating my mistakes	___32	better managing my temper
___08	better tolerating others' mistakes	___33	taking initiative more often
___09	feeling less guilty	___34	increasing my assertiveness
___10	feeling less depressed	___35	procrastinating less
___11	better accepting the loss of _____	___36	better managing my time
___12	learning how I am perceived by others	___37	decreasing my attempts to be perfect
___13	improving my communication skills	___38	not reacting so emotionally
___14	not taking disappointments so hard	___39	allowing myself to express my feelings more
___15	doubting myself less	___40	feeling more self-confident
___16	thinking less negatively	___41	discussing my thoughts of harming myself
___17	changing my habit of _____	___42	discussing my thoughts of harming others
___18	adjusting better to a recent change/incident: _____	___43	adopting a healthier attitude toward: _____
___19	reducing uncomfortable thoughts about: _____	___44	adjusting better to a past incident: _____
___20	changing my use of alcohol	___45	becoming more optimistic
___21	changing my use of drugs	___46	improving my self-awareness
___22	better managing my pain	___47	improving my sexual relationship
___23	learning how to improve relationships	___48	worrying less about _____
___24	discussing my relationship with food/weight	___49	better understanding my relationship with God
___25	learning more effecting parenting skills	___50	overcoming specific sinful temptations
51		52	

COUNSELING GOALS

Please look over the items in the following list and check the box next to the number by each that represents a goal that you would like to work on.

Now, please select the three most important goals from your choices above and list them here: 1st: _____ 2nd: _____ 3rd: _____

Payment Policy

1. Payment is due at the beginning of each session. You may make payment by debit/credit card, cash or check. There will be a fee of \$25 for returned checks.
2. Scheduled appointments not kept or not cancelled at least twenty-four (24) hours in advance (except in cases of emergency) are considered billable appointments, and payment is a reasonable expectation. When fairness governs decisions on both sides of this policy, rarely do offenses of any kind interfere with the professional, therapeutic relationship.
3. If the appointment must be rescheduled due to illness or emergency situation on my part, you will receive notice as soon as is reasonably possible. Of course, there will be no financial penalty to you.
4. In the event that inclement weather prevents either of us from keeping the appointment, again there would be no financial liability to either party. If the inability to get to the appointment is on your part, I do request that you call me (615.319.3297) to notify me at your earliest convenience.
5. I do not participate with insurance programs. If your company provides an EAP that would cover your visits, I am happy to cooperate. I would need confirmation from your company regarding the number of sessions they agree to cover. I am happy to provide an Invoice.

These policies are designed to assist me in the success of my practice and to assist you in receiving the services that you need in the most fair, most reasonable manner possible. If you have any questions or concerns, please ask for clarification. The clearer our communication and understanding on these administrative matters, the freer our communication can be in the conversations that bring you to counseling. I want this to be an experience that brings the meaningful change to your life that you desire.

David Walley, Ph.D., M.Div.