

CONFIDENTIAL:
HIS TRUTH TRANSFORMS INTERNATIONAL - INTAKE FORM

Date _____ Referred by _____
Name _____ Male () Female () Age _____
Address _____ Phone _____
City _____ State _____ Zip _____
Employer _____ Occupation _____
Cell Phone _____

MARRIAGE STATUS:

() Single () Married _____ () Separated _____ () Divorced _____ () Widowed _____
(years) (date) (date) (date)

Circle number of times married: 1 2 3 4 5 6 other _____

Ages when married (current spouse) Husband _____ Wife _____ Date of marriage _____

How long did you know your spouse before marriage? _____

Length of steady dating _____ Length of engagement _____

Spouse's name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

Spouse's Employer _____ Occupation _____

Cell Phone _____ Is he/she willing to come in? () Yes () No

CHILDREN

Names:	Check if stepchild	Age if living	Condition of health	Still living with you?	Age at death	Cause of death?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Explain briefly what you think the problem is: _____

How long has this problem existed? _____

Explain briefly what you have attempted to do about this problem: _____

What factors in your own life do you see as contributing to this problem? _____

Who, other than you, is being affected by this problem? How? _____

Whose help have you sought? What were the results? _____

What do you want us to do? _____

Have you ever been hospitalized for emotional problems? () Yes () No Date _____

Give details: _____

Do you have any chronic physical problems? () Yes () No If so, what are they? _____

What has been your greatest disappointment? _____

What is one thing that you would like to change about yourself? _____

Has anything traumatic happened to you that you think is still affecting you today? _____

Of the emotions listed below, circle the three that are most intense in your life right now:

- | | | | | | |
|---------|-----------|--------------|-----------|--------|---------|
| DESPAIR | DREAD | DISAPPOINTED | HOPELESS | LONELY | ANGER |
| ANXIOUS | IRRITABLE | ABANDONED | RAGE | FEAR | HOSTILE |
| GRIEF | GUILT | HATE | SELF PITY | SAD | SHAME |

Of these three, which emotion do you experience the most? _____

Are you aware of any self-deceptions such as:

- _____ denial of reality
- _____ attempting to escape reality through fantasy (soap operas, romance novels, day dreaming, pornography, etc.)
- _____ attempts to find identity through someone else
- _____ gaining a sense of worth through the accomplishments of someone else, especially your children
- _____ emotional passivity or withdrawal (frequently answering questions with "I don't care" or "whatever")
- _____ frequently looking back to times that seemed easier--the "good old days"
- _____ venting feelings on people who are weaker than the one who hurt you (sarcasm or criticism)

Do you defend yourself by:

- _____ covering up your weaknesses by overdoing your strengths
- _____ blaming others for the problems your experience
- _____ rationalizing to justify your decisions and behavior

RELIGIOUS BACKGROUND

Denominational preference: _____

What church do you presently attend? _____

How often do you attend? () WEEKLY () MONTHLY () SELDOM () NEVER

Church attended in childhood: _____

Religious background of spouse (if married): _____

Have you made the discovery of knowing Jesus personally? () YES () NO () UNSURE

Give details:

Are you satisfied with your own personal faith? () YES () NO () UNSURE

Are you interested in a more fulfilling personal faith? () YES () NO () UNSURE

FAMILY INFORMATION

Are your parents presently married? () Yes () No

Alive () Deceased () Any step-parents or adoption? Explain: _____

Was there a sense of security and harmony in your home during the first twelve years of your life? () Yes () No

Explain: _____

Which parent was in charge, and how did he/she operate? _____

Briefly explain your parents' Christian experience (Were they Christians? Did they profess and live their Christianity?)

Which of the following best describes how your family handled both "positive" and "negative" emotions:

- _____ readily expressed all emotions
- _____ expressed some emotions, but not all
- _____ acknowledged the presence of emotions, but reserved in expression
- _____ suppressed emotions
- _____ looked for "safety" in hiding emotions
- _____ disregarded emotions since they can't be trusted
- _____ denied emotions because they were too painful

How was affection shown between your parents? _____

How was affection shown toward you? _____

HEALTHSURVERY

What medications or supplements are you taking? Give dosage and reason for medication.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

FAMILY MAPPING

MOTHER

List three positive things:

List three negative things:

FATHER

List thee positive things:

List three negative things:

What were you like in the family?

What rules/myths were in your family?

How would you change your family?

Describe your sibling(s) and you relationship with them.

Do any of the following conditions exist for yourself or for members of your family? Please check all that apply.

	Condition now exists	Condition existed three months ago	Did condition ever exist?	Who had the condition? (Yourself or family member)
Criminal activity or violence				
Child abuse				
Spouse abuse				
Traffic violations (repeated or major)				
Vandalism				
Assault				
Theft				
Prostitution				
Manslaughter				
Rape				
Exhibitionism				
Other_____				
Sexual Problems				
Adultery or premarital sex (Circle which)				
Incest				
Impotence				
Frigidity				
Promiscuity (sex with many persons)				
Homosexuality				
Other_____				
Miscellaneous Problems				
Suicide				
Attempted suicide				
Delinquency				
Absenteeism (school or work)				
Tardiness (school or work)				
School drop out				
Frequent job changes				
Out-of-wedlock pregnancy				
High need for achievement or approval				
Workaholism				
Hypochondria				
Alcoholism				
Street drugs				
Habit forming prescription drugs				
Other_____				
Occult Activity				
Read / follow daily horoscope				
Had horoscope read				
Visited fortune teller or palm reader				
Involved in a séance (even as a child prank)				
Played with a Ouija board				
Involved in occult activity				
Have / had special interest in the occult				
Other_____				

SELF-EVALUATION PROFILE

The following questions are designed to further help evaluate the intensity of your emotions and present need. Please answer the questions honestly and completely.

5 = always 4 = often 3 = sometimes 2 = seldom 1 = never

1. _____ Feelings of hopelessness, despair, anguish, dread? (Underline which one/s)
2. _____ Breathlessness, sweating, dizziness, spaciness, racing of the heart, lightheadedness, uneasiness, fear?
3. _____ Do you find it difficult to concentrate?
4. _____ Do you experience headaches, muscle tension, insomnia, nausea? (Underline which one/s)
5. _____ Have your sleeping patterns changed?
6. _____ Do you feel as though you are losing control?
7. _____ Do you experience feelings of unworthiness?
8. _____ Are you fearful of going out alone
9. _____ Do you feel lonely or isolated?
10. _____ Are you bothered by crowds (grocery stores, shopping malls, etc.)?
11. _____ Do you fear rejection?
12. _____ Do you find it difficult to relax?
13. _____ Are you under considerable stress?
14. _____ Does your mind race with thoughts you cannot control?
15. _____ Do you tend to withdraw from people?
16. _____ Do you worry that something bad will happen to you?
17. _____ Do you find yourself being irritable?
18. _____ Do you drink or take drugs to relieve emotional discomfort?
19. _____ Do you have thoughts of trying to escape?
20. _____ Do you find yourself doing things repeatedly (such as washing your hands, checking the door, etc.)
21. _____ Do you have suicidal thoughts?
22. _____ Do you find yourself questioning your salvation?
23. _____ Do you find yourself very dependent upon someone else?
24. _____ Do you ever feel you have committed a sin that God could never forgive?
25. _____ Do you feel that God is not interested in you personally?

Check the emotions you experienced: I feel that I am or have been:

Abused Boring Disrespected Failure Neglected Helpless
 Incapable I should die Guilty Stupid Worthless Unwanted
 Unlovable Unacceptable Insignificant Can't do anything right
 Something is wrong with me Not good enough I cause misery Other _____

Check ways you have attempted to fix yourself or your circumstances:

Bible Study Counseling Church attendance Exercise New Job
 New Location Performance New Relationships Prayer Reading
 People pleasing Work harder Vows Put life in children or grand children
 Other _____

Check which of the following describes things you have done or do at your WORST or when you are depressed, angry, etc.

Alcohol Moody Seek attention Blame others Control Cheat
 Gamble Romance Critical of self Critical of others Cry Drugs
 Eat Explode Take no blame Make excuses Read Steal
 Sex Fantasize Manipulate Run/Avoid Spend \$ Worry
 Lie Withdraw Work Harder TV/Movies/Internet Pornography
 Reject others Take all the blame Try to fix

Check the characteristics which describe your spouse (or individuals) at their WORST, when you are at your worst. This person (s) is:

Abusive Against me Always right Angry Explosive Inconsistent
 Unkind Controlling Defensive Quiet Demanding Emotional
 Harsh Impersonal Incapable Moody Hard to please Insensitive
 Selfish Irrational Insecure Unloving Inconsiderate Irresponsible
 Withdrawn Manipulative Unrealistic Disappointed with me Unaffectionate
 Cheating on me Trying to change me Unforgiving Has high expectations
 Uncomplimentary Will disappoint me Rejecting me Untrustworthy
Other _____

What Do You Really Believe About God?

Until we recognize the lies we are believing about God, it is unlikely that we will be able to trust Him enough to turn to Him in our times of need. Evaluate your perception of God by circling the number that best describes your thoughts or feelings *at their worst*.

0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually 5 = always

1. It sometimes seems like God is distant, which makes it difficult to see or hear Him. As a result, I feel:

Nothing--I don't feel His presence at all.	0	1	2	3	4	5
Neglected--I have many needs that He just ignores.	0	1	2	3	4	5
Abandoned--I feel like I have to do things myself.	0	1	2	3	4	5
Alone--there is no one to help me figure things out.	0	1	2	3	4	5
Insecure--I don't know what He thinks of me, or where I stand with Him.	0	1	2	3	4	5
Ignored--He rarely talks to me; when He does, He is vague and confusing.	0	1	2	3	4	5
Uneasy--I am never sure what to expect from Him.	0	1	2	3	4	5
Confused--He is too complicated and hard to understand.	0	1	2	3	4	5
Helpless--I know I can't do things on my own strength, but He doesn't help me.	0	1	2	3	4	5
Afraid--He is allowing all kinds of bad things to happen to me and others.	0	1	2	3	4	5
Frustrated--He doesn't seem to care how long I suffer while He takes His time getting things done.	0	1	2	3	4	5
Unloved--He really doesn't care about me or my life.	0	1	2	3	4	5
Reluctantly tolerated--He might love me, but He doesn't like me much.	0	1	2	3	4	5

2. It sometimes seems like God is aggressively involved in my life, in an angry judgmental way. As a result I feel:

Taken advantage of--He doesn't take my feelings into account, and wants me to do things I can't or don't want to do.	0	1	2	3	4	5
Inadequate--no matter what I do, it doesn't measure up to His standards and expectations in quantity or quality.	0	1	2	3	4	5
Unaccepted--since it seems that His love for me is based on how much I can do for Him, I fail too often for Him to accept me.	0	1	2	3	4	5
Unloved--because He sees how much I hurt and He just keeps allowing me to suffer.	0	1	2	3	4	5
Guilty--He is quick to punish me when I don't measure up. That is why so many bad things have happened to me.	0	1	2	3	4	5
Pressured--He is impatient, and wants things done right now.	0	1	2	3	4	5
Criticized--most of what He thinks or says about me is negative because He is disappointed with me.	0	1	2	3	4	5
Condemned--He is angry and withdraws from me when I sin.	0	1	2	3	4	5



INFORMED CONSENT AND HOLD HARMLESS AGREEMENT

His Truth Transforms International (HTTI) is a non-denominational, 501(c)(3) ministry, founded in 2006 on the sufficiency of Christ and His Word. ***HTTI*** believes that God provides His written Word for guidance as to how we should live, with the real focus being on our relationship with Him. We believe the Bible is God's wholly reliable instruction manual for life, and the purpose of our ministry is to teach its application.

Staff members at ***HTTI*** are not state licensed counselors because we perform a different function. We are not "counselors" in the secular sense of the word. Instead of attempting to counsel individuals as to how they should conduct themselves, we teach that a person's understanding of their relationship with the Heavenly Father determines their conduct. What we offer is Biblical pastoral guidance or Biblical counseling, as opposed to secular counseling.

HTTI's heart felt conviction is that Biblical counselors must be solid in the Word of God if they are to provide the answers to hurting people. We do not possess the ability to change your life or fix your problems but do seek to see you transformed by the Word of God and the power of the Holy Spirit! Therefore, at ***HTTI***, we take Biblical truth and turn it into therapeutic and practical tools for transforming individuals and families. It is a process of moving a person from an emotional orientation to a spiritual one, which then allows the Holy Spirit to do His work of transforming a person from the inside out. **The ultimate responsibility for growth and change rests with you and God.**

While careful listening and empathy are a definite part of the ministry process, the type of ministry offered by ***HTTI*** is not passive, but directive in nature. Homework will occasionally be assigned, based on the teachings and principles of Scripture. These assignments include reading, listening to CDs, watching DVDs, and simple Bible studies.

Most people find Biblical counseling to be very helpful. Depending on the nature of your difficulty, however, you might also experience uncomfortable emotions during the course of your growth in Christ. Sometimes as a person begins to follow Biblical precepts, the life experience may *feel* or actually *become* worse. This is no reason to think you are not making progress. On the contrary, it may be a strong indication that your situation is being impacted in a positive way. When a person's life situation has become unmanageable, there is the need to "unlearn" certain beliefs; learn new beliefs and establish new thought and behavior patterns. This is often initially uncomfortable, and may even bring additional friction in relationships as adjustments to the new way of thinking and behaving are made.

You are free to discontinue the Biblical counseling process at any time. Most people continue until they have learned Biblical methods of thinking and acting. The Bible calls this process "renewing the mind." Occasionally, ***HTTI*** staff members may elect to discontinue ministry with a particular person. This generally happens when we see that no substantial progress is being made or other factors are interfering with the ministry process.

CONFIDENTIALITY

Everything you discuss is considered privileged communication as defined by Oklahoma statute (12 Okla. Stat. § 2502) and will be held in strict confidence unless it falls within one of the exceptions outlined below. Communication between you and the staff members at ***His Truth Transforms International (HTTI)*** is not intended for further disclosure except for persons present in the furtherance of the purpose of the communication. Thus, staff members at ***HTTI*** will not testify regarding privileged communications unless required by law or a court order. **The situations in which we may be required by law to report information to the proper authorities without your permission or knowledge** include, but may not be limited to: (1) indication of

bodily harm to others; (2) involvement in a felony; (3) suicidal intentions; (4) knowledge of child or elder abuse or neglect.

CANCELATIONS

Please be considerate and be on time for your appointments. If you need to cancel an appointment, please give our office at least 24 hours' notice.

FEES

While **HTTI** provides Biblical counseling without charge, we are completely funded by donations and you can be a part of our ministry by your giving. Tax deductible contributions can be given. There will be a charge for some materials that are used.

TRAINING

HTTI has a Biblical training department which makes it possible that a trainee will occasionally be participating in the counseling process. Trainees are subject to the same confidentiality requirements as staff.

HTTI is a non-denominational, non-profit ministry. In accordance with 1 Corinthians 6 and other passages, we ask all who receive ministry from **HTTI** to read and sign this **Informed Consent and Hold Harmless Agreement**, and release **HTTI**, its agents and employees from any claim whatsoever arising from the undersigned's participation in **HTTI's** ministry.

"I have voluntarily sought ministry on my own initiative, and am under no obligation to accept or reject any of the information that I may receive from **HTTI**. I agree to hold **HTTI** and its staff members free from any and all liability, loss or damage of any kind which may seem to arise as a result of ministry received.

I have read and understand the above issues and release of liability; "I agree with it and have signed it as my free and voluntary act."

Signed _____

Date _____

Witnessed by _____

Date _____