# SOULQUEST COUNSELING

## INTAKE FORM

NAME:_____

STREET ADDRESS_____

TOWN & ZIP CODE_____

EMAIL_____

BIRTHDATE_____

AGE_____ SINGLE_____ DIVORCED_____

MARRIED_____ YEARS MARRIED_____NAME OF SPOUSE_____

CHILDREN (how many and ages)_____

_____

OCCUPATION_____

PRESENT CHURCH AFFLICATION_____

EDUCATION (where and what degree)

High School_____

College_____

Grad school_____

EMERGENCY CONTACT NUMBER _____

BILLING ADDRESS (If different than your address)

_____

PERSONAL INVENTORY

How would you rate your emotional health? (Briefly describe how you feel?)

_____

_____

Are you presently taking any medication?_____

Have you ever had counseling before? (Briefly describe)_____

_____

What crisis or need led you to seek counseling at this time?_____

_____

In your own words, describe what you hope to accomplish/receive through this counseling relationship and soul care process?

_____

_____

_____

COMMITMENT

Are you willing to do "homework" after sessions?

Yes _____ No _____

Are you willing to give the soul care process a minimum of 5-6 sessions in order to determine soul struggles and work through the healing process?

Yes _____ No _____

**FINANCES**

The counseling fee is $110 an hour. If finances become a problem please indicate this to me and the board can consider your need and the opportunities we have for benevolence assistance. **We do not want anyone to miss out on counseling due to financial need!**

Fees are settled at the end of each month. You will receive a statement in the mail. If you have any questions, concerns or ideas, please do not hesitate to talk to Dr. Pete.

**PASTORAL PROFESSIONAL COUNSELING and LIFE COACH**

My name is Dr. Pete Cannizzaro but feel free to call me Pete. I am an ordained minister in the Christian and Missionary Alliance and served in full time ministry for over 38 years. Along with my wife Ellen, I am the co-founder of SoulQuest Ministries which includes SoulQuest Counseling Services. I am also trained in life coaching.

My approach with you will bring in all my years of ministry, working with people through their soul troubles and personal bouts with all the toxic emotional and traumatic life experiences. My approach will be from a biblical perspective, but I work with both atheists and agnostics and will be sensitive and respectful to your beliefs.

Be willing to understand, if you want to take care of your symptoms (for example, anxiety and/or panic attacks) this takes time. Soul care requires taking on a lifestyle of working with God, yourself and others for soul health, freedom, fullness and living life from the longings of the soul! As Proverbs reminds us *"Hope deferred makes the heart sick, but longings fulfilled is a tree of life."* Be aware as we walk together through these areas of life, you may feel worse than when you first started.

**CONFIDENTIALITY**

Our counseling relationship will be confidential and will not be discussed or released to anyone. Trust is the lifeline in any counseling relationship. Please note that by law we are required to inform family members and possibly others when there is sufficient cause to believe that your life is in danger and you may be considering suicide.

**APPOINTMENTS**

Due to the need for many to receive counseling and the tight schedule we keep, we ask that you honor the appointment. Over the years many have not called when they were not coming. There is grace for missing once. After that we will charge $25, unless of course there was an emergency or unforeseen event. Finally, we ask that you do not show up 10-15 minutes early. Prior to each session, there is a time for paper work from the previous client and preparation for the incoming client.

PARKING

When you pull into the drive way, parking will be immediately on the right side before the SOulQuest office.

**RELEASE FORM**

If at some point I believe that it will be helpful for me to speak with a person in your life whether at home, work, church or your circle of friends, I will seek your permission through a Release Form. All this does is give me authorized permission to speak to a person in your life. This conversation would be crafted with limits from you. You can limit what I can speak about. I am also willing to do whatever it takes for your healing and restoration and am open to meeting with others involved in your life, with your permission.

Client signature_____Date_____