

**Lynda L. Namey, CCC, CPC  
Christian Counselor**

1106 Cocoa Avenue, Suite 2, Hershey, PA 17033  
lyndacompletehealth@gmail.com  
(717) 520-1212

**CLIENT INTAKE FORM**

**Personal Information**

Today's Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Address:

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

Phone Number: \_\_\_\_\_ Client's

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

Check Marital Status: Single: \_\_\_\_\_ Engaged: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_  
Divorced: \_\_\_\_\_

Parent/Guardian Name/Address/Phone (**For Children Only**):

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

List name, birth date, sex relationship of all children, and/or siblings, including foster children, and/or children of mate, or roommate, and whether they live at home with you. (use back of this paper if necessary)

<b>Name</b>	<b>Age</b>	<b>Birth Date</b>	<b>Sex</b>	<b>Relationship</b>	<b>Living at home or not</b>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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In your own words, briefly state the nature of your concern:

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**CRISIS INFORMATION:** Any current suicidal thoughts, feelings, or actions?

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If yes, explain:

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Any current homicidal or assaultive thoughts, feelings, and or anger-control problems?

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Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain:

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Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain:

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Who should be contacted in case of emergency?

Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Are you presently taking any medication Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, what?

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For what purpose?

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Any problems with: Eating: \_\_\_\_\_ Sleeping: \_\_\_\_\_ Pain: \_\_\_\_\_ Recent weight changes:

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Any other medical problems?

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Have you or a family member ever been hospitalized for mental or emotional illness?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain - dates, place, reason:

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**Common problem/symptom checklist: 0 = none, 1 = mild, 2 = moderate, 3 = severe,**

- |                     |                              |                        |                            |
|---------------------|------------------------------|------------------------|----------------------------|
| _____ Marriage      | _____ Divorce/Separati<br>on | _____ Alcohol/Drugs    | _____ God/Faith            |
| _____ Premarital    | _____ Child Custody          | _____ Grief/Loss       | _____ Church/Ministry      |
| _____ Singleness    | _____ Disabled               | _____ Depression       | _____ Past Hurts           |
| _____ Sexual Issues | _____ Work/Career            | _____ Fear/Anxiety     | _____ Codependency         |
| _____ Family        | _____ School/Learning        | _____ Anger Control    | _____ Intimacy             |
| _____ Children      | _____ Money/Budgeting        | _____ Loneliness       | _____ Communication        |
| _____ Parent        | _____ Aging/Dependency       | _____ Other Addictions | _____ Self-Esteem          |
| _____ In-Laws       | _____ Weight Control         | _____ Mood Swings      | _____ Stress<br>Management |

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Others (Specify):

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Client Signature:

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Date:

Witness Signature:

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Date:

**CLIENT INTAKE FORM  
Part I - Legal Policies**

I understand this is a faith-based, Christian counseling service. Lynda L. Namey, is a Certified Christian Counselor, not a psychologist, and as such, will **NOT** testify in any litigation. In the unlikely event of subpoena, “the counselor” will exercise his/her right to fully invoke the clergy/client confidentiality privilege for the sole purpose of protecting his/her position as clergy, and the sacred trust of those he counsels.

I understand no guarantees of any kind have been represented to me by “the counselor”, as to my personal experiences, or the possible results of this counseling. I agree and understand payment for professional services is required at time of the visit, and that this office will not bill in lieu of payment. I will pay any legal or collection fees related to nonpayment of my bill, including worthless check charges. I accept full responsibility for charges for myself, my dependent children, or “Client” named above. I understand any threats of imminent harm to self, or others,

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including but not limited to, child molestation/abuse, and/or elder molestation/abuse, must be reported by Lynda Namey to the proper authorities.

I understand there is a **MANDATORY 24 hr. Cancellation policy** that states I am liable for reserved appointment time fees/costs in full, prior to the next appointment.

I release all liability, in any form, that may be charged against “the counselor”, by myself, or my estate, for actions concerning this counseling, Lynda Namey, and Complete Health, shall not be liable for any damages or injury arising out of counseling, Lynda Namey, and Complete Health, disclaims all liability for direct, indirect, incidental, consequential, punitive, and special or other damages, lost opportunities, lost profit or any other loss or damages of any kind. I enter into this agreement of sound mind, without influence of drugs, alcohol, or duress.

My signature below testifies that **I have read, and do understand**, the entire contents of this Intake Form. Upon request, I will be provided with a copy of this form.

Client Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Witness Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**CLIENT INTAKE FORM  
Part II - Legal Policies**

The following statements document some of the client responsibilities in the counseling setting. To enter into a contractual agreement for service with Lynda Namey, the client must read the following statements and avail themselves of the opportunity to discuss and ask questions regarding policies and procedures of this service with the counselor of record.

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The client must also review, and acknowledge these steps, by reading the Intake Forms, Disclosure Statements, and any other documentation provided to the client by Lynda Namey, in a deliberate, thoughtful, timely, and responsible manner. The client's signature indicates his/her agreement of Policy Compliance.

The client's signature also indicates his/her understanding of form content and client's responsibilities to the counseling process. Client also agrees that Lynda Namey has provided satisfactory explanations during their initial contact regarding him/her counseling goals, interventions, plans, and procedures, as mutually accepted between counselor and client, for the positive, personal growth of the client.

Any other party whom the client may indicate in writing they choose to add to their counseling arena, will be requested to comply with the policies. They will need to sign the necessary forms and releases before being allowed to participate in client's sessions. I waive confidentiality protocols, if any other party, including family members participates by my request in my personal counseling sessions. There are no exceptions to this rule.

Client Signature:

\_\_\_\_\_

Date:

Witness Signature:

\_\_\_\_\_

Date:

**CONFIDENTIALITY AGREEMENT**



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The conversations that we have within our sessions are confidential and will be protected as such. Information will be shared outside of our sessions only with your written consent or in the event that a Court Judge demands it; however, the following are instances where I would be obligated by law to break our confidential agreement without your permission:

- If it is assessed during your participation in sessions that abuse or neglect of children or elder is occurring.
- If in my presence you threaten to kill or harm another individual, and I am convinced that you will act on this threat, or you may lose control of your actions.
- If at any time during the course of our sessions, I determine that you are a danger to yourself, I will inform you of that opinion and make every effort to keep you from endangering your life. In some cases this may include notifying the police or family members.

Thank you for working with me.

Lynda L. Namey, CCC, CPC