

Rising Star Peer Counseling Intake Form

Request form for Peer Counseling.

*Please complete the questions below. Any * questions are required responses. Once you have completed this form and turned it into our office, you will be contacted within 48 hours (excluding weekends and holidays) by our Peer Counseling Coordinator to schedule an appointment with a counselor.*

*** First Name, Last Name**

*** Contact Phone:**

Email:

*** Please provide your age:**

*** Gender:** *(Circle)* Male Female

*** Can we leave a message at the contact # you provided?** *(Circle one)* Yes No

If yes, what is the best time to contact you?

If no, please provide an alternative means to contact you: *(Please provide another phone number or email address).*

*** What type of counseling are you interested in receiving?** *(Please select the option that best describes your need. Circle one)* Individual Marital/Family Child

*** Please give a very brief description of your need, situation or concern that you would like help with.** *This information helps us pair individuals with a peer counselor accordingly.*

Please list any medications you are taking and what they are for:

*** Are you a member of Rising Star Baptist Church?** *(Circle)* Yes No

*** Preference #1: What day of the week are you available to meet with a Counselor?** *Please select your first preference for an appointment. (Circle one)*

Monday Tuesday Wednesday Thursday Friday Saturday Any

*** Preference #2: What day of the week are you available to meet with a Counselor?** *Please select your second preference for an appointment. (Circle one)*

Monday Tuesday Wednesday Thursday Friday Saturday Any

*** Do you prefer a morning, afternoon or evening appointment?** *(Circle one)*

Morning Afternoon Evening

*** Are you receiving any professional counseling from a psychologist or psychiatrist?** *(Circle)* Yes No

*** Have you ever seen one of our peer counselors before?** *(Circle)* Yes No

If yes, when and who?

*** By signing below you are indicating you understand and agree to the following:**

I understand that I will be meeting with a peer counselor and that their function is to give spiritual and emotional encouragement/guidance. I understand that he/she is NOT a licensed therapist, psychologist or professional mental health worker.

I have read the above and understand and agree with it.

Signature

Date