

## PERSONAL INFORMATION

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Age \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone  
(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address (Optional) \_\_\_\_\_

Marital Status    Single \_\_\_\_\_    Engaged \_\_\_\_\_    Married \_\_\_\_\_    How Long \_\_\_\_\_  
                          Widowed \_\_\_\_\_    Separated \_\_\_\_\_    Divorced \_\_\_\_\_    How Long \_\_\_\_\_

This is your (#) \_\_\_\_\_ marriage      This is your spouse's (#) \_\_\_\_\_ marriage

Number of Children \_\_\_\_\_ Names and ages of children (indicate\* if by previous marriage)

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

Church affiliation \_\_\_\_\_ Member    Yes \_\_\_\_\_ No \_\_\_\_\_

Are you employed?    Yes \_\_\_\_\_    No \_\_\_\_\_    Type of Work \_\_\_\_\_

Company Name \_\_\_\_\_ Location \_\_\_\_\_

Is Spouse employed?    Yes \_\_\_\_\_    No \_\_\_\_\_

Company Name \_\_\_\_\_ Location \_\_\_\_\_

Please state in your own words why you are seeking help \_\_\_\_\_

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

What steps have you taken regarding this issue? \_\_\_\_\_

\_\_\_\_\_

What specifically are your counseling goals? \_\_\_\_\_

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Have you (and or your spouse) received marriage, family or individual counseling before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who, when and for what situation? \_\_\_\_\_

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Have you at any time been under the care of any psychologist, psychiatrist or mental health professional? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and for what problem \_\_\_\_\_

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What was the result of this treatment?

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Have you ever been hospitalized for drug abuse, alcohol, attempted suicide or depression/anxiety? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when? \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to client \_\_\_\_\_

Name of doctor or therapist \_\_\_\_\_

Are you presently under the care of any physician or medical practitioner? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of doctor \_\_\_\_\_

Are you currently taking any prescription or non-prescription drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what drugs and for what problem? \_\_\_\_\_

**By my signature, I affirm that I have read and understand the above statements and answered the questions to the best of my knowledge and ability.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ADDITIONAL INFORMATION

1. How long will the counseling process take? Depending on the nature of the problem, count on between ten and twenty five sessions. Each session will last about an hour: on occasion it may last longer.
2. Will the process be a painful? Most people who come for counseling are already experiencing some pain. Even though the process may sometimes be painful, we are committed to walking with you through whatever is going on in your life.  
Are you at a place where you are willing to do whatever it takes to bring about healing, even if it brings on more pain for now? \_\_\_\_\_
3. What about homework? Because counseling appointments are only once a week, homework will typically be given. Your outside personal study and participation is vitally important to make each session most helpful. All homework must be completed prior to each session in order for the process to be effective.  
Are you prepared to complete homework assigned to you? \_\_\_\_\_
4. What is the cost of individual appointments? The cost per session is \$110 per one hour session. There is an additional charge for books and tapes.
5. What if I am unable to keep my appointment? In the event you are unable to keep your appointment, I ask that you notify me in advance. Missed appointments without notice will be charged. Would you be willing to comply with this courtesy? \_\_\_\_\_
6. What about confidentiality? The communication between you and I is considered confidential. Your records will not be released outside of this office without your written consent. Exceptions to this confidentiality can ensue as a result of one or more of the following circumstances: (1) when you say or do something that threatens your personal safety and/or suicide (2) when you say or do something that threatens the safety of others and or homicide (3)

there is known or suspected child or elder abuse (4) when records are court ordered by a judge compelling disclosure.

Do you have any questions concerning this policy? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

7. What about emergencies?

I am available to return calls during regular business hours. If you have an emergency after office hours, I will return your call as soon as possible. Please contact me on my cell phone only when necessary (703-898-1778).