

Counseling Agreement

As part of the counseling process, I understand that I may be required to follow through with homework exercises such as reading, changing behaviors, praying, or other initiatives that will serve my best interest. Ultimately I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling. _____ Initial

I further understand that my progress will be a direct result of my honesty, the work that I will put into resolving my issues and my willingness to move forward even if it is painful and difficult. _____ Initial

I understand that my communication with my counselor is strictly confidential and will not be released to anyone without my consent, unless I am in violation of codes of abuse – physical or sexual, a harm to myself or others. By law, my counselor is required to report such exceptions to the proper authorities in order to protect myself and/or those in danger. _____ Initial

Additionally, my counselor may consult with another therapist regarding my case. This therapist will also be bound by the same confidentiality laws, that being said, my name and identity will remain anonymous. _____ Initial

I understand that I will pay in full for each session (**50 minutes**). The rate is \$85/session. I understand that I will pay a **\$25 cancellation fee** for appointments not cancelled with **24 hours notice**. You may notify your therapist by phone or email to cancel or reschedule. _____ Initial (954)755-7767 x105, Counseling@cbglades.com

Finally, although we meet in a church setting, I understand that when I see my counselor outside of the counseling sessions that is her time of worship and she will not discuss my sessions outside of my scheduled visits. _____ Initial

I acknowledge that I have read this agreement in its entirety and agree to the conditions set forth.

_____ Date _____

(Client or Parent Guardian Signature)

_____ Printed Name

_____ Printed Name

Intake Form
CONFIDENTIAL

Name _____ Today's Date _____

Contact information

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ (cell) _____ (home)

_____ (work) Date of birth _____

Email address: _____

May I leave a voicemail on your cell or home number? (circle your primary choice)

May I email you regarding your sessions? Yes or no

Emergency Contact: _____ (name) _____ (number)

How did you hear about our counseling services? Pre-service slide, service, flyer, guest services desk, a Life Group, website, friend, or other?

Relationship Information

Marital status (circle one)

Single/Engaged Married Separated Divorced Widowed

Work / Educational History

Are you employed? FT, PT, unemployed (circle one) If unemployed describe current situation:

What type of work do you do? _____

Are you a student? Yes ____ No ____ If yes, where? _____

Course of study: _____

Highest level of education:

GED, High School diploma, Bachelor's degree, Master's degree, Doctoral degree

Current family information:

List the full names of the all persons living in your home.

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present area of Concern:

What is the primary reason that brings you here today? _____

How long has this been a problem for you? _____

What do you hope to accomplish through counseling? _____

What have you done already to deal with the difficulties? _____

Have you received counseling in the past? (yes or no) If yes, briefly discuss the nature, duration and outcome. _____

What would you identify as your strengths overall? _____

Spiritual History

Briefly describe your spiritual relationship with God (if any): _____

Physical History

Are you presently under the care of a medical doctor? _____ Your physician(s) will **not** be contacted without your written consent.

Are you presently under the care of a psychiatrist? _____ If so, please list the name(s) of your physician(s):

_____ Med. doctor _____ Phone number
_____ Psychiatrist _____ Phone number

Are you presently on any medication? _____ If so, please list all and frequency:

Emotional Status

Are you currently experiencing strong emotions? _____ If yes, describe _____

Do you make decisions based on your emotions _____ How well does that work for you?

Have you had any thoughts of suicide? _____ If so, when _____

Do you have any thoughts now? _____

Are you experiencing any of the following?

- | | | |
|-----------------------------|----------------------------------|-------------------------|
| _____ Jealousy | _____ Financial issues | _____ Feelings of guilt |
| _____ Abandonment | _____ Passive aggressive | _____ Anger/rage |
| _____ Alcohol/drug abuse | _____ Intimacy problem | _____ Shame |
| _____ Withdrawn | _____ Affair(s)-emotional/sexual | _____ Phobias |
| _____ Lack of communication | _____ Compulsive behaviors | _____ Anxiety |
| _____ Spiritual issues | _____ Conflict avoidance | _____ Depression |
| _____ Panic attacks | _____ Sexual problems | _____ Nightmares |

____ Mood Instability
 ____ Uncontrollable fears

____ Suicidal thoughts
 ____ Controlling behaviors

____ Eating Issues
 ____ Low self-worth

Is there a history of any of the following in your family? Please indicate relation to each one identified (self, mother, father, stepparent, brother, sister, child, grandparent, or other type of guardian, i.e. aunt or uncle).

	Relation	Presently Occurring	Past
Divorce			
Alcohol abuse			
Drug abuse			
Suicide			
Physical abuse			
Eating disorder			
Sexual abuse			
Sexual addiction			
Mental illness			
Chronic physical illness			

Other

Is there anything else that is important for me as your therapist to know, and that you have not written about on any of these forms? If yes, please discuss here:
