

# Christian Counseling Services of South Georgia

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Please take time to review and fill out all the following forms. Each person coming to counseling should fill out an intake packet. You can either fill the packet out online and email it via the submit button on the last page OR print and fill it out by hand then bring it to your first counseling session. If you have any questions regarding the intake packet please call 229-546-5755.

\*The “submit button” is already linked to the email [drpatpatten@gmail.com](mailto:drpatpatten@gmail.com)

# Christian Counseling Services of South Georgia

Counseling Agreement & Disclosure Statement

Counselor: Dr. Pat Patten (229) 546-5755

Counselor: Kay D. Patten (229) 244-5754

In the midst of our difficult circumstances, having a personal relationship with Jesus Christ can enable us to make it through our pain and give us peace. We are dedicated to providing help and hope through *Christ-centered biblical counseling*.

## Methods of Counseling:

We provide Christ-centered counseling and encouragement to individuals and families. All counseling is based on principles from the Bible with no theories or methodologies applied which conflict with the truth of God's Word. *For counseling to be most effective, you must make a commitment of time and energy.* A variety of activities may be used to help you gain insight and make effective, long-lasting change. A few of these activities may include reading assignments and keeping a journal. If you are planning to use this counseling in a court of law, please let your attorney know that *we are not state licensed counselors.*

## Confidentiality:

When a person shares the concerns of their heart and details of their life, they need to know that this information is held in strictest confidence. No information will be released to anyone without prior, written authorization. *There are however, certain instances when a counselor may be obligated under the law to release information to others.* These instances involve a serious concern that a client may harm themselves or others, the confession of a crime, and suspected child abuse or neglect. Some legal matters may require client records to be summoned by the court. There are times when a counselor may either supervise or be supervised. This involves discussing client cases for the purpose of helping the counselor to demonstrate accountability and competency for the best interest of the client. The information discussed during supervision is completely confidential. Additional limits of confidentiality apply to children and teens.

## Appointments:

If you have a scheduled appointment and are unable to keep that appointment, please contact us as soon as possible. There is a \$45 cancellation fee *the week of the appointment* (after Sunday). The \$45 cancellation fee will not be enforced if the appointment is reschedule for the same week. Both day and evening appointments are available. To keep our fees at affordable rates, we ask that you be diligent in maintaining your appointments.

## Fees:

Christian Counseling Services is a ministry committed to providing professional, yet affordable, Christian counseling. It is our desire to minister to all who seek our help. Our standard fee is \$95.00 for a 50-minute session, or \$145.00 with two counselors, payable at the time of appointment. However, we will work to make our services affordable to all who seek counseling. We will accept cash, checks or credit cards but are unable to accept insurance. You may file with your insurance company. Many churches will assist their members financially if asked.

## Referrals:

As counselors, we have the responsibility of knowing our limitations, values, and expertise. If your goals or needs are beyond our abilities, we will help you find another counselor or agency that can help you. Referrals will be made to competent professionals with a preference given to dedicated Christians.

*I have read and understood the above statement, and agree to its terms.*

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Agreement: \$ 95.00

Additional signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INITIAL INTERVIEW AND INTAKE FORM

## Christian Counseling Services of South Georgia

Counselor(s):  Kay D. Patten  Dr. Pat Patten

Date: \_\_\_\_\_

*Please complete the following questionnaire. Please be honest in order for it to be most helpful. It is strictly confidential.*

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

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ May we e-mail you?  Yes  No

Who referred you to us? \_\_\_\_\_

Age: \_\_\_\_\_ Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Parent/Guardian Information (if child or teenager):

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

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

Parent's relationship: Married (how long?) \_\_\_\_\_ Divorced (how long?) \_\_\_\_\_ Separated (how long?) \_\_\_\_\_

If divorced or separated living with which parent? \_\_\_\_\_

**Current Status:**  Married  Single  Engaged  Boy/Girlfriend  Widowed  
 Remarried  Divorced  Separated  Living with Boy/Girlfriend

Spouse or Boy/Girlfriend's Name and Age: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

### Medical History (only if relevant for this counseling)

Hospitalizations: \_\_\_\_\_

Medications: \_\_\_\_\_

Significant Health related issues: \_\_\_\_\_

### Counseling History

Have you ever been to counseling? \_\_\_\_\_ How long ago and for how long? \_\_\_\_\_

What was this counseling for? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

### Family History

Describe relationship with Dad:  Good  Average  Poor

Describe relationship with Mom:  Good  Average  Poor

Describe relationship with siblings:  Good  Average  Poor

Where were you in birth order?  Oldest  Middle  Youngest Total brothers/sisters: \_\_\_\_\_

Did you grow up in a Christian home?  Yes  No

**Marital History**

If married, how long? \_\_\_\_\_

Describe relationship with spouse:     Good     Average     Poor

Describe relationship with children:     Good     Average     Poor

Previous marriage(s):     No     Yes    How many? \_\_\_\_\_ How long ago? \_\_\_\_\_

**Spiritual History**

Religion: \_\_\_\_\_ How long? \_\_\_\_\_ Attend Church? \_\_\_\_\_ Where? \_\_\_\_\_

**Personal Status & History**

Past or present drug/alcohol use in family/self: \_\_\_\_\_

Past or present emotional/sexual/physical abuse: \_\_\_\_\_

Legal involvement:     Current or prior criminal charges     Current law suits    Explain:

\_\_\_\_\_

How would you describe your mood:     Good     Average     Poor

Are you experiencing depression?     Yes     Some     No

Are you experiencing personal losses?     Yes     Some     No

Are you experiencing anxiety?     Yes     Some     No

Are you having problems with     eating,     sleeping,     working,     other: \_\_\_\_\_

Are you having suicidal thoughts?     Yes     No     Have a plan     Made attempts past/present

If yes, explain \_\_\_\_\_

What is your present support system?     Family     Faith/Church     Friends     Other: \_\_\_\_\_

Briefly explain why are you seeking counseling or the goals you would like to achieve.

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

Any other information that might be helpful for the counselor(s) to know:

YOUR NAME: \_\_\_\_\_

# Temperament Test

*Please circle each characteristic that describes you. There are no wrong or right answers. Be honest as to how you see yourself. Score at the end of each section by doubling the number circled.*

## ***Lion Characteristics***

Likes authority  
Takes charge  
Determined  
Confident  
Firm  
Enterprising  
Competitive  
Enjoys challenges  
Problem solver  
Productive  
Bold  
Purposeful; goal-driven  
Decision maker  
Adventurous  
Strong-willed  
Independent; self-reliant  
Controlling  
Persistent  
Action oriented  
"Let's do it now!"

**Lion score** (double the number circled): \_\_\_\_\_

## ***Otter Characteristics***

Enthusiastic  
Takes risks  
Visionary  
Motivator  
Energetic  
Very verbal  
Promoter  
Friendly; mixes easily  
Enjoys popularity  
Fun loving  
Likes variety  
Spontaneous  
Enjoys change  
Creative, goes for new ideas  
Group oriented  
Optimistic  
Initiator  
Infectious laughter  
Inspirational  
"Trust me! It'll work out."

**Otter score** (double the number circled): \_\_\_\_\_

## ***Golden Retriever Characteristics***

Sensitive feelings  
Loyal  
Calm; even keeled  
Non-demanding  
Avoids confrontations  
Enjoys routine  
Dislikes change  
Warm and relational  
Gives in  
Accommodating  
Cautious humor  
Adaptable  
Sympathetic  
Thoughtful  
Nurturing  
Patient  
Tolerant  
Good listener  
Peacemaker  
"Let's keep things the way they are."

**Golden retriever score** (double the number circled): \_\_\_\_\_

## ***Beaver Characteristics***

Reads all instructions  
Accurate  
Consistent  
Controlled  
Reserved  
Predictable  
Practical  
Orderly  
Factual  
Conscientious  
Perfectionistic  
Discerning  
Detailed  
Analytical  
Inquisitive  
Precise  
Persistent  
Scheduled  
Sensitive  
"How was it done in the past?"

**Beaver score** (double the number circled): \_\_\_\_\_

# COUNSELING AGREEMENT AND CANCELLATION POLICY

Christian Counseling Services of South Georgia

*In for order counseling to be effective commitment and continuity must be maintained. Therefore we ask that you commit to the following agreement:*

1. I will do my best to attend all scheduled appointments. I realize there is a \$45 cancellation fee the week of the appointment (after Sunday) and the full fee, \$95, if on the day of the appointment.
2. I understand this cancellation fee applies even if I reschedule for another week.
3. If I decide to permanently discontinue counseling for any reason, I will clearly personally communicate this with my counselor in advance.
4. My appointment time/cancellation fee guarantee is with:
  - \$45 cash deposit (which will be refunded on your last appointment)
  - A check for \$45 (will remain un-cashed unless you cancel an appointment.)
  - My credit/debit card listed below.

\_\_\_\_\_

**I also wish to pay for each session using the below listed card.**

Please send my electronic receipt to my phone \_\_\_\_\_ or my email \_\_\_\_\_.

## CREDIT/DEBIT CARD INFORMATION

Name on card \_\_\_\_\_

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

Exp Date: \_\_\_\_ / \_\_\_\_ CID (on back): \_\_\_\_ Billing Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_