

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): _____

Christian Counseling Services of South Georgia

Counseling Agreement & Disclosure Statement

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

Counselor: Kay D. Patten (229) 546-5573

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 \$35 cancellation fee *the week of the appointment* (after Sunday) and the full fee the day of the appointment. The \$35 cancellation fee will be waived if the appointment is reschedule for the same week. Both day and evening appointments are available.

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 \$100.00 for a 50-minute session, or \$150.00 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. Additional fees may also apply to documents, letters, records, etc. requested by the client.

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: \$ 100.00**

Additional signature: _____ Date: _____

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 \$35 cancellation fee the week of the appointment (after Sunday) and the full fee, \$100, if on the day of the appointment.
2. I understand this cancellation fee applies even if I reschedule for another week. If you reschedule for the same week the cancellation fee is waived.
3. My appointment time/cancellation fee guarantee is with:
 - \$35 cash deposit (which will be refunded on your last appointment)
 - A check for \$35 (un-cashed unless you cancel an appointment.)
 - My credit/debit card listed below. *

CREDIT/DEBIT CARD INFORMATION

Name on card _____

Card Number: _____

Exp Date: ____/____

CID (on back): __ __ __

Billing Address: _____

Authorized Signature: _____

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

Please send my electronic receipt to my phone _____ OR

my email _____.

* There is a 3.5% convenience fee for credit/debit card use.