

CLIENT INFORMATION FORM

Welcome to Faith Promise Church counseling service.

Please complete the form, read the office policies on the following page and sign where indicated.

Name: _____ Date: _____
Address: _____ City: _____ Zip: _____
Primary Phone: _____ May we contact you at this number? Yes No
Secondary Phone: _____ May we contact you at this number? Yes No
Email address: _____ May we contact you via email? Yes No
Date of Birth: ___/___/___ Age: _____ Marital Status: Single Married Divorced Widowed
Years completed in school: _____

Employer: _____ Occupation: _____
Parents are currently: Married Divorced Separated Deceased

Sibling Names and Ages: _____

Names and Ages of Your Children:

Name: _____ Age: _____ Live with you? Yes No

Name: _____ Age: _____ Live with you? Yes No

Name: _____ Age: _____ Live with you? Yes No

How long have you attended Faith Promise Church? _____ Are you a Core member? Yes No

What campus do you attend? _____

How did you find out about our Counseling Services? _____

Have you seen a counselor before? Yes No *If yes, please describe dates and circumstances:* _____

Have you ever been hospitalized for medical or psychiatric reasons? Yes No *If yes, please describe circumstances and dates:* _____

Do you have a current or long-term medical condition? Yes No *If yes, please describe:* _____

Are you currently taking medication? Yes No *If yes, list names of medication and dosages:* _____

Please describe your reasons for seeking counseling: _____

How long have these concerns been a problem? _____

What have you tried, thus far, to address these concerns? _____

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- Place a *check mark* next to any of the concerns you are *currently* experiencing:
 - Suicidal thoughts
 - Anger
 - Anxiety
 - Body image Issues
 - Childhood Trauma
 - Conduct Problems
 - Conflict with parent/guardian
 - Decreased Energy
 - Depression
 - Educational/School Issues
 - Emotional/psychological abuse
 - Financial Abuse
 - Financial Difficulties
 - Food/Weight Issues
 - Health/Medical issues
 - Internet Use or Overuse
Circle specific problem: (social media, gaming, spending, sexual material, etc.)
 - Legal Issues
 - Loss/Grief
 - Marital Discord
 - Mood Swings
 - Panic Attacks
 - Parenting Issues
 - Physical Abuse
 - Sleep Disturbance
 - Spiritual Concerns
 - Stress*
 - Substance Abuse
 - List substances:* _____
 - Vocational Problems

Do you have a relationship with Christ? ___ Yes ___ No

Have you been baptized? ___ Yes ___ No Date: (approximately) _____

Are you regularly participating in Small Group? ___ Yes ___ No

Are you tithing to Faith Promise? ___ Yes ___ No

Are you serving at Faith Promise? ___ Yes ___ No

What ministry area? _____
or How? _____

In an average week how often do you:

Exercise: _____

Drink alcohol: _____

Smoke: _____

Prescription drugs: _____

Nonprescription drugs: _____

Drink caffeine: _____

Are you in recovery? Yes No Details: _____

Primary Care Provider: _____ Phone: _____

Address: _____

Name, address and phone number of an emergency contact or relative *not living with you*: _____

What were your relationships like with your family growing up? _____

What are they like now? _____

Is there any family history of substance abuse or mental illness? _____

Has anyone in your family attempted or committed suicide? _____

Do you have one or more close friends? Yes No

How would you describe your spiritual development or faith at this time? _____

I understand that my conversations will be confidential except when the law mandates that information can or should be released. These circumstances include:

- Reporting child or elder abuse
- Protecting those who are a risk of danger to self or others
- Responding to a court order or subpoena
- Applying the Patriot Act by an appropriate agency (when a threat to national security has been determined)
- Responding to a request from the Secret Service (when a threat to the president has been determined)
- I understand that Faith Promise provides short-term Christian counseling.
- I understand that I may be seen by a counselor-in-training who is a graduate student. He or she will be supervised by a credentialed professional. I may be asked to allow my session to be audio or videotaped to be used in supervision only.
- I understand that therapist(s) at Faith Promise integrate psychological techniques and Christian principles in their work.
- I understand that therapist(s) at Faith Promise may consult with other appropriate professionals to maintain quality of care.
- I have received a copy of these privacy policies.
- I understand that email may be used to convey appointment information, but information will be kept minimal to respect confidentiality. **It is recommended to keep emails brief and not include personal information.**
- I understand that therapists cannot guarantee specific outcomes but that I will be consulted to determine my goals and that my therapist and I will work toward these specific goals.
- I also understand that if I no-show for an appointment or cancel two consecutive appointments, that my therapist will have the option to give my allotted time to another client; and upon my request, referral information will be provided to me.

Signature

Print Signature

Date

(Optional) By providing my name below, I give permission to allow my counselor to share with other staff members only information that he or she deems necessary for that staff person to better serve me.

Signature

Date