

WELCOME TO OUR OFFICE

Please complete the information requested below. If Client is a minor, please provide all information of parent or guardian.

Client Name _____ e-mail _____ Date _____

Address _____

Phone: Home () _____ Cell () _____ Work () _____
City State Zip

Age _____ Date of Birth _____ Social Security Number _____-_____-_____

Occupation _____ how many years? _____

Education (number of years attended): _____ High School _____ College _____ Post-Graduate

Physical problems: _____ Date of last physical exam _____

Medications: _____

Have you ever used drugs for other than medical purposes? ___ Yes ___ No If yes, what type? _____

Client/Responsible Party: _____ Relationship to Client: _____ Self _____ Spouse _____ Parent _____ Guardian _____ Other Address (if different than above) _____ Phone: Home () _____ Cell () _____ Pager () _____ Occupation _____ How many years? _____ Employed by: _____ Business Phone () _____

Marital History: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed If married, for how many years? _____ Married more than once? Yes _____ No _____ If yes, how many times? _____
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Spouse: _____ SS # _____ - _____ - _____ Date of Birth _____ Address (if different than above) _____ Phone: Home () _____ Cell () _____ Pager () _____ Occupation _____ How many years? _____ Employed by: _____ Business Phone () _____

Persons living in your home other than those listed above:

Name	Sex	Age	Date of Birth	Relationship to Client

PERSONAL INFORMATION (this is part of your personal record and is kept absolutely confidential!)

In order for your therapist to give you maximum assistance, it is necessary for him/her to have accurate and thorough information. You are therefore requested to fill out the questionnaire completely and accurately. After completing this form you will have a 45-50 minute session in the consulting room where you will be given an adequate opportunity to discuss your problems in detail. You will also be encouraged to ask any questions that may be troubling you.

A. **Underline** any of the following words which you feel apply to you:

a nobody	assertive	full of pleasant thoughts about past events
panicky	misunderstood	horrible thoughts
lonely	incompetent	unattractive
life is empty	friendly	worthwhile
relaxed	bored	pleasant thoughts
wanted	competent	pleasant
a somebody	ugly	sympathetic
cowardly	active	kind
needed	naive	repulsive
life is fun	beautiful	intelligent
confident	restless	full of hate
unloved	sophisticated	depressed
stupid	deformed	considerate
unassertive	confused	anxious
loved	guilty	happy
bright	shapely	

B. **Underline** any of the following that apply to you:

Headaches	Depressed	Take Drugs
Dizziness	Suicidal Ideas	No Appetite
In Love	Unable to Relax	Can't make Decisions
Stomach Trouble	Over-ambitious	Insomnia
Content	Inferiority Feelings	Unable to Have a Good Time
Fatigue	Can't make Friends	Alcoholism
Nightmares	Satisfied	Concentration Difficulties
Feel Loved	Can't Keep a Job	Tremors
Elated	Happy	Separated from God
Feel Panicky	Fainting Spells	Don't like weekends or vacations

C. Do you follow a daily practice of Bible meditation? _____

D. Do you attend church? _____ If yes, where? _____

Pastor's Name: _____

Frequency: _____ Weekly _____ Occasionally _____ Rarely

E. Who referred you to our office? _____



Some Things You Should Know About Counseling (Informed Consent)

Before you start counseling there are some things that you ought to know. Legally, this information is called “Informed Consent.” *Informed Consent* will help you understand better what to expect from your effort at our office, and it will explain some limitations to what we will be doing.

Confidentiality

Of course, all of our work together – our conversations, your records, and any information that you give us – is protected by something called *privilege*. That means that the provisions of the Texas Health and Safety Code, Chapter 611 and other state or federal statutes protect you from having information about you given to anyone without your awareness and permission. Our office respects your privacy, and we intend to honor your *privilege*. However, there are some limits to your privilege, some legal exceptions you should understand before we start.

If we believe there is a risk that you might harm yourself or someone else, we may be required to contact the authorities or the other person to give them the opportunity to protect you or the other person. If we have cause to believe that you are abusing children or elderly or disabled people, we are required by law to notify the authorities. Also, if you become involved in any lawsuit in which your mental health is an issue – for example, a child custody dispute or an injury lawsuit in which you claim compensation for emotional pain and suffering – then the court or the lawyers may insist upon, and may obtain your information from us. Similarly, you would lose the protection of your privilege if you file lawsuit against our office or a complaint with the state licensing board.

The financial part of our relationship also imposes some confidentiality limits. If you are using insurance or another third party payer, our office must share certain information with them, including (but not necessarily limited to) your diagnosis and the times of your visits. If there is a managed care company, they may require us to provide additional information, such as your symptoms and your progress. You should also understand that insurance and managed care information is often stored in national computer databases. If we find ourselves in a dispute with you over billing, our office may provide the collection company with information necessary to collect any outstanding balance.

Side Effects and Other Potential Unpleasantness

You should know that counseling is not always easy. You may find yourself having to discuss very personal information. You could find those conversations difficult and embarrassing, and you might be very anxious during and after such conversations. As you learn more about yourself, you might encounter increased conflict with friends, co-workers, and family members. It is possible that you might become somewhat depressed. Counseling is intended to alleviate problems, but sometimes, especially at first, and as you get to the root of some things, you may feel them even more acutely than in the past. We may also ask you to do some things that might, at first, make you feel awkward or uncomfortable. Sometimes counseling requires trying new ways of doing things. You will always be free to move at your own pace, however. We will challenge you and your old ways of thinking and doing things, but we cannot offer any promise about the results you will experience. Your outcome will depend upon many things.

Initials _____

Christian Counseling of Houston, Inc.
26010 Oak Ridge Dr, Suite 105
The Woodlands, TX 77380
281-681-1717

Our office specializes in individual, marriage, and family counseling as well as general adult and adolescent issues. If we believe that your problems require knowledge that we do not have, we may refer you for a consultation with someone with specific training or experience. We will discuss any such referral with you before we act. At the very beginning we will create a treatment plan with you. That is, we will look at what you would like to change, what we will do to change it, how we will know you are succeeding, and how long it will take. Every now and again, we will review that plan to see if it needs to be updated.

Custodian of Records

Your records will be held for seven years, or seven years beyond the age of 18 for minor clients. We may archive your records at an off-site location. In the event of the counselor's incapacity or death or termination of counseling, the records will be held for the required period of time.

Filing a Complaint

If you wish to report an alleged violation of the Code or the rules by a counselor, you must notify the executive director of the Texas State Board of Examiners of Professional Counselors. The initial notification may be in writing, by telephone, or by personal visit to the board office. A complaint will not be accepted by the board office if the official form is not filed within five years of the date of termination of the counselor-client relationship which gave rise to the alleged violations. If you were a minor at the time of the alleged violation, this time limitation does not begin to run until you reach the age of 18 years.

Texas State Board of Examiners of Professional Counselors
1100 West 49th Street
Austin, TX 78756
(512) 834-6658

"I have read and understand the policies as stated above and I understand that the counselor and Christian Counseling Center of Houston assume no responsibility for me or my emotional condition. I voluntarily accept the help offered by this center. I will not hold either the counselor or the counseling center liable for my health, behavior, or well-being in any way. I understand the director reserves the right to monitor any session he/she chooses."

"I further state that I have voluntarily sought counseling on my own initiative and that I am under no obligation to accept counsel that I may receive from this organization."

I have read and understand the above statements:

Client Signature _____ **Date** _____

(If Minor, Signature of Responsible Person)

Consent to Counsel Minor

I hereby state that I am the legal guardian of _____, a minor. As the legal guardian of said minor, I have voluntarily sought and/or consent to counseling for said minor with Cindy Kubetin Littlefield, M.A., L.P.C. and Christian Counseling of Houston.

Signed _____ **Date** _____

Fee Payment Agreement

The charge for the counseling session is based on a sliding scale (see below).

*****Please circle your income and fee applicable to you*****

If combined family annual gross income is:	Your fee will be:
\$50,000 or less	\$110.00
\$50,001 - \$75,000	\$125.00
More than \$75,001	\$130.00
Joint/Marriage/Family Counseling	\$140.00

Insurance: The Center does not accept insurance assignment. Full payment is due at the time of session regardless of insurance coverage. A detailed receipt will be provided for you to submit to your insurance carrier for reimbursement. Please be advised that all charges may not be covered as per your individual company plan. The Center is not responsible for any non-covered charges.

"I understand that all fees are to be paid in full at the time of session. I am responsible for requesting reimbursement for all covered charges from my insurance company. Christian Counseling Center of Houston is not responsible for any non-covered charges."

I have read and understand the above statement regarding payments/insurance:

Client Signature _____ **Date** _____
(If Minor, Signature of Responsible Person)

APPOINTMENTS

To schedule appointments with a therapist, call the office at (281) 681-1717 and you will be scheduled at the earliest convenient time available. Please be sure to call as soon as possible if you are unable to keep a scheduled appointment.

- **A 24-hour notice is required for any cancellation or rescheduling.**
- **Please be aware that the office is closed at on Fridays. All cancellations for Monday must be called in before 12:00 PM Thursday.**

"I understand that, if I do not keep my appointment, I will be responsible for paying the full session price for the missed appointment. To avoid being responsible for paying for the missed appointment, I realize I must give 24 hours notice if I cancel or reschedule my appointment. If I have a Monday appointment, I must call before 12:00 PM on Thursday to cancel or reschedule."

I have read and understand the above statement regarding appointments:

Client Signature _____ **Date** _____
(If Minor, Signature of Responsible Person)