

ENROLLMENT INFORMATION

The information asked below is to allow us to more quickly understand you and your reason for requesting counsel and to enable us to help you more expediently. Please fill out all forms as completely as possible. All information is held in the strictest confidence and cannot be divulged to anyone without your written permission.

DEMOGRAPHIC DATA

Name _____ Date _____

Address _____ Phones: (Wk) _____ (H) _____

City _____ State _____ Zip _____ S.S.# _____

Place of Birth _____ Nationality _____ Sex _____

Religion _____ Place of Employment _____

FAMILY BACKGROUND

Do you have children? _____ How Many? _____

List Names: _____ How many are living at home? _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

How many children at home are from a previous marriage? _____

Father's Name _____ Where does he live? _____

His occupation: _____ Age: _____ Living/Deceased _____

His health? _____ Last saw him when? _____

Mother's Name _____ Where does she live? _____

Her occupation: _____ Age: _____ Living/Deceased _____

Her health? _____ Last saw her when? _____

Religion raised in, if any: _____

Was your PARENTAL HOME EVER BROKEN BY:

Death _____ Your age then? _____ How did you feel? _____

Divorce _____ Your age then? _____ How did you feel? _____

Separation _____ Your age then? _____ How did you feel? _____

Desertion _____ Your age then? _____ How did you feel? _____

Which parent in the above was lost from the home? _____

Did your mother or father remarry? _____ Your age then? _____

How did you feel about your stepparent? _____

Did you have a good or bad relationship with your:

Father _____ Explain: _____

Mother _____ Explain: _____

Brothers or Sisters _____ Explain: _____

Was your PARENTAL FAMILY a closely-knit family? _____ Is it now? _____

Did your family change residences (move) often? _____

Why? _____

How many schools did you attend prior to any college? _____

MARITAL BACKGROUND

Marital Status: (Please check) Single _____ Married _____ Divorced _____

Separated _____ Widow(er) _____ Cohabiting _____

Spouse's Name? _____

Married? _____ How long? _____

Spouse Deceased? _____ How long? _____

Divorced? _____ How long? _____

Annulled? _____ How long? _____

If previously married, please give dates and how dissolved. _____

Describe your relationship with your spouse (if not married, your parents, etc.) _____

BIRTH ORDER

What is your placement in your family? 1 2 3 4 5 6 7 8 9 10 11 12
(Circle one)

Brothers' ages _____, _____, _____, _____, _____, _____.

Sisters' ages _____, _____, _____, _____, _____, _____.

Are you adopted? _____ Are any brothers or sisters adopted? _____

If yes, what are there ages and how many are there? _____, _____, _____, _____, _____.

If a twin, are you identical? _____

MILITARY SERVICE RECORD

Have you ever been in the military service? Yes _____ No _____

If yes, what branch? _____

Were you in combat? Yes _____ No _____ In Vietnam? Yes _____ No _____

Any military honors or medals? _____

Type of discharge? _____

EDUCATION

What is the highest grade you completed in school and in what year? _____

What is the highest degree you have received? (Circle one)

AA BA/BS MA/MS MSW MTh MDiv MBA RN LPN MD DD

ThD PhD Other: _____

What was your major? _____ Minor? _____

OCCUPATION

Your occupation: _____

Your employer: _____ How long? _____

Employer's address:

Employer's telephone number: _____

What type of work do you do? _____

If you could be anything or anyone you wanted, who or what would you be? (be specific)

Spouse's occupation: _____

Spouse's work telephone number: _____

PERSONAL INFORMATION

1. Presently I believe my spiritual condition is: (Circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Presently I believe my physical condition is: (Circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Presently I believe my emotional condition is: (Circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

2. Check the items that best describe or relate to the reason you need to receive counseling:

Bereavement _____ Religious doubts _____ Relationship with parents _____

Depression _____ Marriage problems _____ Relationship with children _____

Hatred _____ Bitterness _____ Relationship with others _____

Anxiety _____ Sexual concerns _____ Loss of faith in God _____

Nervousness _____ Adultery _____ Loss of faith in self _____

Fear _____ Impotency _____ Loss of hope _____

Guilt _____ Homosexuality _____ Loss of meaning _____

Suicidal _____ Anger with God _____ Loss of feelings or thoughts _____

Loneliness _____ Loss of love _____ Loss of self-respect _____

If a female, have you had any discontinued pregnancies? _____

Have you ever been arrested for other than a traffic violation? _____

How old were you when you left your parental home? _____

Have you ever been institutionalized for any problem? _____

3. Have you sought help previously? (from whom, when, the outcome?)

Please check any of the following symptoms or conditions you have had or now have:

CONDITION	PAST/PRESENT	CONDITION	PAST/PRESENT		
Mood highs or lows.....	_____	_____	Insomnia (can't sleep).....	_____	_____
Weight loss or gain.....	_____	_____	Excessive worries.....	_____	_____
Appetite change.....	_____	_____	Difficulty concentrating..	_____	_____
Drug usage.....	_____	_____	Hearing unseen voices.....	_____	_____
Cigarette usage.....	_____	_____	Frequent loss of temper..	_____	_____
Tobacco usage.....	_____	_____	Acting out violence.....	_____	_____
Irritability.....	_____	_____	Frequent employment changes	_____	_____
Excessive stress.....	_____	_____	Frequent residence changes....	_____	_____
Crying spells.....	_____	_____	Bed-wetting past age 6.....	_____	_____
Phobias or fears.....	_____	_____	Fire setting past age 6.....	_____	_____
Hallucinations.....	_____	_____	Blaming others frequently.....	_____	_____
Confusion.....	_____	_____	Lack of sexuality awareness...	_____	_____
Low self-esteem.....	_____	_____	Spiritual confusion.....	_____	_____
Compulsion.....	_____	_____	Thoughts of suicide.....	_____	_____
Depression.....	_____	_____	Inability to comprehend reading..	_____	_____
Extreme nervousness..	_____	_____	Inability to comprehend math....	_____	_____
Lack of motivation....	_____	_____	Inability to express self.....	_____	_____
Excessive drinking....	_____	_____	Involvement with the occult.....	_____	_____
Indecisiveness.....	_____	_____	Personal sexual abuse.....	_____	_____
Loss of memory.....	_____	_____	Physical abuse of children.....	_____	_____
Fantasizing.....	_____	_____	Physical abuse of others.....	_____	_____

BACKGROUND INFORMATION

1. How long has it been since you had a complete physical examination? _____
2. What physical disorder do you have, if any? _____

3. How many schools did you attend prior to college? _____

4. Do you take medications? _____

List their names and purposes: _____

5. Do you take vitamins? _____ What kind? _____

6. Your favorite food? _____

7. Your favorite dessert? _____

8. Do you snack often? _____ On what? _____

9. Do you use alcoholic beverages? (Circle one)

None

Some

Moderately

Often

Everyday

10. Is there a family history of alcoholism? _____ Who? _____

11. Do you drink coffee? _____ Decaffeinated _____ Regular _____

How many cups per day? (Circle one)

Less than 3

More than 3

More than 6

12. Do you use tobacco regularly? (Circle one)

No

Some

Moderately

Heavy

13. Describe yourself in a few sentences. _____

14. Are you a Christian? Yes _____ No _____ Not sure _____

a. What church do you now attend, if any? _____

b. Are you a regular _____, frequent _____, occasional _____, infrequent, _____.

15. What are your two favorite colors? _____ and _____

16. Have you ever thought of committing suicide? _____ If yes, explain: _____

17. Have you ever attempted suicide? _____ When? _____

18. Do you ever think that perhaps you're *going crazy*? _____ If yes, explain: _____

19. Do you ever simply want to run away? _____ If yes, explain: _____

20. Do you look forward to the future? Yes _____ No _____

21. How do you feel about the past? (Circle one)

Good OK Guilty Bitter Angry Confused Wish you could change it.

22. What time period do you think about the most? (Circle one)

Past _____ Present _____ Future _____

Number in order of importance: 1, 2, 3 (#1 being most important)

23. Is there a family history of physical or emotional abuse? _____ If yes, explain _____

24. Were you ever sexually abused or molested? _____ If yes, by whom? _____

25. Do you believe "your only problem" is the behavior of someone else? _____

If yes, please explain: _____

26. In your own words, complete this sentence: Sex is _____

27. Are vitamins and minerals important? _____ Why? _____

So that we may understand your problems fully, please state in your own words the life area you need answers to and why you chose a Christian mental health professional.

MISCELLANEOUS INFORMATION

If referred here, by whom? _____

You are responsible for any decisions you make regarding your life.

Signed: _____

Client name _____

Referral Source

We would like to thank whoever referred you to this ministry. By providing the following information and with your signature, this gives us the authorization to send a “Thank you” letter to the referral source from this ministry.

If you do not wish us to do this, please leave this area blank.

Person who referred you _____ Phone _____

Address _____

Signature Date

Confidentiality

This is to inform you that all services received in this ministry are strictly confidential. Without your written consent for release of information, your participation in services provided at this office will not be confirmed or denied nor will any other information be released. There are certain exceptions to confidentiality. Please ask for more information.

Signature Date

Authorization for Release of Information

I hereby authorize Mike Bivins, LPC and representatives from love ‘em up ministries to furnish information to insurance carriers concerning my illness and treatment. I further authorize the assignment of all payment to the practitioner, Mike Bivins, for services rendered.

I understand that I am ultimately responsible for all charges incurred regardless of insurance coverage.

Signature Date

Client name _____

Cancellation Policy

Please be advised that there is a \$65 charge for appointments not cancelled at least 24 hours in advance. This charge also applies should you not show for an appointment without canceling at least 24 hours beforehand. This charge will **not** be billed to insurance. The payment for the charge is **your** responsibility. Payment for missed appointments is expected at the next office visit, and you will not be seen again until the payment is received. It is your responsibility to keep up with scheduled appointments. You will not be called to remind you of your appointment. This policy ensures that you will receive timely treatment in the most efficient way possible.

I have read, agree to, and understand the cancellation policy.

Signature

Date

What is your primary reason for initiating counseling?

What do you seek to gain from the counseling experience?

