Wiregrass Hope Group

171 Westgate Parkway
Dothan, AL 36303
Phone 334-793-5433
manager@wiregrasshope.com

Today's Date: _____ **First Appointment Date:**_____

_____
First Name Last Name

_____
Address City State Zip

Phone Number: _____ Email: _____

Emergency Contact (name and number): _____

Do we have permission to contact you regarding follow-up appointments? ☐Yes ☐No

Age ____ Birth Date (mm/dd/yy) _____ **Prior to today, have you been to our office?** ☐Yes ☐No

If yes, when? _____

How did you hear about us? (Check one of the following):

☐ Yellow Pages ☐ Poster ☐ Physician Name: _____
☐ Church/Pastor ☐ Friend/Relative ☐ Other (Please specify): _____
☐ Internet ☐ Radio

Check one of the following:
***Race*:**
☐ African American ☐ Caucasian ☐ Hispanic/Latin American ☐ Asian/Pacific
☐ East Indian ☐ Native American

***Marital Status*:** ☐Divorced ☐Married ☐Single ☐Widowed ☐Separated

Occupation:_____Title_____

Check one of the following:
Income Level: ☐0-14,000 ☐$15,000-29,000 ☐$30,000-44,000 ☐$44,000-59,000 ☐$60,000-100,000
☐OVER 100,000

***Rate Your Health*:**
Check one of the following: ☐Very Good ☐Good ☐Average ☐Poor ☐Declining

Other: (please explain)_____

_____

Have you had any recent weight changes? ☐Yes ☐No Approx. weight gain_____ Loss_____

How do you sleep at night? ____Sleep soundly all night _____can't get to sleep

_____Fall asleep, but awaken after several hours & can't go back to sleep

List all important present or past illnesses, injuries, or handicaps:_____

_____

Date of last medical examination:_____Report:_____

Your Physician:_____

Are you presently taking prescribed medication? (Check one) No ☐ Yes ☐ If yes, please list below along with how long you have been taking each:

_____

_____

_____

Have you used drugs other than for medical purposes? ☐ Y ☐ N

Have you ever had psychotherapy or counseling before? (Check one) ☐ Yes ☐ No

If yes, please list name of therapist or counselor and dates:_____

Are you currently seeing another counselor? ☐ Yes ☐ No

About Your Faith:

Check or answer one of the following:

Do you attend a place of worship? ☐ Yes ☐ No **If yes, where?**

_____

How many times a month do you attend your church? _____ Times

What church did you attend church as a child or young teen?:_____

How often do you read your bible? ☐ Never ☐ Occasionally ☐ Often ☐ Daily

How often do you pray to God? ☐ Never ☐ Occasionally ☐ Often ☐ Daily

How would you briefly explain salvation:_____

_____

Explain recent changes, if any, in your spiritual life:_____

_____

If you have never been married skip this section

About Your Marriage:

Name of Spouse:_____ Age of spouse:_____ Spouse Birth:_____

Spouse's Occupation:_____Title:_____

In a few words describe your spouse's personality:_____

_____

Is your spouse willing to come for counseling? ☐Yes ☐No **Why not?**_____

_____

Length of engagement _____ **How long did you know your spouse before you were married?** _____

Date of this marriage:_____ Ages when married: Husband:_____ Wife:_____

Have you ever been separated? ☐No ☐Yes If yes when:_____ **How Long**:_____

Have you ever filed for divorce? ☐ No ☐Yes If yes, when:_____

Was it granted? ☐Yes ☐No Number of **PREVIOUS** marriages broken by: By Death:_____

Divorce:_____ Briefly describe the reason for the Divorce(s):_____

_____

Your Children:

PM *	Child's Name	Gender		Age	Is child living?	Is child currently living with you?
☐		☐ M	☐ F		☐ Yes ☐ No	☐ Yes ☐ No
☐		☐ M	☐ F		☐ Yes ☐ No	☐ Yes ☐ No
☐		☐ M	☐ F		☐ Yes ☐ No	☐ Yes ☐ No
☐		☐ M	☐ F		☐ Yes ☐ No	☐ Yes ☐ No
☐		☐ M	☐ F		☐ Yes ☐ No	☐ Yes ☐ No
☐		☐ M	☐ F		☐ Yes ☐ No	☐ Yes ☐ No
☐		☐ M	☐ F		☐ Yes ☐ No	☐ Yes ☐ No
☐		☐ M	☐ F		☐ Yes ☐ No	☐ Yes ☐ No

PM* Check this column if child is by a **previous marriage**

About Your Parents and Family History:

If you were raised by anyone other than your parents, briefly explain:_____

_____

Answer this section describing your own parents (or Parent substitute) when you were a child:

Religious background: Father: _____ Mother: _____

Monthly church attendance: Father: _____ Times Mother: _____ Times

Occupation: Father:_____ Mother:_____

Parents still living? Father:_____ Mother:_____

Are your parents currently living together? ☐ Y ☐ N

If not what is the reason? ☐ Death ☐ Divorce ☐ Separation

When did they die/divorce/separate?_____

How would you describe their marriage?_____

How many brothers do you have?____ Older_____ Younger_____

How many sisters do you have?____ Older____ Younger_____

About Violations and Decisions:

Have you ever been abused? ☐ Physically ☐ Sexually ☐ Verbally

Have you ever been the abuser? ☐ Physically ☐ Sexually ☐ Verbally

Have you ever had an abortion? ☐ Yes ☐ No _____

Have you ever had an extramarital affair? ☐ Yes ☐ No **Spouse?** ☐ Yes ☐ No

Have you had any thoughts about hurting yourself? ☐ Yes ☐ No **How Recently?** _____

What situation in your life has brought you here today?_____

_____

_____

_____

What steps have you taken to resolve this problem?_____

_____

_____

What do you hope to accomplish by coming here for help?_____

_____

_____

Is there any additional information you would like to share with us?_____

_____

Quality of Marriage Survey:

Name:_____

How do I feel we are doing as a couple with:	Scale (Check only one Number) 1 being Poor	2-4 Good			5-Excellent
1. Communication	☐1	☐2	☐3	☐4	☐5
2. Handling and Resolving Conflict	☐1	☐2	☐3	☐4	☐5
3. Finances	☐1	☐2	☐3	☐4	☐5
4. Spiritual Life	☐1	☐2	☐3	☐4	☐5
5. Shared Values and Goals	☐1	☐2	☐3	☐4	☐5
6. Extending and Seeking Forgiveness	☐1	☐2	☐3	☐4	☐5
7. Friendship-Spending Time Together	☐1	☐2	☐3	☐4	☐5
8. Romance and Intimacy	☐1	☐2	☐3	☐4	☐5
9. Understanding Our Roles	☐1	☐2	☐3	☐4	☐5
10. Commitment	☐1	☐2	☐3	☐4	☐5
11. Parenting	☐1	☐2	☐3	☐4	☐5

Additional comments:_____

_____

_____

_____

Wiregrass Hope Group
171 Westgate Parkway
Dothan, Alabama 36303

THE RIGHT TO MINISTER

We at Wiregrass Hope Group perceive effective ministry as "Life and Hope" overflowing from one person to another. Your lay helper has been trained in sharing this life and hope through the application of Scriptural truth to daily living and does not necessarily hold a degree in psychology or counseling. Since you have come to him/her for help, it is not considered that he/she has the "right" to minister to you unless you give that right. Giving this right involves responsibility on the part of both the helper and the seeker.

The following statements lead to a point of commitment between you, as the seeker, and your lay minister as to how the helping process may move forward.

AREAS OF LIFE:

We see human life consisting in several general areas: SPIRITUAL, PHYSICAL, PSYCHOLOGICAL, SOCIAL, FINANCIAL, MARITAL, and PARENTAL. Recognizing that human needs often overlap several of these areas, the helper asks your permission to go into any or all of these areas, to the degree necessary for addressing personal problems.

THE FAMILY:

We believe Marriage is the uniting of one biologically born man and one biologically born woman in an exclusive, monogamous covenant commitment for a lifetime. It is God's unique gift to reveal the union between Christ and His church and to provide for the man and woman in marriage the framework for intimate companionship, the channel of sexual expression according to biblical standards, and the means of procreation of the human race. (Genesis 1:26-28; 2:18-24; Proverbs 14:1; 17:6; 18:22; 31:10-31; Ecclesiastes 9:9; Matthew 19:3-9; Mark 10:6-12; 1 Corinthians 7:1-16; Ephesians 5:21-6:4; Colossians 3:18-21; 1 Timothy 5:14; 1 Peter 3:1-7)

DIRECTIVE MINISTRY:

While careful listening and empathy are a definite part of the helping process, this ministry will be directive in nature. This means that direction and assignments will be given based on the definite teachings and principles of Scripture. While it is not our position that all problems are strictly "spiritual problems", it is our belief that the vast majority of problems do have a basic spiritual factor.

DECISIONS:

No decisions will be made for you. You are the one(s) who will decide what you will do with the advice given you. If there is persistence in ignoring the help given, or a refusal to complete assignments, then the question may be raised as to the advisability of continuing in this helping process.

TIME FACTOR:

Each helping session lasts from 60 to 90 minutes. There is not a definite minimum or maximum number of sessions required, but you will not be kept coming beyond a reasonable time. If further help is needed in areas where those in other ministries have special expertise, you will be referred to the appropriate ministry.

DIFFICULTIES:

As you begin to follow Biblical counsel it may happen that your life experience may actually get worse. This is no reason to think that you as a seeker are not making progress. On the contrary, it may be a strong indication that you ARE making progress. In many situations, there is the need for unlearning and undoing certain things so that progress can be made in a new direction. This can initially be painful and discouraging. This is mentioned so that you will not be surprised or disheartened.

CONFIDENTIALITY:

Your lay helper is committed to a rule of confidentiality regarding what is discussed in the helping process. Your lay helper will make every effort to keep private all matters discussed in the helping environment. For the purposes of facilitating the healing process, your lay helper may record audio of session material using a voice recorder in order to discuss case related material with other lay helper staff, or with individuals in a supervisory role for training purposes. Audio material is not kept in any archive file but destroyed/deleted after use. In such cases, every effort will be made to conceal client's identifying information. If you object to audio being recorded during your sessions, please let your counselor know. Exceptions to confidentiality may include situations where reasonable suspicion exist concerning abuse, suicidal or homicidal events or potential harm against yourself, minors (under 18), elderly (over 65), or someone who is disabled, it is required by law for your lay helper to report such information.

Limits to Distance Technology:

I understand the limits to distance technology and that I am responsible for confidentiality in my own environment while engaging in any counseling services with my counselor. Although telehealth provides the appearance of anonymity and privacy in counseling, privacy is more of an issue when using technology than in person. I am responsible for understanding the potential risks of confidentiality being breached through overheard conversations, lack of password protection or leaving information on a public access computer in a library or internet café.

I understand that while telehealth counseling is a useful tool in addressing mental health issues, it may be necessary to seek counseling in person.

Since phone sessions do not allow for a visual representation of my mental status and affect, I understand that distance technology limits the assessment of my mental health. If I share any information that leads my counselor to believe that I am in danger of harming myself or other identified persons without giving any other information to explain, I understand that it is likely that my counselor may be obligated to dispatch emergency medical services to my address on file. I understand that telehealth counseling is not a platform for emergency mental healthcare. I release my counselor from any responsibility of confidentiality and from any result of my action during a situation of medical emergency. I understand that I should call EMS for immediate assistance during such an emergency.

FINANCES:

As a ministry rooted in Biblical principles, our finances are guided by: Matthew 10:8 … "freely you have received, freely give".

We would ask you to think on your own application of this principle and to consider a donation to this ministry of $30 to $100 per session. However, we do want to emphasize that help will be given without any consideration of the amount or the frequency of your donation. You will be expected to pay for any recommended books or materials at our cost. All money received will go toward the ongoing support of this ministry.

APPOINTMENT POLICY:

Providing hope and healing to individuals and families is at the heart of our mission at Wiregrass Hope Group. Because of that, we attempt to keep our schedules at full capacity. We realize that circumstances can arise that necessitate the canceling or changing of appointments, but we do ask that you notify us at least 24 hours in advance in order for us to schedule someone else at that time. If 2 appointments are missed without advanced notice, another individual will be allocated your time and you will be dropped from our regular schedule.

Your signature below will signify that you freely accept these principles and understand their importance in the process that you and your lay helper are undertaking together.

_____ _____

Signature Date