

INDIVIDUAL COUNSELING APPLICATION



171 Westgate Pkwy
Dothan, AL 36303
334-793-5433

Date Application Completed: _____ First Appointment Date: _____

IDENTIFYING INFORMATION

First Name _____ Last Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Email: _____

Do we have permission to send text messages and leave voice messages regarding appointments?

Yes No

Age: _____ Date of Birth (mm/dd/yyyy): _____

Race: African American Caucasian Hispanic/Latin American Asian/Pacific

East Indian Native American

Marital Status: Single Married Divorced Separated Widowed

Prior to today, have you been to our office? No Yes

If yes, what services did you receive? Pregnancy Test Parenting Classes Counseling

Other: _____

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

Church/Pastor: _____ Other: _____

Emergency Contact: _____
Name _____ Number _____ Relationship to Client _____

Emergency Contact: _____
Name _____ Number _____ Relationship to Client _____

COUNSELING & PSYCHIATRIC HISTORY

Have you ever seen a counselor before? No Yes

If yes, please list the name of the counselor(s) and the duration of services:

Have you ever had a psychological evaluation? No Yes

If yes, please list the psychiatrist name(s)/office(s), and when you received the evaluation:

Have you ever been admitted for inpatient mental health or substance abuse treatment? No Yes

If yes, please list the treatment center(s) and date(s) of treatment:

Are you currently seeing a psychiatrist or counselor? No Yes

If yes, please provide their name and office location: _____

Have you ever been abused? No Yes

Have you ever been the abuser? No Yes

Have you ever had thoughts about hurting yourself? No Yes, How recently? _____

IF YOU ARE CURRENTLY HAVING SIGNIFICANT THOUGHTS ABOUT HURTING YOURSELF PLEASE GO TO THE LOCAL EMERGENCY ROOM OR CALL 911

FAMILY PSYCHIATRIC HISTORY

Do any of your family members have a history of mental health issues? No Yes

If yes, please describe: _____

Do any of your family members have a history of substance abuse issues? No Yes

If yes, please describe: _____

MEDICAL HISTORY

Please rate your health: Very good Good Average Poor Declining

Have you had any recent significant weight changes? No Yes, Approx. weight gain or loss? _____

List any past or present illnesses, surgeries, or handicaps:

List any medications you are currently taking and that name of the prescribing physician:

Please list any substances used in the past or present:

Substance (e.g. alcohol, marijuana, methamphetamines, etc.)	Age First Used	Dated Last Used

FAMILY HISTORY

ANSWER THIS SECTION DESCRIBING YOUR PARENT(S) (OR PARENT SUBSTITUTE):

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

Parent or Guardian's Name: _____ **Relationship to Client:** _____

Is your parent/guardian living? No Yes Current Age or Age at the time of death: _____

Current city of residence? _____ Religious background: _____

Parent or Guardian's Name: _____ **Relationship to Client:** _____

Is your parent/guardian living? No Yes Current Age or Age at the time of death: _____

Current city of residence? _____ Religious background: _____

Are your parents/guardians currently married? No Yes

How would you describe their marriage? _____

If they aren't married, what is the reason? Death Divorce Separation Other: _____

When did they die/divorce/separate? _____

Do/did you have step-parents? No Yes

If yes, describe your relationship: _____

How many brothers do you have? ___ Older ___ Younger

How many sisters do you have? ___ Older ___ Younger

IF YOU HAVE CHILDREN, PLEASE COMPLETE THE FOLLOWING:

*PM	Child's Name	Gender	Age	Is child living?	Is child currently living with you?
<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

* Check this column if the child is from a previous marriage or relationship.

IF YOU ARE CURRENTLY MARRIED OR HAVE BEEN MARRIED COMPLETE THE FOLLOWING:

Are you currently married? No Yes

If yes, please answer the following:

Spouse's Name: _____ Spouse's Age: _____ Spouse's Date of Birth: _____

Spouse's Employer: _____ Spouse's Job Title: _____

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

How long did you know your spouse before you were married? _____

Length of engagement _____ Date married: _____

Ages when married: Husband: _____ Wife: _____

Have you and your current spouse ever been separated? No Yes

If yes when: _____ and for how long? _____

Have you ever filed for divorce from your current spouse? No Yes

If yes, when? _____ Was it granted? No Yes, When did you re-marry? _____

Are you and your spouse interested in marriage counseling? No Yes

Number of PREVIOUS marriages ended: By death: _____ By divorce: _____

If previously divorced, briefly describe the reason(s) for the divorce(s): _____

SOCIAL & SPIRITUAL HISTORY

Do you attend a place of worship? No Yes

If yes, where? _____

How many times a month do you attend services at your place of worship? _____ time(s) per month

Do you ever read the Bible? No Yes If yes, how often? Occasionally Often Daily

Do you ever pray? No Yes If yes, how often? Occasionally Often Daily

Do you belong to any community groups, recreation leagues, or service organizations? No Yes

If yes, please list:

DEVELOPMENTAL HISTORY

Where were you born? _____

Do you know if your mother had any complications during pregnancy or if there were any complications with your birth? No Yes

Are you aware of any delays or difficulties during your childhood (e.g. speaking delays, delayed toilet training, delayed walking, etc.)? No Yes

Did you experience any medical problems or serious injuries during childhood? No Yes

EDUCATIONAL, VOCATIONAL, & LEGAL INFORMATION

What is the highest academic level you have completed?

K-5 6-8 9-12 GED College Degree Graduate Degree

Are you currently employed? No Yes, Where? _____

What is your estimated household income? 0-14,000 \$15,000-29,000 \$30,000-44,000
 \$44,000-59,000 \$60,000-100,000 100,000+

Do you currently have any pending legal charges? Yes No

PRESENTING PROBLEM

Briefly describe what caused you to seek counseling?

How long have you been experiencing this problem?

less than 30 day 1-6 months 6-12 months 1-5 years 5+ years

Rate the intensity of this problem on a scale of 1 to 5 (1 being mild and 5 being severe): _____

What are your strengths, skills, and positive traits:

Please rate the following:	Appetite	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	Sleep	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	Motivation	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	Mood	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	Hopefulness	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
	Concentration	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

THE RIGHT TO MINISTER

We at Wiregrass Hope Group perceive effective ministry as “Life and Hope” overflowing from one person to another. Your helper has been trained in addressing issues of life and sharing hope through the application of biblical 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 helper 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 intended to be an exclusive union and lifetime commitment between one biologically born man and one biologically born woman. It is God’s unique gift intended to reveal the union between Christ and His church. We believe God provides 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 definite aspects of the helping process, this ministry will be directive in nature. This means that direction and assignments will be given based on the teachings and principles of the Bible. 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 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 your helper may raise the question of the advisability of continuing in this helping process.

TIME FACTOR: Each helping session lasts from 30 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 helper is committed to a rule of confidentiality regarding what is discussed in the helping process. Your helper will make every effort to keep private all matters discussed in the helping environment. For the purposes of facilitating the healing process and only with your permission, your helper may record audio of session material using a voice recorder in order to discuss case related material with other 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 helper 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 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 telehealth services with my helper. Although telehealth provides the appearance of anonymity and privacy in counseling, privacy is more of an issue when using technology than in person. By signing below, I am acknowledging the potential risks of confidentiality being breached while engaging in telehealth services 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 helper 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 helper 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 you miss 2 appointments without advanced notice, cancel an appointment without rescheduling, or have not had an appointment in 30 days; you will no longer be considered an active client and may have to be placed on the waiting list if you desire to continue services.**

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

Signature of Client or Legal Guardian

Date

FOR CLIENTS UNDER 18:

Legal Guardian: _____ **Relationship to Client:** _____

Legal Guardian Phone: _____ **Legal Guardian Email:** _____