

# INDIVIDUAL COUNSELING APPLICATION



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

Date Application Completed: \_\_\_\_\_ First Appointment Date: \_\_\_\_\_

## IDENTIFYING INFORMATION

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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**

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**Have you ever seen a counselor before?**  No  Yes

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

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**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:

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**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:

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**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**

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**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**

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**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:**

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

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**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**

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**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

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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

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**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

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**Briefly describe what caused you to seek counseling?**

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**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:**

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

**Quality of Marriage Survey:**

Name: \_\_\_\_\_

Scale (Check only one Number)

How do I feel we are doing as a couple with:	1 being Poor	2	3	4	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:

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## THE RIGHT TO MINISTER

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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:** \_\_\_\_\_