

Rooted and Grounded Ministries
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Child Information:

Legal Name: _____ Preferred Name _____

Date of Birth _____ Parent Name _____

Address _____

Phone Number _____

Who referred you to us for services _____

Why were you referred for services _____

Emergency Contact _____

Who does your child live with _____

Names of children in the home and ages

What is the relationship status of parents. (married, divorced, widowed, separated, never married, cohabiting _____

Occupation of mother _____ Father _____

School child attends _____

Do you have concerns about your child's academic performance?

Does your child have an IEP or 504 plan? _____

Do you have concerns about your child's behavior or interaction with peer at school or at home? _____

Is your child involved in any school or community activities?

Does your child have any general health issues? _____

Does your child have any psychological or psychiatric diagnosis? _____

Does your child take any medication, if so what is the name? _____

Who is your child's primary care physician? _____

Please describe your reason for seeking therapy

Please tell me about your child's strengths _____

What are your child's likes and dislikes? _____

What are your goals for counseling?

For the child to fill out. Parent may help fill form out if needed.

What is the reason that you want to go to counseling?

What would you like for me to help you with?

What really hurts me is:

What I wish I could change is:

What I love to do:

What I dislike:

Jesus is to me:

God is:

COUNSELING INFORMATION AND CONSENT TO COUNCIL

A. Ministry Counseling Process:

Rooted and Grounded counselors believe that the Bible is truth and sufficient for addressing all of life's problems. Therefore, biblical teaching and reliance on the Holy Spirit are the primary counseling methods, however, we also use other biblically based methods and tools.

B. Counseling Credentials:

Rooted and Grounded counselors have a Master's of Arts in Biblical Counseling and have been trained to minister God's grace to others through the Exchanged Life discipleship counseling process. Counselors are not psychologists, psychiatrists, licensed counselors or therapists, however, they have been called by God and trained in Biblical counseling and other techniques to minister to those who seek guidance and direction for those who are broken.

C. Financial Policy:

A suggested donation of \$50 would be so appreciated, however, you will not be turned away due to the inability to donate. If donating by check, please make checks payable to Rooted and Grounded Ministries. I can't thank you enough for your contributions, so I can continue to minister God's grace to you and to others.

D. Appointments: Please call if you are unable to come to your appointment. Childcare is not available at this time.

E. Confidentiality: Confidentiality is essential to our process. All information obtained will not be shared or transferred to anyone except when used in consultation at the counselee's permission. The only time confidentiality will be broken is if the safety of the counselee or another person is an issue, or when any form of child abuse or neglect is disclosed or suspected. I give my consent for my counselor to consult with pastors, other counselors in the purpose of providing the best possible help in making recommendations, formulating strategies, and considering appropriate referrals.

By my signature I affirm that I have read and do understand the above statements.

Counseling Clients Name (please print)

_____ date _____
Signature

Parent or Guardian Name (please print)

_____ date _____
