



General Information

First Name:_____ Middle Name:_____

Last Name:_____ Phone Number:_____

Email Address:_____

Occupation:_____ Annual Household Income:_____

Address:_____ Gender:____ Birth Date:_____

Age:____ Height:____ Marital Status:_____ Referred here by:_____

Education (last year completed):_____ Mental Health Diagnoses:_____

Current Symptoms:_____

Reason for seeking counseling:_____

Recent Weight Loss/Gain:_____ Last Medical Exam:_____

Present or past illnesses, injuries, or handicaps:_____

Physician:_____ Current Medication(s):_____

Known Head Injuries:_____ Recreational Drug Use:_____

General Information Cont'd

Do you or have you ever harmed yourself physically? _____

Recent Emotional Upset? _____

Have you ever had any psychotherapy or counseling before? _____

If "yes," list the counselor and dates: _____

What was the outcome? _____

Have you or are you experiencing thoughts of suicide? (Circle one) Yes No

Religion: _____ Denomination: _____

Currently Attend (Name of church or other religious organization): _____

Religious Background of Spouse (if applicable): _____

How often do you pray? _____

If Christian, how often do you read the Bible? _____

Briefly answer the following

1. Why are you coming for counseling?

2. What have you already tried to solve the reason above?

3. What can we do? (What are your expectations in getting counseling?)

4. As you see yourself, what kind of person are you? Describe yourself.

5. What do you fear?

6. Is there anything else your counselor should know?

Cancellation Policy

Our goal is to provide quality care to all of our clients in a timely manner. When you book your appointment, you are holding a space on our calendar that is no longer available to other clients. No-shows, late arrivals, and cancellations inconvenience not only our counselors, but other clients as well. If cancellation is necessary, we require that you call or email us at least 24 hours in advance. Appointments are in high demand, and your advanced notice will allow another person access to that appointment time. Please be aware of our policy regarding canceled or missed appointments.

For the sake of our counselors and other clients, we cannot accommodate clients who are experiencing symptoms of colds, flus, covid or other respiratory infection. Counseling appointments must wait until symptoms have been gone for at least 7 days. If someone shows up ill for an appointment, a cancellation fee for that day will be charged and the appointment will be rescheduled.

Our Policy:

- Any cancellation or reschedule of an appointment made less than 24 hours before the scheduled appointment time will result in a cancellation fee of \$30. If cancellation is due to contagious illness, the cancellation fee may be applied as a credit to your next appointment.
- If you are more than 10 minutes late for your appointment, we may not be able to accommodate you. In this case, the same cancellation fee will apply. We will do our very best to reschedule your appointment for another time that is convenient for you.
- Cancellation fees will be invoiced, or charged to your card on file.

How to Cancel or Reschedule Your Appointment:

If you need to cancel or reschedule your appointment, please contact us at 602-404-8421, or by email at info@christiancounselingaz.org.

Signature: _____ Date: _____

Consent

I certify that I am entering counseling voluntarily, and I understand that Biblical counseling is provided in the context of ministry and is therefore not subject to HIPAA laws or the ACA. I agree to release Christian Counseling, Inc. (CCI) and its directors and staff from all liability. I understand that the costs of counseling and any applicable fees are not tax deductible. Finally, I understand that details about counseling sessions are strictly confidential unless otherwise noted on the Permission for Exchange of Information form.

Print Name:_____

Signature:_____ Date:_____