Discovery Counseling

A Non-profit Ministry Providing Biblical Counseling

Counselor : _____ Date : _____

Confidential Client (Youth) Information Form

GENERAL INFORMATION

Full Name: _____ Nick Name: _____

Age: _____ Date of Birth: _____ Sex: □ Male □ Female

Race: □ White □ Black □ Latino □ Asian □ Other: _____

Referred by: _____ Form Completed by: _____

Mother's Name _____ **Father's Name** _____

CONTACT INFORMATION

Street Address: _____ Suite or Apt. #: _____

City: _____ State: _____ Zip Code : _____ May we send mail here: □ Yes □ No

Mailing Address or Post Office Box: _____

City: _____ State: _____ Zip Code : _____ May we send mail here: □ Yes □ No

Home Phone: (_____) _____ May we leave a message here: □ Yes □ No

Mobile Phone: (_____) _____ May we leave a message here: □ Yes □ No

Email Address: _____ May we send a message here: □ Yes □ No

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

PARENT'S INFORMATION

Dad's Employer: _____ Length of Employment: _____ Annual Income _____

Occupation: _____ Average Hours Worked per Week: _____

Last Year of School Completed: □ 9 □ 10 □ 11 □ 12 □ GED College: □ 1 □ 2 □ 3 □ 4 □ Other: _____

Are You Currently in School: □ Yes □ No. If Yes, What Level: _____ Degree Pursuing: _____

Phone (_____) _____ May we leave a message here: □ Yes □ No Email Address: _____

Mom's Employer: _____ Length of Employment: _____ Annual Income _____

Occupation: _____ Average Hours Worked per Week: _____

Last Year of School Completed: □ 9 □ 10 □ 11 □ 12 □ GED College: □ 1 □ 2 □ 3 □ 4 □ Other: _____

Are You Currently in School: □ Yes □ No. If Yes, What Level: _____ Degree Pursuing: _____

Phone (_____) _____ May we leave a message here: □ Yes □ No Email Address: _____

DEVELOPMENTAL HISTORY

Identify any problems that occurred during or after Mother's Pregnancy

□ None □ Cigarette Use □ Drug Use □ Postpartum Depression

□ Emotional Stress □ Domestic Violence □ Alcohol Use □ Other: _____

Birth: □ Normal Delivery □ Difficult Delivery □ Cesarean Delivery □ Complications: _____ Birth Weight: _____
Infancy: □ Feeding Problems □ Sleep Problems □ Toilet Training Problems □ Attachment Problems

Delayed Developmental Milestones: (check all that apply)

□ Sitting □ Walking □ Controlling Bladder □ Tolerating Separation

□ Rolling Over □ Feeding Self □ Controlling Bowels □ Playing

□ Crawling □ Speaking Words □ Dressing Self □ Riding Bicycle

□ Standing □ Speaking Sentences □ Engaging Peers

Childhood Health: (check all that apply)

□ Visual Problems □ Ear Infections □ Broken Bones □ Problems with Coordination

□ Hearing Problems □ Seizures □ Asthma □ Headaches / Head Injury

□ Speech Problems □ Nausea/Vomiting □ Stomach Aches □ Allergies _____

□ Weight Gain/Loss □ Lead Poisoning □ Physical, Sexual or Emotional Abuse

MEDICAL HISTORY

Current Physcial Health □ Good □ Fair □ Poor

Height: _____ Weight: _____ How has Weight Changed in the Last 2-3 Months: _____

Medicine List all Medication, including non-prescription drugs and health supplements

Drug Name	Purpose	Dosage

List Hospitalizations, Surgeries or Accidents

Date: _____ Age : _____ Reason: _____

Date: _____ Age : _____ Reason: _____

Date: _____ Age : _____ Reason: _____

Medical Information

Primary Physician: _____ Phone: (_____)_____

Address: _____ City: _____ Zip: _____

Specialty (e.g. Family Practice, OB/GYN, Internal Medicine): _____

Are You Currently Receiving Medical Treatment: □ Yes □ No. If Yes, Please Specify: _____

SUBSTANCE USE

	Past Use	Current Use	How Often		Past Use	Current Use	How Often
Liquor/Beer/Wine	□	□		Sleeping Pills	□	□	
Marijuana	□	□		Inhalants	□	□	
Speed/Amphetamine	□	□		Cocaine	□	□	
Heroin/Painkillers	□	□		Pain Pills	□	□	
Hallucinogens	□	□		Others	□	□	

Consequences of Substance Abuse (check all that apply):

□ Hangovers
□ Seizures
□ Blackouts
□ Overdose
□ Withdrawal Symptoms
□ Sleep Disturbance
□ Anger / Assaults
□ Suicidal Impulse
□ Relationship Conflicts
□ Personality Changes
□ Binges
□ Interference with School
□ Legal Conflicts
□ Others _____

MEDICAL CONDITIONS AND ONSET

Condition	Date	Condition	Date	Condition	Date
ADD/ADHD		Cancer		Learning Disability	
AIDS/HIV		Diabetic		Low Blood Pressure	
Allergies		Epilepsy		High Blood Pressure	
Anemia		Head Trauma		Obesity	
Arthritis		Heart Disease		Migraines	
Asthma		Hyperactivity		Stomach Ulcers	
Autims		Hypoglycemia		Thyroid Disease	
Asperger's		Panic Attacks		Skin Problems	
Depression		Anxiety Attacks		Other	

PHYSIOLOGICAL SYMPTOMS

Please Check Any of the Following Physiological Symptoms/Sensations that Apply to the Presently or in the Recent Past:

Headaches □ Past □ Present
Visual Trouble □ Past □ Present
Weakness □ Past □ Present
Difficulty Breathing □ Past □ Present
Change in Appetite □ Past □ Present
Hearing Voices □ Past □ Present
Dizziness □ Past □ Present
Sleep Trouble □ Past □ Present
Tension □ Past □ Present
Intestinal Trouble □ Past □ Present
Tiredness □ Past □ Present
Seeing Things □ Past □ Present
Stomach Trouble □ Past □ Present
Trouble Relaxing □ Past □ Present
Rapid Heart Rate □ Past □ Present
Hearing Noises □ Past □ Present
Pain □ Past □ Present
Other □ Past □ Present

CURRENT STATUS

Please Check Any of the Following Problems that Apply to you and/or Your Family:

Stress □ Child □ Family
Panic □ Child □ Family
Guilt □ Child □ Family
Recent Death □ Child □ Family
Inferiority Feelings □ Child □ Family
Shyness □ Child □ Family
Marriage □ Child □ Family
Emotional Abuse □ Child □ Family
Temper □ Child □ Family
Bad Dreams □ Child □ Family
Unwanted Thoughts □ Child □ Family
Impulsive Behavior □ Child □ Family
Sexual Problems □ Child □ Family
Legal Matters □ Child □ Family
Drug Use □ Child □ Family
Children □ Child □ Family
Recent Loss □ Child □ Family
Nervousness □ Child □ Family
Unhappiness □ Child □ Family
Apathy □ Child □ Family
Grief □ Child □ Family
Defective Feelings □ Child □ Family
Fears □ Child □ Family
Communication □ Child □ Family
Verbal Abuse □ Child □ Family
Anger □ Child □ Family
Concentration □ Child □ Family
Memory □ Child □ Family
Self-Control □ Child □ Family
Pregnancy □ Child □ Family
Trauma □ Child □ Family
Alcohol Use □ Child □ Family
Ambition □ Child □ Family
Disaster □ You □ Family
Anxiety □ Child □ Family
Depression □ You □ Family
Terminal Illness □ Child □ Family
Hopelessness □ Child □ Family
Loneliness □ Child □ Family
Friends □ Child □ Family
Physical Abuse □ Child □ Family
Sexual Abuse □ Child □ Family
Aggressiveness □ Child □ Family
Racing Thoughts □ Child □ Family
Loss of Control □ Child □ Family
Compulsivity □ Child □ Family
Abortion □ Child □ Family
Eating Problems □ Child □ Family
Trouble with Job □ Child □ Family
Making Decisions □ Child □ Family
Finances □ You □ Family

FAMILY HISTORY

Is there a history of any of the following in the family

	Parent	Sibliing		Parent	Sibliing		Parent	Sibliing
Alcoholism	□	□	Birth defects	□	□	Mental Retardation	□	□
Alzheimer/Dementia	□	□	Cancer	□	□	Panic Disorder	□	□
Anger Problems	□	□	Depression	□	□	Schizophrenia	□	□
ADHD	□	□	Diabetes	□	□	Suicide/Homicide	□	□
Bipolar Disorder	□	□	Violent/Abusive Behavior	□	□	Others	□	□

Family of Origin

	Present Entire Childhood	Present Part of Childhood	Not Present At All	Current Age
Mother	□	□	□	
Father	□	□	□	
Stepmother	□	□	□	
Stepfather	□	□	□	
Brother	□	□	□	
	□	□	□	
Sister	□	□	□	
	□	□	□	
Stepbrother				
	□	□	□	
Stepsister	□	□	□	
	□	□	□	
Other	□	□	□	

Parent's Current Marital Status

□ Married to each other

□ Separated for _____ years

□ Divorced for _____ years

□ Mother remarried _____ times

□ Father remarried _____ times

□ Mother in relationship but not married

□ Father in relationship but not married

□ Mother deceased _____

□ Father deceased _____

□ Other circumstances:

Other People Living In the Home

Name	Age	Relationship to Child

ACADEMICS

Current or highest grade level _____ School _____

Functioning at School

□ Grade Point Average _____

□ Learning Problems

□ Difficulties with school work / homework

□ Conflicts with teachers

□ Conflicts with peers

□ Other Issues:

CHILD'S BEHAVIOR

Please use the following scale to rate your child on each behavior. Indicate how often your child displays that behavior by circling the number which best describes the frequency of each behavior.

1	2	3	4	5
Never	Rarely	Occasionally	Frequently	Very Frequently

1	2	3	4	5	Has trouble sleeping
1	2	3	4	5	Has poor appetite
1	2	3	4	5	Talks about feeling stupid/ worthless
1	2	3	4	5	Loses interest in fun activities
1	2	3	4	5	Seems irritable
1	2	3	4	5	Moody
1	2	3	4	5	Plays alone
1	2	3	4	5	Cries Easily
1	2	3	4	5	Seems tired often

1	2	3	4	5	Complains about physical problems headaches/stomach aches
1	2	3	4	5	Worries
1	2	3	4	5	Lakes Confidence in abilities
1	2	3	4	5	Needs lots of reassurance
1	2	3	4	5	Needs to be perfect
1	2	3	4	5	Seems fearful or anxious
1	2	3	4	5	Seems shy or timid
1	2	3	4	5	Easily embarrassed
1	2	3	4	5	Sensitive to criticism
1	2	3	4	5	Bites fingernails

1	2	3	4	5	Always on the go
1	2	3	4	5	Can't sit still
1	2	3	4	5	Doesn't listen
1	2	3	4	5	Often fails to finish activities
1	2	3	4	5	Poor attention to school work
1	2	3	4	5	Fidgets or squirms
1	2	3	4	5	Easily distracted
1	2	3	4	5	Hard time playing quietly
1	2	3	4	5	Talks excessively
1	2	3	4	5	Interrupts or butts in
1	2	3	4	5	Disorganized/ looses things
1	2	3	4	5	Takes risks unaware of danger

1	2	3	4	5	Refuses to follow directions
1	2	3	4	5	Loses Temper
1	2	3	4	5	Argues with parents/teachers
1	2	3	4	5	Blames others for mistakes
1	2	3	4	5	Swears
1	2	3	4	5	Deliberately does things to annoy others
1	2	3	4	5	Is angry or resentful
1	2	3	4	5	Carries a grudge/has a chip on his/her shoulder
1	2	3	4	5	Touchy, easily annoyed

1	2	3	4	5	Steals
1	2	3	4	5	Runs away overnight
1	2	3	4	5	Lies
1	2	3	4	5	Skips school
1	2	3	4	5	Is cruel to animals
1	2	3	4	5	Destroys property
1	2	3	4	5	Gets in fights
1	2	3	4	5	Physcially cruel to people
1	2	3	4	5	Isn't sorry for hurting others
1	2	3	4	5	Sets fires
1	2	3	4	5	Has broken in houses or cars

1	2	3	4	5	Compulsive behavior
1	2	3	4	5	Lack of attachment
1	2	3	4	5	Dependent / separation problems
1	2	3	4	5	Self-injury acts or threats
1	2	3	4	5	Indecisive
1	2	3	4	5	Immature
1	2	3	4	5	Odd Behavior
1	2	3	4	5	Upset with physical appearance
1	2	3	4	5	Sexual Active
1	2	3	4	5	Worried about peer influence
1	2	3	4	5	Teased or bullied
1	2	3	4	5	Use of TV, Video, Internet

LEVEL OF DISTRESS

Indicate How Distressed You Are by Placing an "X" on the Scale Below *(1= Very Little Distress; 10=Extreme Distress)*

1 2 3 4 5 6 7 8 9 10

Is he/she currently having any suicidal thoughts: □ Yes □ No. In the Past: □ Yes □ No

Has he/she ever attempted suicide: □ Yes □ No. If Yes, When & How: _____

Has any of his/her friends or family committed or attempted suicide: □ Yes □ No.

If Yes, when and who: _____

RELIGIOUS BACKGROUND

Do you attend a church: _____ Name of the Church: _____

Do You Have a Personal Support System: □ Yes □ No. If Yes, Who: _____

PRESENTING ISSUES AND GOALS

Please Describe Why You Are Coming to Counseling *(i.e. What Are Your Issues, Problems?)*: _____

Why Have You Decided to Come for Counseling Now: _____

What Do You Hope to Gain or Change by Coming for Counseling: _____

How Long Do You Believe Counseling Should Last: _____

CONSENT TO TREAT A MINOR

I, _____ (Client's Parent or Guardian) do hereby give my consent for my minor child

_____ (child's name) to receive Biblical Counseling from the assigned counselor at Discovery Counseling. I agree to the terms and conditions of Discovery Counseling as outlined in the "Informed Consent and Release of Liability" for my child and myself. I understand that these comments are prerequisite to my child receiving Biblical counseling services through Discovery Counseling.
I understand that payment for services is due when rendered. I accept full responsibility for payment of any balance incurred for services. I further understand that if an appointment is not cancelled 24 hours or more in advance of the scheduled appointment, I will be charged the full fee for the session.

Date: _____ Signed: _____
Parent or Guardian

Signed _____
Parent or Guardian

Discovery Counseling

A Non-profit Ministry Providing Biblical Counseling

Informed Consent & Release of Liability

Welcome to Discovery Counseling where we seek to offer biblically based, Christ-centered, counseling/guidance addressing many common issues of life. Our team consists of lay counselors, staff ministers, and staff counselors who have been called into the helping ministry of biblical counseling and guidance.

Qualifications of counselors: Our Christian Counselors have years of experience ministering to the personal needs of individuals and have a minimum a Masters Degree in Professional Counseling from an accredited Christian University or Seminary.

The counselors, lay counselors and ministers do not hold professional licenses.
No staff, paid or volunteer, will render any legal or medical opinions or advice.

Our Approach: Discovery Counseling employs a method of biblical counseling and guidance utilizing spiritual/biblical principles. In this kind of discipleship process, the Holy Spirit, not the counselor, is the agent of individual change. Our goal is to present God's plan for victory in the midst of one's circumstances.

Limitations of Confidentiality: It is understood (and agreed) that all statements, whether written or verbal, are of a confidential nature and ethically cannot be disclosed without written consent. The following exceptions will result in confidentiality being waived:

1. We reserve the right to report child abuse or suspicion of child abuse of any type to the proper authorities and/ or the right to cause a report of child abuse to occur.
2. We reserve the right to disclose to the appropriate person, agency or civil authorities any harm that a person may attempt or desire to do to one's self or to others.
3. To insure the highest quality discipleship process, as a rule your counselor/lay counselor will consult with their supervisor regarding your session(s).
4. We reserve the right to consult with other professionals regarding your sessions, upon written consent.

Resolution of Disagreements: If a dispute should arise between the person receiving ministry and the counselor, lay counselors and minister regarding the counseling session, one should bring this dispute to the attention of the Director of Discovery Counseling.

Waiver of Liability: In consideration for receiving biblical counseling and guidance from Discovery Counseling, the person receiving counseling agrees to release and waive any and all claims of any kind against the counselor, or staff of Discovery Counseling, which may arise from, result out of, or be related to their counsel or conduct.

Fees: Fees for biblical counseling/guidance are payable to Discovery Counseling, A Nonprofit Corporation.

Late Policy: Counselees more than 15 minutes late to their scheduled appointment will be asked to re-schedule. It is to the counselee's advantage to be timely in order to receive the full benefit of the scheduled appointment.

Cancellations or Reschedules: In the event you need to reschedule or cancel an appointment we ask that you call 24 hours in advance. This allows us to reschedule others who are waiting.

Session Length: A typical session is 50 minutes in length.

Referrals: When issues arise beyond the staff's scope of expertise, referral is suggested. In suggesting referral to outside agencies, Discovery Counseling does not provide endorsement or guaranteed results in overcoming issues. The counselee takes full responsibility for seeking out the proper treatment. Therefore, it is incumbent upon the counselee to seek out the desired "fit" regarding Professional Christian Counsel.

Third Party Involvement: Discovery Counseling is not a community mental health clinic. It does not operate under guidelines that may be associated with other community counseling organizations. All lay counselors, staff counselors and ministers, are employees and/or volunteers of Discovery Counseling should be expected to conform to the beliefs, goals and guidelines established by the leadership of the same.

The information contained herein and the following data sheets are true and complete to the best of my knowledge. I have carefully read, understand, and agree to all of the above terms and conditions. I understand that these comments are prerequisite to

_____receiving and continuing counseling services.

Date: _____ Signed: _____

Signed: _____