

# RESTORATION CHRISTIAN COUNSELING, LLC

Naomi E. Madrid, D Cc

Christian Counselor

Certified Temperament Counselor

Ordained Minister of the Gospel



Lakeland, FL

636-228-3310

naomi@restorationchristiancounselingllc.com

www.restorationchristiancounselingllc.com

## CLIENT INTAKE FORM

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Please complete **ALL** pages, **ALL** questions!

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Male ☐ Female ☐ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Can a message be left here: ☐ Yes ☐ No

Email Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Avg. Hours/Week: \_\_\_\_\_

Highest degree(s) earned: \_\_\_\_\_ School: \_\_\_\_\_

How did you hear about counseling at *Restoration Christian Counseling, LLC*? \_\_\_\_\_

List the life issue(s)/transition you would like help within counseling: \_\_\_\_\_

What are your expectations or concerns in coming to counseling? \_\_\_\_\_

Have you had counseling before? ☐ Yes ☐ No If yes, list issues/topics addressed: \_\_\_\_\_

What was the outcome? \_\_\_\_\_

**With Whom Do You Currently Live:** Please check **ALL** that apply: ☐ Alone ☐ Parent(s) ☐ Spouse ☐ Children

☐ Boyfriend ☐ Girlfriend ☐ Other: \_\_\_\_\_ Number which best describes how you would rate your current living situation on a scale of 1 – 10 (10 being OUTSTANDING!): \_\_\_\_\_

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# PERSONAL & FAMILY INFORMATION

Name of Spouse: \_\_\_\_\_ Your Spouse's Age: \_\_\_\_\_

Address: (☐ same as above) \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Have you ever been separated? ☐ Yes ☐ No

If YES, When and How Long? \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Give **brief** information about any previous marriages: \_\_\_\_\_

List children names, ages, and gender: \_\_\_\_\_

# PERSONAL HEALTH INFORMATION

Circle any of the following words which best describe you *now*:

active | ambitious | quiet | self-confident | persistent | nervous | hardworking | impatient | shy impulsive |  
moody | often-blue | excitable | imaginative | calm | serious | easy-going | good-natured | introvert | extrovert |  
likable | leader | submissive | self-conscious | perfectionist | content | high-strung | intelligent | follower |

Circle **ALL** of the following struggles you are experiencing at this time:

NERVOUSNESS	DEPRESSION	FEARS	SHYNESS	STRESS
SEXUAL PROBLEMS	SUICIDAL THOUGHTS	SEPARATION	DIVORCE	ABUSE (any kind)
FINANCES	ANGER	SELF-CONTROL	FRIENDS	FAMILY
SLEEP PROBLEMS	ADDICTION (any kind)	WORK/SCHOOL	ANXIETY	HEADACHES
TIREDDNESS	LEGAL MATTERS	MEMORY	AMBITION	ENERGY
INSOMNIA	MAKING DECISIONS	LONELINESS	INFERIORITY	CONCENTRATION
EDUCATION	CAREER CHOICES	MARRIAGE	DEATH/LOSS	RELATIONSHIPS
TEMPER	NIGHTMARES	CHILDREN	INFERTILITY	EATING PROBLEMS
UNHAPPINESS	PARENTING	IN-LAWS	PARENTS	THOUGHTS
GUILT	SHAME	PERFECTIONISM	GAMBLING	WEIGHT ISSUES
RESENTMENT	UNFORGIVENESS	OTHER: _____		

Have you been abused physically, sexually, spiritually, and/or emotionally? ☐ Yes ☐ No

If YES, by who? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever addressed this issue in counseling? ☐ Yes ☐ No If NO, please explain why \_\_\_\_\_

Did you witness abuse between your parents/relatives? ☐ Yes ☐ No

Did you witness abuse between parent/relative and a child? ☐ Yes ☐ No

Have you experienced any trauma, death of family/friend or life altering experiences in your life to date? ☐ Yes ☐ No

If YES, please explain: \_\_\_\_\_

## **SPIRITUAL / RELIGIOUS INFORMATION**

Home Church Name: \_\_\_\_\_ Number of Years at Church: \_\_\_\_\_

Are you a part of a small group? ☐ Yes ☐ No Have you been Baptized? ☐ Yes ☐ No When? \_\_\_\_\_

Have you received Jesus Christ as your personal Lord and Savior? ☐ Yes ☐ No ☐ Uncertain ☐ Don't know what you mean by this, please explain to me

If you have NOT received Jesus Christ into your heart, would you like to know how you can today? ☐ Yes ☐ No

Please note any recent changes in your spiritual life: \_\_\_\_\_

## **CLIENT DECLARATION**

I declare that the information on the Client Intake Form is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Client Signature and Date

\_\_\_\_\_  
Client Printed Name

# INFORMED CONSENT

**CHRISTIAN COUNSELING AGREEMENT:** In order to be fully informed about the Christian counseling you will be receiving, please read through this following agreement, sign and date it at the bottom of the page. This form must be signed and the Client Intake Form must be completed to begin the counseling relationship.

**DESCRIPTION OF CHRISTIAN COUNSELING:** The goal of Christian counseling is to help an individual think biblically about their current struggles in the context of a confidential, caring environment. A Christian counselor relies on Scripture as the sole authority for faith and conduct and recognizes that lasting change is the result of the power of God, the grace of Christ and the indwelling ministry of the Holy Spirit. Guided by biblical principles, the Counselors role is to utilize guided questioning, empathetic support, problem definition, reflection/reading assignments, encouragement, and prayer to provide wise, biblical and faithful counsel to those who are hurting and in need.

**QUALIFICATIONS:** Naomi E. Madrid, D Cc is not a State Licensed Counselor. Naomi has received a Doctorate's in Christian Counseling from International College of Ministry, she has also received Certification as a N.C.C.A. Licensed Pastoral Counselor #21288 from National Christian Counselors Association and has received certification as a Temperament Counselor #21288 from N.C.C.A. In addition, Naomi holds the following professional certifications and credentials:

- Ordained Minister of the Gospel – International College of Ministry
- Professional Clinical Member – National Christian Counselors Association
- Presidential Membership – American Association of Christian Counselors

**REFERRAL POLICY/DISCLAIMER:** After reviewing the Client Intake Form and after our initial consultation, Naomi will determine whether or not she can provide you with the appropriate services and level of care needed to begin the counseling relationship. Clients will be referred outside of Restoration Christian Counseling, LLC when treatment required is beyond the scope of care available here.

**CHRISTIAN COUNSELING FEES:** Naomi provides ALL her clients with a Sliding Scale Fee Schedule based on Annual Household Income and taking into consideration households having between 2-5 people average. The rates are based on a 1 HOUR SESSION, 60 MINUTES. Sometimes the sessions may require extra time depending on the situation we are discussing. She will NOT charge you for another session provided you do not go into 1 hour and 15 minutes (i.e., She will not charge for the quarter hour). **Naomi does not take any insurance.** The Sliding Scale Fee Schedule allows Naomi to work with her clients to ensure the fee is fair and reasonable for both parties.

**CLIENT EXPECTATIONS:** The client will be asked to work both in and outside the sessions. This may include but not limited to writing in a journal, writing letters, performing tasks, reading books from reputable resources, or completing other assignments between or during sessions. Faithfulness to a regular scheduled personal time of bible reading, meditation, study and attending a home church is preferable along with other work in and outside of sessions. At times, you may find counseling to provide rapid relief, or the work is arduous and painful. Also, you may feel progress has been made, and then later feel that nothing has been resolved. This is normal. The goal of counseling is to help provide you a vehicle to move and grow in a positive way while creating different ways of achieving end goals. The prayer is that you, the client, will be able to see how God is working in you during each session to restore and transform your current life situation.

If anything about what occurs in the counseling sessions or about the counseling process itself troubles or disappoints you, it is strongly encouraged that you talk about those concerns with Naomi during your scheduled visit.

**CONFIDENTIALITY:** Naomi adheres to commonly accepted codes of privacy and confidentiality in counseling ethics. There are situations, however, in which the law requires that certain information can be revealed without your consent. Under her discretion, if there is any indication that you may be a danger to yourself or others or are involved in the abuse of a minor or elder, your information may be disclosed to appropriate mental health services or law enforcement.

**NO COURT TESTIMONY:** The counseling provided by Naomi E. Madrid, D Cc is faith-based and spiritual in nature. As a N.C.C.A. Licensed Pastoral Counselor and Ordained Minister of the Gospel Naomi **will not** provide court testimony or depositions of any kind, or copies of any/all documents that are in the client file. The client file is the property of Restoration Christian Counseling, LLC. By signing below, you are acknowledging this strict confidentiality and further agree that neither you nor your legal representative will attempt to subpoena Naomi. **SEE NO COURT TESTIMONY FORM Missouri Confidential Clergy Communications Privilege Statue 491.060(4) and Florida Clergy Privilege Statue 90.505** for more detail.

**RIGHTS AS A CLIENT:**

1. You are entitled to information about any methods of counseling, techniques and duration.
2. You have the right to end counseling at any time without any moral, legal or financial obligations other than those already accrued.
3. You have the right to expect confidentiality within the limits described.
4. You have the right to authorize your counselor to consult with another professional about your counseling in writing.

**MEDIATION, ARBITRATION, WAIVER OF LIABILITY:** Disputes arising out of or in relation to this agreement to provide services shall first be referred to mediation, before, and as a pre-condition of the initiation or arbitration. The mediator shall be a neutral third party chosen in agreement by Naomi and client. The cost of such mediation, if any, shall be split equally. In consideration for receiving any form of Christian counseling from Naomi the person receiving the counseling agrees to release and waive any and all claims of any kind against Naomi E. Madrid and or Restoration Christian Counseling, LLC, which may arise from, result out of, or be related to, conduct or advice given.

**CANCELLATION/LATE POLICY:** ***Just like a primary care physician's office, scheduled sessions have been assigned specifically for you, the client.*** If you cannot make your scheduled appointment, please notify Naomi directly via her cell phone at 636-228-3310 (call or text) at least 24 hours in advance. Failure to do so could result in payment of fee equal to a session. This charge is expected to be paid before or at the time of your next appointment to continue in the counseling relationship. Exceptions are for sudden illnesses and emergencies only. Please be on time for appointments. If late then your session will be for the remaining time in the hour scheduled and full payment is expected. Please notify Naomi if there is a delay. *In case of emergencies after-hours or in between sessions, please call 911, or go to your local emergency room or urgent care.*

By signing below, you are acknowledging that you understand and accept the Informed Consent as stated above on the front and back sides of this form.

\_\_\_\_\_

Client Signature and Date

\_\_\_\_\_

Client Printed Name

# NO COURT TESTIMONY – Missouri Confidential Clergy Communications Privilege Statue 491.060(4) and Florida Clergy Privilege Statue 90.505

The counseling services provided by Naomi E. Madrid, D Cc is faith-based and spiritual in nature. As a Licensed Pastoral Counselor/Ordained Minister of the Gospel and as pursuant to the *Missouri Confidential Clergy Communications Privilege Statue 491.060(4) and Florida Clergy Privilege Statue 90.505* Naomi E. Madrid, D Cc will **not** provide court testimony (i.e., Deposition and/or Trial) on client's behalf nor will she provide a copy of the client file for review by any legal representation or by any other person other than herself. Missouri and Florida law prohibits compelled disclosure of these counseling exchanges, notes or records in any court of law.

The client file is the property of Restoration Christian Counseling, LLC and Naomi E. Madrid, DCc as the Licensed Pastoral Counselor. Please **do not** list Naomi E. Madrid, D Cc on any document(s) you receive from any legal representation for past, present or future legal disputes. Naomi **is not** a medical doctor or any other type of state-licensed professional. Please **do not** sign any release forms to have your file released from Restoration Christian Counseling, LLC.

## Client's Responsibility to Pay Counselor and Legal Fees:

If Naomi E. Madrid, D Cc is subpoenaed by client's legal counsel or defendant's legal counsel the client will be responsible to pay and will be billed for **ALL** time incurred outside of counseling as it relates to the subpoena at a rate of **\$200.00 per hour**. If Naomi needs to obtain legal representation of her own because of the subpoena or any other legalities she is brought into by the client, the client will be responsible to pay **100% OF ALL LEGAL FEES (minimum of \$1,500) for Naomi E. Madrid's personal legal representation, counsel, court, etc.**

## CLIENT DISCLOSURE:

Are you, the client, currently involved in any legal disputes as it relates to personal, business, medical, divorce, child custody, etc. (Small Claims, General Civil, Family Law, Business Law, Landlord/Tenant, Probate, Juvenile, Criminal or other cases like Name Changes, Elder/Child Abuse, Civil Harassment, etc.)?

**YES** \_\_\_\_\_ OR **NO** \_\_\_\_\_

**If YES**, please explain the case you are involved in: \_\_\_\_\_

**Attorney Name, Firm & Phone Number:** \_\_\_\_\_

## CLIENT ACKNOWLEDGMENT:

By signing below, you, the client, are acknowledging this strict **CONFIDENTIALITY** and further agree that neither you nor legal representatives will attempt to subpoena Naomi E. Madrid, D Cc for testimony and/or for the client file that is created within the office of Restoration Christian Counseling, LLC. You, the client, also acknowledge full disclosure of any legal disputes and will **not** involve Naomi E. Madrid, D Cc/Restoration Christian Counseling, LLC in any/all past, present or future legalities.

\_\_\_\_\_  
Client Signature and Date

\_\_\_\_\_  
Client Printed Name

**RESTORATION CHRISTIAN COUNSELING, LLC**  
**NAOMI E. MADRID, D Cc**

**FEE AGREEMENT FOR CHRISTIAN COUNSELING SERVICES**

<b>ANNUAL HOUSEHOLD INCOME</b>	<b>FEE PER 1 HOUR SESSION</b>
<\$20,000 - \$40,000	\$65.00
\$41,000 - \$60,000	\$75.00
\$61,000 - \$80,000	\$80.00
\$81,000 - \$100,000	\$90.00
\$101,000 or >	\$100.00

- I provide ALL my clients with a Sliding Scale Fee Schedule based on Annual Household Income and taking into consideration households having between 2-5 people.
- My rates are based on a full 1 HOUR SESSION, 60 MINUTES.
- Sometimes our sessions may require extra time depending on the situation we are discussing and if the schedule allows for additional time. I will NOT charge you for another session provided we do not go passed 1 hour 15 minutes (i.e., I do not charge for going into the quarter hour).
- I see my clients based on their needs some start weekly then gradually spread the time out between sessions.

**AGREED UPON FEE: \$\_\_\_\_\_ PER SESSION**

\_\_\_\_\_  
CLIENT FIRST & LAST NAME PRINTED

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE



\_\_\_\_\_  
NAOMI E. MADRID, Christian Counselor