



INFINITE
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Counseling Coach | Infinite Plumblines, Inc | Tulsa, OK 74114 | Counselor@infiniteplumblines.org

NAME:		DOB:		AGE:	
Address:		City:		State:	
Email:		Phone:		SS#:	
Employer:		Occupation:			
Marital Status	Single	Married	Separated	Widowed	Divorced

EMERGENCY CONTACT(S)	RELATIONSHIP	PHONE
NAME:		
NAME		

PATIENT HEALTH QUESTIONNAIRE – 9 (PHQ-9)

Over the LAST 2 WEEKS , how often have you been bothered by any of the following problems?				
	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things?	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Troubling falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Troubling concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3



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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way				
If you check off ANY problems, HOW DIFFICULT have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not at all difficult	Somewhat difficult	Very difficult	Extremely difficult

OFFICE USE ONLY: Total Score: 1-4 = Minimal Depression; 5-9 = Mild Depression; 10-14 = Moderate Depression; 15-19 = Moderately Severe Depression; 20-27 = Severe Depression

GAD-7

Over the LAST 2 WEEKS , how often have you been bothered by the following problems?				
	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it is hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3

Office Use Only: Total Score: 1-4 Minimal Anxiety; 5-9 Mild Anxiety; 10-14 Moderate Anxiety; 15-21 Severe Anxiety



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Please rate the **current (i.e., last 2 weeks)** severity of your insomnia problem(s).

		None	Mild	Moderate	Severe	Very
a.	Difficulty falling asleep:	0	1	2	3	4
b.	Difficulty staying asleep:	0	1	2	3	4
c.	Problem waking up too early:	0	1	2	3	4

2. How satisfied/dissatisfied are you with your current sleep pattern?

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
0	1	2	3	4

3. To what extent do you consider your sleep problem to interfere with your daily functioning (e.g., daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).

Not at all interfering	A little	Somewhat	Much	Very much interfering
0	1	2	3	4

4. How noticeable to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all noticeable	A little	Somewhat	Much	Very much noticeable
0	1	2	3	4

5. How worried/distressed are you about your current sleep problem?

Not at all worried	A little	Somewhat	Much	Very much worried
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0	1	2	3	4
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OFFICE USE ONLY: Total Score: 0-7 No clinically significant insomnia; 8-14 Subthreshold insomnia;

15-21 = Moderately Severe Clinical insomnia; 22-28 = Severe Clinical insomnia

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CONSENT FOR SERVICES

This document contains important information about my professional services and business policies. Please read this thoroughly and write down any questions you have so we can discuss them at our next appointment. By signing this document, it will represent an agreement between you and Infinite Plumblin, Inc.

COUNSELING SERVICES

The general purpose of counseling services is to help alleviate the suffering of an individual through counseling methods by examining and changing unhelpful thoughts, feelings, and behaviors that are contributing to dissatisfaction. The way treatment is conducted varies based on the personalities of the counselor and client, the problems being addressed, and the treatment modalities used. If Christianity, or other aspect of spirituality, is a part of your perspective on life, your counselor will also incorporate aspects of spirituality if desired. Counseling Coaching is not like a medical doctor visit. Instead, it calls for a very active effort on your part. For the therapy to be most successful your counselor may give you homework to do in between our appointments so that you will be able to integrate your discussions and insights into your daily life and begin to make changes.

FOR CHRISTIAN CLIENTS: In counseling, you and a counseling-theologian will explore Biblical strategies for handling problems of daily living. The counselor will help you look from your actions to your attitudes, from your attitudes to your emotions, from your emotions to your feelings, and from your feelings into your presuppositions about yourself, your life, and your God. The counselor will establish a balance of following you through your exploration of your own experiences, thoughts, and feelings and guiding/challenging your thinking concerning each issue (“directive counseling”).

This counseling may involve discussing unpleasant situations that may temporarily produce emotional discomfort. Your counselor will help you find the proper pace, support, and means to work through these emotions.

The length of treatment varies depending upon the counselor, the counselee(s), and the nature of the counseling concerns. A commitment of at least one fifty-minute session per week is expected.

I have read this statement, I understand its contents, and agree to its terms.

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Signature

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In addition, I understand that virtual visit-based services and care may not yield the same results nor be as complete as face-to-face service. I also understand that if my counselor believes I would be better served by another form of service (e.g. face-to-face service), I may be referred to a counselor in my area who can provide such service. Finally, I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my counselor, my condition may not improve and in some cases may even get worse.

I understand that I may benefit from virtual visits, but results cannot be guaranteed or assured. The benefits of virtual visits may include but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

I understand that I have the right to access my medical information and copies of medical records in accordance with Oklahoma law, that these services may not be covered by insurance and that if there is intentional misrepresentation, therapy will be terminated.

PROFESSIONAL FEES

Infinite Plumblne hourly (45-50 minutes) fee for counseling (face-to-face or Virtual) service is \$65. Phone consultation, emailing or writing letters, preparing reports or treatment summaries, communication with family, friends, other health care providers, legal representatives, and attendance at meetings with other persons you have authorized will be billed to you incrementally at the same hourly rate of \$65. (Infinite Plumblne is currently not taking insurance)

Summary Statements from this Informed Consent:

- Our fee is \$65 per 50-minute session. Payment is expected at the time of the session online at Infiniteplumblne.org by credit/debit card (a 2.75% charge will be added to all credit/debit card transactions) if you can pay in the form of a personal check, cash. Neither the counselor nor Infinite Plumblne, Inc. take insurance or provide billing information for insurance.

Infinite Plumblne Pastoral Counselors do not diagnose as is typical of traditional counseling. If you need professional counseling, we do have one you can be referred to.

Cancelation Policy: If you need to miss an appointment, please notify your counselor at least 24 hours in advance or you may be subject to pay the full cost of the missed session at your next appointment.

- You will be billed the full-session fee of \$65 for missed or late cancelled appointments.
- If you cancel twice in a row with less than 24-hour notice, or if you miss a total of two scheduled appointments without notifying Infinite Plumblne, we reserve the right to suspend services.

BILLING AND PAYMENTS

Payment can be made electronically: [Payment link](#), Check made payable to Infinite Plumblne, Inc., or Zelle info@infiniteplumblne.org . Services should be paid at the beginning of each appointment.

I have read this statement, I understand its contents, and agree to its terms.

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Signature

Date



If the counselor is unable to attend a scheduled appointment and fail to provide you with 24-hour notice, then you will not be charged for your next session. The same emergency exception applies for the counselor for circumstances out of the counselor’s control.

- Infinite Plumblines will be alerted to messages that need personal attention. Please do not leave messages related to your treatment or mental health concerns on voicemail or email as non-clinical staff will have access to these messages. Please keep messages focused on scheduling or billing issues only. Also, be aware that communication through email becomes a part of your clinical/legal documentation. If I will be unavailable for an extended time. You may be provided with the name of a colleague to contact, if necessary. Please note that if you counselor is not available via text messaging.
- **If you should experience a behavioral or emotional crisis and you cannot reach your counselor or the office by phone, you should contact 911 or go to the nearest emergency room. You can also call the Crisis Hotline at 1-800-273-8255.**

Statement of Confidentiality

Except as required by law, information revealed during counseling will be kept strictly confidential by your counselor and will not be revealed to any other person or agency without your written consent. No audio or video recordings will be made without your written permission. Your counselor may consult with other staff members regarding the best course of your counseling. In a very small number of situations, counselors are legally required to reveal information obtained during counseling to other persons or agencies without your permission. If any information is given out under these circumstances, your counselor will let you know of his/her actions. For example, if you threaten grave bodily harm or death to yourself or another person or destruction of property, your counselor is required to act in a responsible manner to inform or protect the intended victim. If a court of law issues a legitimate subpoena, your counselor is required to provide the information specifically described in the subpoena. If there is child abuse, physical and/or sexual, your counselor is required to act responsibly.

I have read this statement, I understand its contents, and agree to its terms.

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Signature

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Dual Relationship Policy Statement

“Dual Relationship” has been defined as when a professional counselor becomes a friend, employer, teacher, business associate, and/or sex partner with a counselee before, during, or up to two years following the counseling relationship.

Every reputable counseling service will have policies prohibiting any sexual innuendo or involvement between counselors and counsees. Infinite Plumblines, Inc will follow a policy of immediate dismissal of any counselor involved in sexual misconduct whether the relationship is professional or otherwise. Infinite Plumblines, Inc will also cooperate with all aspects of any legal prosecutions that can be brought against said counselor.



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However, Infinite Plumblne, will endorse and encourage several aspects of Dual Relationships. Counselors will be allowed to develop long-term relationships with their counselees. Friendships and Christian fellowship with former, current, and future counselees is largely left to the discretion of the counselor and the counselees.

Therefore, it is appropriate that those initiating counseling through Infinite Plumblne, be notified that the current studies of dual relationships document that: 1) Counselees are especially susceptible to the authority and influence of the therapist; and 2) this vulnerability continues following the termination of the therapeutic relationship.

Infinite Plumblne, Inc encourages you to discuss any questions you may have concerning dual relationships openly and directly with your counselor.

I have read this statement, I understand its contents, and agree to its terms.

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Signature

Date:

CONSENT FOR TAPING

Infinite Plumblne, Inc Counseling Services often finds it helpful to make audio tape recordings of sessions between its counselors and clients. The tapes are sometimes helpful for educational, research and study purposes. The primary value of the tapes is to assure the accountability of the counselor while counseling with you, your spouse and/or child (children). This accountability extends to counseling singles of the opposite sex.

These recordings will be maintained until the counseling relationship is ended and will then be subject to be retained, released, or taped over.

You may desire to designate a reviewer (normally a pastor) of the taped sessions in case a negative trust issue develops between you and the counselor.

If you would not object to the tape recording of interview and consultation sessions with your counselor as explained above, kindly indicate your consent by signing your name(s) below. This taping practice is subject to Infinite Plumblne, Inc. Confidentiality policy.

- Digital communication with your counselor via email or cell phone may not be secure and is monitored by my administrative staff. Your counselor is legally and ethically obligated to protect the confidentiality of all communication with you in the actual office and through record keeping, but your communication be protected via all digital communication that occurs outside of Infinite Plumblne’s office (via phone or email).
- I have read and understand the Social Media policy and agree not to communicate with Infinite Plumblne through social media platforms. I understand that if I choose to communicate through social media platforms that my confidentiality, privacy, and anonymity cannot be guaranteed by Infinite Plumblne, Inc.



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I consent to the tape recording in interview and consultation sessions as explained above:

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Signature

Date

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Designated Reviewer (if desired)

Consent for RETENTION, RELEASE, OR DESTRUCTION of taped material: (circle one)

Retention = Retain for 12 months following the completion of counseling relationship.

Release = Authorize use of tapes for educational, research, and study purposes.

Destruction = Authorize taping over immediately following completion of counseling relationship.

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Signed

Date:

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Witnessed by:

Often the counselor finds him/herself in the role of the "second witness" referred to in Matthew 18:15-17. Although we believe there is always joint blame within marital conflicts and understandable motivations in addictions and dysfunctional relationship patterns, we must hold each counselee individually responsible for their own spiritual growth, relational health, and behavioral patterns. If a counselee should decide not to pursue such growth or disagrees with the counselor as to what is biblical, it becomes the counselor's responsibility to inform the referring pastor.