

Client Registration

Date of first Appointment

Date of Birth

Age

Marital Status

Client Information

Name

Phone

E-mail address

Street address

Street address line 2

City

State

Zip code

Occupation

Education

Referred by

Name of Spouse
Occupation

Spouse's

Spouse's
age

Spouse's
Education [in
years completed]

Church

Is your spouse willing to come
for counseling?

Yes

No

Uncertain

Have you ever
been separated?

Yes

No

If so,
when

Has either of you ever filed
for a divorce?

Yes

No

If yes,
when?

Date of
marriage

Your age
when married

Your Spouse's age
when married

Please provide brief information about any previous marriages

If you have children, please list them, and their ages

Health Information

Have you ever had psychotherapy or counseling or seen a psychiatrist before? If yes, list names of counselor or psychiatrist and dates.

List current and past psychotropic medications you have been prescribed

What was the outcome?

Where they helpful?

List all other medications you are taking

Are you using drugs for other than medical purposes? If so, what?

How is your sleep?

How is your appetite?

Are you willing to sign a release of information form so that I may consult with your physician?

- Yes
- No

Have you ever seriously contemplated suicide? If so, when?

Have you ever made a suicide attempt? If so, when?

When is the last time you had any suicidal thoughts?

Religious Information

Briefly explain how you became a Christian.

What church do you attend?

Explain recent changes in your spiritual life, if any

How often do you read the Bible?

Personality Information

Please rate on a scale of 0-10, with 0=none and 10= nearly constant. How much you have had of the following experiences over the last month.

Anxiety

Depression

Worry

Anger

Abuse

Suicidal thoughts

Panic Attacks

Addictive behavior

Relational conflict

Briefly answer the following questions:

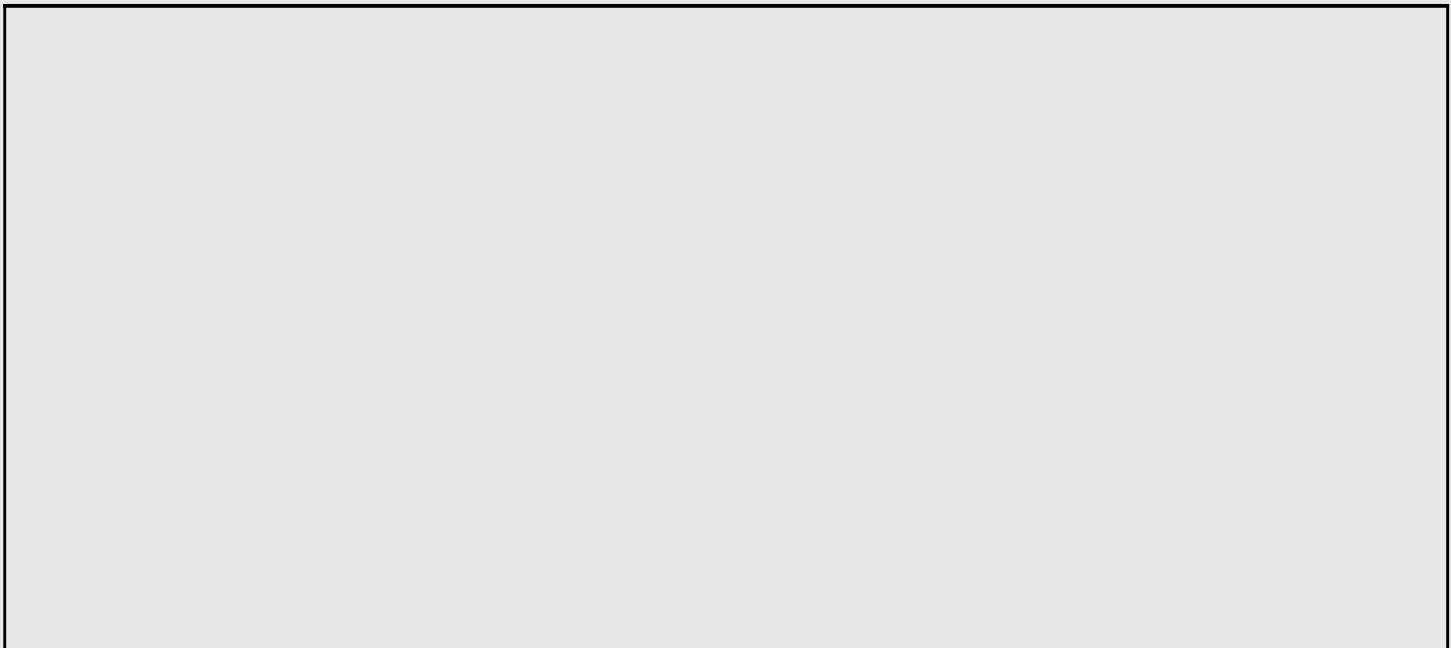
What is the main problem, as you see it? What brings you here?

What have you done about it?

What are your expectations in coming for counseling?

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

Is there any other information you would like to share that you think might be helpful in understanding you and your difficulties?

A large, empty rectangular box with a black border, occupying the upper portion of the page. It is intended for the respondent to write any additional information they wish to share.

COUNSELING PHILOSOPHY and GUIDELINES

Christian - Dr. Williams is committed to providing a balanced Christian approach to counseling. It is his belief that all the problems we face in life are simultaneously spiritual and psychological. It is his goal to provide counseling and guidance that meets your specific challenges and follows Christ. Dr. Williams' understanding of Christianity is based on the Christian Bible. He typically prays for you and may bring relevant passages from Scripture to bear upon the problems for which you have sought counseling.

Dr. Sam Williams has been counseling for approximately 40 years and has earned both an M.A. and a Ph.D. in clinical psychology but is not licensed in the state of North Carolina as a counselor or psychologist. Your counseling will not necessarily adhere to the rules, standards, or ethical guidelines of any local or national counseling, psychological, or psychiatric association or board. Therefore, no representation is made, either expressly or implied, that your counseling is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions. This counseling is a Christian ministry rather than a state board sanctioned professional activity.

Not Professional Advice – If you have significant legal, financial, medical or other technical questions, you should seek advice from a professional in those fields.

Confidentiality – Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are situations, however, when it may be necessary to share certain information with others:

1. when there is reasonable suspicion of child or elderly abuse or neglect.
2. when there is reasonable suspicion of suicidal or homicidal or criminal intent by the counselee.
3. when a person persistently refuses to renounce a sin and it becomes necessary to seek the assistance of leaders in their church to encourage repentance (see Proverbs 15:22; 24:11; Matthew 18:15-20). This is uncommon, so if I believe this is necessary, I will discuss this with you first so we can handle it collaboratively, if possible.
4. when a Southeastern seminary or college student (either the counselee or someone to whom they are referring) violates the student conduct and disciplinary rules.

Please be assured that Dr. Williams prefers not to disclose personal information to others and will make every effort to find ways to resolve a problem as discretely and as privately as possible. If he believes that information needs to be shared with others, he will attempt to discuss this with you first, unless to do so would put you or others at risk of harm.

Suicidal thinking and behavior

If you are suicidal during your counseling with Dr. Williams, it is crucial that you talk with Dr. Williams about these matters or go to a hospital emergency room. **PLEASE INITIAL BELOW** indicating that you agree to share any suicidal thoughts or intentions with Dr. Williams at any time they arise, and by phone text [919-622-6830] if they occur in between sessions, and that you would seek medical care if you become suicidal in the course of your counseling.

Resolution of Conflicts – On rare occasions a conflict may develop between a counselor and a counselee. Dr. Williams requires all counselees to agree that any dispute that arises with him or with this seminary or Hope Counseling Center or North Wake Church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the Institute for Christian Conciliation.

Dr. Williams may terminate counseling services for noncompliance with the guidelines in this document or your plan of care, failure to keep or cancel appointments, violent behavior, threats of violence, or involvement in criminal behavior.

Donations, not fees – It is important that you contribute for each counseling session. The suggested contribution is \$125 per 55-minute session and can be given directly to Dr. Williams in the form of cash or check or VENMO. Dr. Williams does not accept credit cards or file insurance claims. There are no pre-established fees for your counseling however, and since this is a counseling ministry and Dr. Williams does not want to deny help to those who are in need but cannot obtain it because of financial hardship, you should talk with him if you cannot contribute as noted above. He is not reimbursed for your counseling by the seminary or anyone else, unless you are a SEBTS or SECWF student.

If you have any questions about these guidelines, please talk with Dr. Williams in your first session. If you understand these guidelines, and they are acceptable to you, and you are freely consenting to counseling based on all the information and conditions above, please sign below. If you choose not to agree to these guidelines and sign this form, make sure you let Dr. Williams know your concerns before you begin your first session.

Sign _____

Date _____

If you are spouse participating in Marriage counseling, or a parent/guardian signing for a minor, sign below:

Sign _____

Date _____

Add electronic signature or Type your name here

Date

Add electronic signature or Type your name here

Date

Cancellation Policy

24-hour notice is required for all cancelled appointments.

Counseling appointments are in short supply; many patients have waited weeks to obtain an appointment. When you no-show or cancel an appointment without notice, you are not respecting the limited appointment slots available to care for other people.

We are aware that life is not always predictable and that on occasion you may need to cancel your counseling appointment. However, 24-hour notice is required for all cancelled appointments. If you do not, then I ask that you make a \$50 payment for your missed session.

If you have one no-show or cancel two appointments, you will be required to make a \$50.00 deposit prior to scheduling another appointment.

Please sign below indicating that you understand and agree to these cancellation guidelines.

X _____

Date _____

If you are spouse participating in Marriage counseling, or a parent/guardian signing for a minor, sign below:

X _____

Date _____

Add electronic signature or Type you name here

Date

Add electronic signature or Type you name here

Date