Counseling Agreement

As part of the counseling process, I understand that I may be required to follow through with homework exercises such as reading, changing behaviors, praying, or other initiatives that will serve my best interest. Ultimately I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling. _____ Initial

I further understand that my progress will be a direct result of my honesty, the work that I will put into resolving my issues and my willingness to move forward even if it is painful and difficult. _____ Initial

I understand that my communication with my counselor is strictly confidential and will not be released to anyone without my consent, unless I am in violation of codes of abuse – physical or sexual, a harm to myself or others. By law, my counselor is required to report such exceptions to the proper authorities in order to protect myself and/or those in danger. _____Initial

Additionally, my counselor may consult with another therapist regarding my case. This therapist will also be bound by the same confidentiality laws, that being said, my name and identity will remain anonymous. _____Initial

I understand that I will pay in full for each session (**50 minutes**). The rate is $85/session. I understand that I will pay a **$25 cancellation fee** for appointments not cancelled with **24 hours notice**. You may notify your therapist by phone or email to cancel or reschedule. _____Initial (954)755-7767 x105, Counseling@cbglades.com

Finally, although we meet in a church setting, I understand that when I see my counselor outside of the counseling sessions that is her time of worship and she will not discuss my sessions outside of my scheduled visits. _____ Initial

I acknowledge that I have read this agreement in its entirety and agree to the conditions set forth.

_____ Date _____

(Client or Parent Guardian Signature)

_____Printed Name

_____Printed Name

Couple's Intake Form

CONFIDENTIAL

Name _____ Today's Date _____

Contact information

Address: _____
City: _____ State: _____ Zip: _____
Number:_____(cell)_____(hm)_____(wk)
Email address: _____ Date of birth _____
May I leave a voicemail on your cell or home number? (circle your primary choice)

May I email you regarding your sessions? Yes or no

How did you hear about our counseling services? Pre-service slide, service, flyer, guest services desk, a LifeGroup, website, friend, or other?

Relationship Information

Marital status (circle one)

Single/Engaged Married Separated Divorced

Work / Educational History

Are you employed? FT, PT, unemployed (circle one) If unemployed describe current situation:
_____

What type of work do you do? _____

Are you a student? Yes ____ No ____ If yes, where? _____

Course of study: _____

Highest level of education:

GED, High School diploma, Bachelor's degree, Master's degree, Doctoral degree

Current family information:

List the full names of all the persons living in your home.

Name Age Relationship to you

_____
_____
_____
_____
_____

Are either of you divorced? List dates/length of previous marriages.

_____
_____

Present area of Concern:

What is the primary reason that brings you here today? _____
_____
_____
How long has this been a problem for you? _____

What do you hope to accomplish through counseling? _____

_____
_____

What have you done already to deal with the difficulties? _____
_____
_____

Have you received counseling in the past? (yes or no) If yes, briefly discuss the nature, duration and outcome. _____
_____
_____
_____

What would you identify as your strengths overall? _____
_____
_____

Couples Questionnaire

Spiritual History

Briefly describe your spiritual relationship with God (if any): _____

_____

_____

_____

Physical History

Are you presently under the care of a medical doctor? _____ If so, please list their name _____ contact # _____. Your physician will **not** be contacted without your written consent.

Are you presently on any medication? _____ If so, please list all and frequency:

_____

_____

Have you ever been hospitalized for substance abuse or any other psychiatric disorder
Yes or no (circle one)
If yes, explain: _____

_____

Please list any treating psychiatrist name & number _____

_____

Emotional Status

Are you currently experiencing strong emotions? _____ If yes, describe_____

_____

Do you make decisions based on your emotions _____ How well does that work for you?

_____

Have you had any thoughts or attempts of suicide? _____ If so, when_____

Do you have any thoughts now? _____

Are you experiencing any of the following:

_____ Jealousy	_____Financial issues	_____Feelings of guilt
_____Abandonment	_____Passive aggressive	_____Anger/rage
_____ Alcohol/drug abuse	_____Intimacy problem	_____Shame
_____Withdrawn	_____Affair(s)-emotional/sexual	_____Phobias
_____Lack of communication	_____Compulsive behaviors	_____Anxiety

_____Spiritual issues _____Conflict avoidance _____Depression
_____Panic attacks _____Sexual problems _____Nightmares
_____Mood Instability _____Suicidal thoughts _____Eating Issues
_____Uncontrollable fears _____Controlling behaviors _____ Low self-worth

Is there a history of any of the following in your family? Please indicate relation to each one identified (self, mother, father, step-parent, brother, sister, child, grandparent, or other type of guardian, i.e. aunt or uncle).

	Relation	Presently Occurring	Past
Divorce			
Alcohol abuse			
Drug abuse			
Suicide			
Physical abuse			
Eating disorder			
Sexual abuse			
Sexual addiction			
Mental illness			
Chronic physical illness			

Other

Is there anything else that is important for me as your therapist to know, and that you have not written about on any of these forms? If yes, please discuss here:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name_____ Date _____

1. How long have you and your partner/spouse been together? _____
2. In what form (i.e. dating, living together, married)? _____
   _____
3. How are the two of you similar? _____
   _____
4. How are you different? _____
   _____
5. What do you do when there is conflict between the two of you? _____
   _____
   _____
   _____
   What does your partner do? _____
   _____
   _____
6. What do you do when you become angry? _____
   _____
   _____
   What does your partner do? _____
   _____
   _____
7. What strengths do you have that support resolving differences? _____
   _____
   _____
   What strengths does your partner have? _____
   _____
   _____
8. Do you spend time alone? _____
   Do you enjoy your free time? _____
   Does planning how to spend it create anxiety for you? _____
   _____
9. Do you have separate friendships with people who are not neutral friends? _____
   _____
   Does this create conflict in your relationship? _____
   _____
10. Are you comfortable with doing activities away from your partner? _____

_____

What do you like to do? _____

_____

_____

How comfortable are you with your partner spending time away from you? _____

_____

_____

11. On a scale of 1 to 10, how open are you in expressing your innermost wants, thoughts, desires and feelings to your partner? Explain. (1 is totally closed and 10 is totally open)

    _____

    _____

12. When you want support or encouragement from your partner, do you get it? _____
    How? _____

    _____

    When your partner wants support or encouragement from you, do you feel that you give it? _____ How? _____

    _____

    _____

13. Do you support your partner's development as an individual? _____
    How (give an example)? _____

    _____

    _____

14. Are you satisfied with your sexual relationship (nature or amount of physical affection)?

    _____

    _____

15. When do you feel most gratified in your relationship? _____

    _____

    _____

16. Do the two of you have joint commitments to goals, projects, work or social causes?

    _____

    Does this add or detract from the bond between you? _____

    _____

17. If you could improve upon your relationship overall, what would that look like on your end? _____

    _____