BIBLICALLY CENTERED COUNSELING

806 E. MAIN STREET
MOUNT JOY PA 17552
www.biblicallycenteredcounseling.com

INITIAL PAPERWORK PACKET

INSTRUCTIONS FOR YOUR FIRST APPOINTMENT:

1. Print this information packet and complete all aspects before your appointment date. Please bring the completed packet with you to your first appointment. If you are seeking marriage counseling, your spouse must complete a separate packet.

2. Please use blue or black ink when completing these forms. Also, please provide detailed answers to each question on the form.

3. If you are taking any prescription medication(s), please do not alter your dose near your appointment date. If possible, allow two (2) weeks to adjust to any medication before your appointment date.

4. Office hours vary for appointments. Counseling appointments will require approximately one hour in the office. Bathroom facilities are available and childcare is not provided (though a TV/ DVD and videos can be brought to our Harvest Bible Chapel/ Faith House] or the main office in Mount Joy.

5. If you need to cancel, please contact Biblically Centered office at least 24 - 48 hours ahead of your appointment time:

6. Please see page 6 for Confidentiality and privacy Information.

Phone. 717 492 4422 and leave a message

DATE: _____

PERSONAL DATA INVENTORY

Name:_____ Gender: Male / Female

Address: _____ Birth Date:_____/_____/_____ Age: _____

City/State: Zip: _____

Please provide at least two (2) phone numbers:

Home: _____ Cell: _____ Work: _____

E-mail Address: _____

Occupation / Employer: _____ Education (last year completed):_____

Marital Status:

- o Single
- o Engaged
- o Married
- o Separated
- o Divorced
- o Widowed

Marriage & Family Information:

Name of Spouse: _____ Age of Spouse: _____

Address (if different): _____

Phone #: (_____) _____ Email Address: _____

Occupation / Employer: _____ Education (last year completed): _____

Is spouse willing to come for counseling? Yes ( ) No ( ) Uncertain ( )

Have you ever been separated? Yes ( ) No ( ) If Yes, when? _____

Date of Marriage:_____ Ages when married: Wife _____ Husband _____

How long did you know your spouse before marriage? _____

Length of steady dating: _____ Length of engagement: _____

Number of previous marriages: Self: _____ Spouse: _____

Brief information about previous marriages _____

_____

Child's Name	Age	Gender	Living Yes/No	Married Yes/No	PM/A*

** Check this column if child is by previous marriage or adoption.*

HEALTH INFORMATION - Self

State of current health: Very Good ( ) Good ( ) Average ( ) Declining ( ) Other: _____

Weight Changes recently: Lost _____lbs. / Gained _____lbs.

Date of last medical examination: _____ Results: _____

Are you presently taking any medication? Yes ( ) No ( ) Prescribing Doctor(s): _____

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBED FOR…	DATE PRESCRIBED

** Use another page if necessary*

Have you used drugs for other than medical purposes? Yes ( ) No ( ) What/When? _____

_____

Do you drink alcoholic beverages? Yes ( ) No ( ) How often / much? _____

Have you had counseling, psychotherapy, or seen a psychiatrist before? Yes ( ) No ( )

Age	Duration	Counselor / Center	Issue/Topics/Diagnosis	Evaluation/Result

** Use back of this page if necessary or if you have seen more than three counselors*

Approximately how many hours of sleep do you average each night?_____

When do you normally: go to bed?_____ fall asleep?_____ wake up?_____ get out of bed?_____

What do you normally do between going to bed and falling asleep? _____

Describe any recent changes in sleep habits: _____

_____

Please circle "Yes" or "No" for the following questions:

Have you ever felt people were watching you or out to get you?	Yes	No	Are you sometimes unable to judge distance?	Yes	No
Do people's faces ever seem distorted?	Yes	No	Have you ever had audio (hearing things) or visual (seeing things) hallucinations?	Yes	No
Do you ever have difficulty distinguishing faces?	Yes	No	Are you afraid of being in a car?	Yes	No
Do colors ever seem too bright?	Yes	No	Is your hearing exceptionally good?	Yes	No
Do colors ever seem too dull?	Yes	No			

PERSONAL INFORMATION - Self

Check any of the following words which best describe you *at this time.*

___Active	___Impatient	___Calm	___Outgoing	___Lonely
___Ambitious	___Impulsive	___Serious	___Likable	___ Shy
___Angry	___Moody	___Easy-going	___Leader	___Sensitive
___Persistent	___Often Blue	___Self-conscious	___Follower	___Optimistic
___Nervous	___Excitable	___Self-Confident	___Imaginative	___Pessimistic

Check any of the following struggles or difficulties that you are experiencing *at this time.*

○ Abuse (present)	○ Depression	○ Guilt	○ Envy
○ Abuse (past)	○ Parenting	○ Chronic Pain	○ Grief
○ Anxiety	○ Marital Intimacy	○ Homosexuality	○ Work Issues
○ Apathy	○ Moodiness	○ Addiction	○ Purpose
○ Bitterness	○ Memory Loss	○ Suicidal Thinking	○ Step-Family Issues
○ Lifestyle change	○ Financial Management	○ Panic Attacks	○ Trust
○ Pornography	○ Peer Issues	○ Bad Memories	○ People Pleasing
○ Communication	○ Obsessions / Compulsions	○ Self-Injury	○ Anger
○ Conflict Resolution	○ Time Management	○ Co-Dependency	○ In-Laws
○ Procrastination	○ Eating / Food Issues	○ Fear	○ Other _____

Please complete the following:

What really hurts me is _____

What I wish I could change about myself is _____

My childhood was _____

My father is/was _____

My mother is/was_____

My biggest regret is _____

For refuge/rest I turn to _____

To be happy I need _____

I would do anything for _____

If you were reared by anyone other than your parents, please briefly explain: _____

_____

How many older siblings do you have? Brothers _____ Sisters _____

How many younger siblings do you have? Brothers _____ Sisters _____

Any major changes in the family during the last year (i.e. death, sickness, move, divorce)? Yes No

Explain _____

SPIRITUAL / RELIGIOUS INFORMATION - Self

DO YOU CONSIDER YOURSELF A RELIGIOUS PERSON? Yes ( ) No ( )

Do you attend church? Yes ( ) No ( ) Denominational Preference: _____

If yes, Church Name: _____Church Attendance/Activities: _____ times / month

Please list any ministry involvement: _____

Church attended in childhood: _____

DO YOU BELIEVE IN GOD? Yes ( ) No ( ) Not sure ( )

DO YOU PRAY TO GOD? Never ( ) Occasionally ( ) Often ( )

What do you pray about? _____

ARE YOU SAVED? Yes ( ) No ( ) Uncertain ( )

DO YOU READ THE BIBLE? Never ( ) Occasionally ( ) Often ( )

DO YOU HAVE PERSONAL DEVOTIONS? Never ( ) Occasionally ( ) Often ( )

Please note any recent changes in your spiritual life: _____

_____

_____

Please complete the following in one or two sentences:

1. Please describe the reasons for seeking counseling. _____

_____

_____

2. Other than counseling, what help are you seeking? _____

_____

3. Who referred you to this ministry for help? _____

4. What are your expectations in coming here? _____

_____

5. What, if any are your concerns about coming to counseling? _____

_____

6. Is there any other information we should know? _____

_____

_____

Biblically Centered Counseling

Instructions for Policy Review: *Please read each of the policies on the following three (3) pages. After reading each policy please place your initials in the space provided to indicate your understanding and agreement with the stated policy. For marriage counseling, the initials of your spouse are also required. If you have any questions please direct them to your counselor prior to your initial meeting. If for any reason you are unable to sign these forms, counseling services will not be available to you.*

FINANCIAL POLICY

Biblically Centered Counseling provides counseling services on a fee for service basis. Therefore, it is the responsibility of each client to cover the costs for their counseling. Our regular fee is $70.00 per 55-minute session; however the fees for counseling services can be reduced for members and regular attendees of partnering churches by making an application to the church. Fees for counseling services are expected at each session. There is a $25 charge for returned checks.

** Initial here if you understand and agree to adhere with this Financial Policy: _____ _____

APPOINTMENT CANCELLATION POLICY

We require a 24 hour notice if you wish to cancel or are unable to keep an appointment (48 hours preferred). Email is not an acceptable form of contact. If you fail to give us a 24 hour notice you may be expected to pay a missed appointment fee of $50.00 before another appointment may be scheduled. Appointments cancelled due to inclement weather or emergency situations as understood by the counselor are exempt from the missed appointment fee.

Clients are encouraged to arrive promptly for their counseling session. If a client arrives late, the counseling session will end at the regularly scheduled time and the client will be charged at the full rate. We reserves the right to cancel the session if the client is at least 15 minutes late.

If the counselor cancels the appointment for reasons unrelated to the client, the client will be notified as soon as the conflict has been determined. If the counselor is late for the session, the client can expect a full, 55-minute session. The client will not be penalized for any scheduling conflicts or delays by the counselor.

** Initial here if you understand and agree to adhere with this Cancellation Policy: _____ _____

CONFIDENTIALITY CLAUSE

The privacy and confidentiality of our conversations and records are a privilege of yours and are protected by our ethical principles in all but a few circumstances. Those exceptions are limited to the following: 1) known or suspected child or elderly abuse or neglect; 2) court order; 3) active suicidal ideations or intent to harm another; and, 4) counseling that is mandated by a legal authority. If counseling was mandated by a legal authority, it is assumed by your signature that you agree that your counselor may give/receive updates and opinions and share records for the purpose of professional continuity.

As a Para-church ministry, Biblically Centered Counseling would prefer to work together with the church where you hold membership for the purpose of cooperative pastoral care. A *signed, separate release* is located on pg. 8 of this packet and will be necessary for any dialogue between pastor and counselor. This is optional, but encouraged.

** Initial here if you understand and agree with this Confidentiality Clause: _____ _____

PHILOSOPHY OF SOUL CARE

We are committed to providing professional, biblically-based counseling to all whom we serve, regardless of sex, race, religion, or sexual preference. We believe that an individual's emotions, thoughts, behaviors, and interactions are *caused* by motives that stem directly from the heart. Though the cause of most behaviors come from the heart, we recognize that we are created as spirit and body. Therefore, we recognize that many actions and interactions are *influenced* by our body chemistry (hormones, deficiencies, adrenaline, etc.) as well as our situations and circumstances. It is our desire to provide counseling that is God-centered, Spirit-led, and Hope-focused to help clients find peace emotionally, relationally, and spiritually.

We believe that our past influences affect present realities and relationships. We will focus on the heart's responses to past and present influences and address some of the foundational issues of worth, love, and trust. In Biblical counseling, you can expect practical & Biblical directions on how to live by faith, renew the mind, manage emotions, resolve trauma of the past, and pursue peace in relationships.

When necessary we will work with your physician or psychiatrist to ensure you receive the appropriate medical care in conjunction with the counseling services you receive.

* * Initial here if you understand and agree with this Philosophy of Care: _____ _____

WAIVER OF LIABILITY

In seeking counseling from *Biblically Centered Counseling,* you must acknowledge your understanding of the following conditions and further release *Biblically Centered Counseling,* from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. All counseling will be provided by Dr.Don MacKenzie, an ordained minister with a Doctorate in counseling.
2. All counseling is provided in accordance with the Biblical principles adhered to by *Biblically Centered Counseling* and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above mentioned counselor, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions.

** Initial here if you understand and agree with this Waiver of Liability: _____ _____

CONSENT TO COUNSEL

Having read and understood *Biblically Centered Counseling's* Financial Policy, Appointment Cancellation Policy, Confidentiality Clause, Waiver of Liability, and Philosophy of Care,

I, _____ (print name(s)) grant permission for *Biblically Centered Counseling* to render counseling services to me and the names listed below (minors):

_____ _____ _____

_____ _____ _____

I also understand that *Biblically Centered Counseling* may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, failure to pay for services rendered, or for other issues agreed upon by the staff.

Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are enrolling yourself into counseling of your own will.

1st Client Signature _____Date:_____

2nd Client Signature (if applicable) _____Date: _____

3rd Client Signature (if applicable) _____Date: _____

PASTORAL RELEASE *(Optional)*

As a member of a local church, you have agreed to be under the spiritual protection of the pastor of your church. As Christian counseling is a form of spiritual care and we assist the pastor/leader in your care, we request that the below release statement be signed to speak with the pastor/leader for your well-being.

In signing this release of information, I/we, _____ *(client's printed name(s))* hereby give permission to my Pastor, _____ *(name)* of _____ *(name of church)* and _____ *(counselor)* of Biblically Centered Counseling to communicate as deemed necessary by the counselor. This *Release of Information* shall be effective from the date of the signature by the client and end one year from the date of the signature or upon termination of services (*if counseling exceeds one year*).

_____ _____ _____
Client Date of Signature Church Telephone #

_____ _____ _____
Client Date of Signature Church Address