



Counseling Ministry

of Hulen Street Church

CLIENT INFORMATION

Last Name _____ First Name _____

Date of Birth _____ Age _____ Gender **MALE** **FEMALE**

Address _____ City, ST, Zip _____

Primary Phone, Type _____ Primary E-mail, Type _____

Other Phone, Type _____ Other E-mail, Type _____

Do you check e-mail regularly? **YES** **NO**

Preferred method of contact **PHONE** **E-MAIL**

Who referred you to counseling at Hulen Street Church? _____

EMERGENCY CONTACT

Name _____ Relationship to Client _____

Address _____ City, ST, Zip _____

Primary Phone, Type _____ Other Phone, Type _____



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PERSONAL HISTORY

Name _____ Date _____

Occupation _____ Employer _____

Length at Job _____ Religious Preference _____

Are you a member at Hulen Street Church? **YES** **NO**

If not, where do you attend church (if anywhere)? _____

In your personal opinion what does it take for a person to get to heaven?

What is your highest level of education completed? _____

Do you plan to pursue any more education? If so, what? _____

FAMILY OF ORIGIN

Is your... **FATHER LIVING** **MOTHER LIVING**

Are you parents... **TOGETHER** **DIVORCED**

Was your home life... **VERY HAPPY** **PLEASANT** **BEARABLE** **UNHAPPY**

Number, gender, and ages of siblings _____



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CURRENT FAMILY

Your marital status is... **SINGLE** **ENGAGED** **MARRIED** **SEPARATED**
REMARRIED **DIVORCED** **WIDOWED**

If married, length of current marriage _____ Number of marriages _____

Spouse's Name _____ Age _____

Spouse's Occupation _____ Length at Job _____

Names, gender, and ages of children

HEALTH

Physical Condition **EXCELLENT** **GOOD** **FAIR** **POOR**

Please describe any physical handicaps or health worries that bother you.

What do you do to stay in good physical condition? _____

When was your last physical examination? _____

What was the result? _____



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FINANCES

Do you have an independent income? _____

Do you have a budget, financial plan, or system of saving money? _____

Are you currently in financial crisis? _____

Please describe anything about your finances that causes stress or anxiety.

YOUR ISSUES

What concerns have brought you to counseling? _____

Where are your concerns causing the most problems?

HOME WORK MARRIAGE GOD RELATIONSHIPS SCHOOL

What concerns about you have others identified? _____

Please rate the severity of your current concerns on a scale of 1 (mild) to 10 (incapacitating).

1 2 3 4 5 6 7 8 9 10

Do you have any feelings of failure, if so, about what? _____

In what ways do you lack confidence in yourself? _____



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List four or five of your prominent character traits.

STRENGTHS

WEAKNESSES

1 _____

1 _____

2 _____

2 _____

3 _____

3 _____

4 _____

4 _____

5 _____

5 _____

Please describe your relationship with God? _____

How important is your spirituality in your daily life? _____

Please describe ways you have tried to overcome or cope with current issues before coming to counseling.



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COUNSELING AGREEMENT

COUNSELOR INFORMATION

Kayla Hawthorne, MAMFC, MACE
Staff Counselor, Hulen Street Church
Licensed Professional Counselor-Intern
Supervisor: Dr. Ruth Goodwin-Askey #12874

INFORMED CONSENT

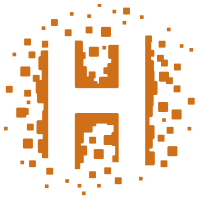
I agree to enter into a counseling relationship with Kayla Hawthorne, a Licensed Professional Counselor Intern. Ms. Hawthorne is under the direct supervision of Dr. Ruth Goodwin-Askey, a Licensed Professional Counselor and Supervisor. Ms. Hawthorne provides counseling based on a biblical worldview and has experience with marriage, family, and individual counseling for adults, children, and adolescents. This biblical worldview will ultimately shape the type of counseling I experience and I understand and am comfortable with the following beliefs Ms. Hawthorne holds:

- Marriage is a sacred relationship between a man and a woman set apart by God to demonstrate His love on earth. Marriage should be held in high regard and broken marital relationships should be restored if at all possible.
- Family consists of a man and a woman who are joined in marriage and choose to have children by natural means or adoption. The father should be the leader of the home and children should respect and honor their parents.

My counselor also is held to the ethical guidelines set forth by the following organizations, and I can access these ethical codes at any time on their respective websites: American Association of Christian Counseling and the Texas State Board of Examiners of Professional Counseling.

I understand that my counseling is a collaborative relationship between myself and my therapist. This relationship is characterized by mutual understanding and effort. I will work to be honest and open during therapy about issues that may be difficult to discuss. This honesty will facilitate healing and help my therapist to better understand how to help me. I also commit to completing all homework assignments given by my counselor. I understand that these are given as ways to facilitate change, and I will do my best to work toward change throughout the entirety of therapy. I recognize that throughout the course of counseling things may seem to get worse before they improve due to the intense emotional nature of the counseling environment. I also understand that therapy is a voluntary relationship and I can leave or find alternative methods of treatment at any time. My counselor will work to provide an environment that facilitates discussion and growth but can in no way guarantee that I will improve or feel as if all of my problems are solved. If I have any questions about this or my therapy I can and will ask my counselor.

Initials



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CONFIDENTIALITY

I understand that all identifying information about my counseling treatment is kept confidential. Information regarding my case is only shared with those professionals who will confer with my counselor and thereby enhance the services I receive.

In order to protect confidentiality, I understand and agree to the following procedures:

1. Written, telephone, or personal inquiries about me will not be acknowledged. I must sign a release form before any information about me is given to anyone other than my counselor and her supervisor. Even then, I may be advised to withhold information if my counselor feels it is not in my best interest.
2. All records or other identifying materials are kept confidential. These records will be held for a period of five years following the termination of my counseling. In the case of a minor, they will be held for five years after this client turns 18. After this period of time my counselor will destroy my records by shredding them.
3. My counselor will not approach me in public settings in order to protect my privacy.

I also understand that there are certain limits to confidentiality, which legally require the counselor to report this information. These limits are:

1. When the counselor assesses that there is a potential suicide or homicide risk.
2. When the client reveals information regarding their potential to commit a crime or when they are assessed as a danger to society.
3. When the client reports past or present instances of committing or knowledge of physical or sexual abuse or neglect of a child, elderly person, or a person who is mentally challenged.
4. When counseling records are subpoenaed by a court of law.

In the case of marriage counseling both participants together are viewed as the client and therefore, any information shared with the counselor by one partner will not be kept confidential from the other.

Counseling of a minor legally requires the counselor to report information regarding the child or adolescent to parents if they so desire.

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FINANCIAL AGREEMENT

Fees for counseling at Hulen Street Church are as follows:

Hulen Street Church Partners: **\$45** per session

All others: **\$55** per session

Any testing or assessment will be billed separately and is dependent on the type of test required.

I understand that payment is to be rendered at the time of service. I understand that my counselor does not accept insurance or file insurance on my behalf. If I need to cancel or reschedule an appointment, I must give my counselor 24 hours notice or I will be financially responsible for the missed session. Counseling sessions are scheduled for 50 minutes. If I am late and am in session for less than 50 minutes, I will be responsible for payment of full session fee amount. If, for some reason, I become unable to pay for counseling services I will discuss this with my counselor and I understand this may lead to termination of counseling or referral to another institution which can provide counseling at reduced or no cost. If I have any disputes about my financial responsibilities or feel as if I have been treated unfairly I will contact the State Board to report this at:

Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369
1-800-942-5540

Initials

I have read and understood the above information (Informed Consent, Confidentiality, and Financial Agreement) and agree to all that is stated.

Client Signature _____

Date _____

Printed Client Name _____

Counselor Signature _____

Date _____

Printed Client Name _____



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CONSENT FOR RELEASE of Confidential Information for Pastoral Care

I, _____, hereby authorize and request that Kayla Hawthorne release confidential information shared in counseling with the following pastoral staff at Hulen Street Church,

I understand that I may revoke this consent at any time by informing the above parties in writing. In consideration of this consent, I hereby release Kayla Hawthorne and the above parties from any legal liability for the release of this information.

Signature _____

Date _____

Witness Signature _____

Date _____