

Carmel Counseling Center

Client Information Form

Today's Date _____

Client's Name _____ Date of Birth _____ Age _____

Name of Parent(s) (if client is under 18)

Mother's Name _____ Date of Birth _____

Father's Name _____ Date of Birth _____

Marital Status: ☐ Married ☐ Single ☐ Remarried ☐ Separated ☐ Divorced ☐ Widowed

Year _____

Year _____

Year _____

Year _____

Year _____

Name of Spouse _____

Address _____ City _____ State _____ Zip _____

Phones (H) _____ (C) _____ (W) _____ (Spouse Work) _____

Okay to leave message?

☐ YES

☐ NO

Email Address _____

Employment (Client) _____ (Spouse) _____

NAME(S) OF CHILDREN	AGE	GENDER	LIVING WHERE?

Medical History for client:

***Please list any medications and dosage you are taking or have taken within the last 6 months:

MEDICATION	DOSAGE (Amount and frequency, ex. 25mg once a day)	DATE BEGAN	PRESCRIBED BY

EMERGENCY CONTACT NAME:	Relationship:
Phone: (Home) _____ (Work) _____ (Cell) _____	

Have you been in counseling before? _____ If so, with whom? _____ Dates? _____

I was referred by _____

I am a member of _____ Church City/State _____

Carmel Counseling Center Policies:

The Carmel Baptist Counseling Center exists for the purpose of offering the place and opportunity to explore and work on issues, which distract individuals, marriages and families from experiencing life as God fully intended. Help in exploring and dealing with these issues is available to all church members and the surrounding community.

Our belief is that the ultimate goal of Christian Counseling is to encourage each client towards a deeper dependency on, and need for, Jesus Christ. All counseling services are designed to further the process of personal growth, both emotionally and spiritually, as well as the development of meaningful relationships, both with God and others. The inerrant Word of God serves as our authority as we seek to apply biblical truth to the counseling process.

Any issue that is deemed acute, and needing the attention of a specialist will be referred to an appropriate professional in the community.

Fee

45 - 55 Minute Session: \$100.00

We accept payments by check, debit and credit cards. Also we accept FSA/HSA cards that are charged as credit cards. Please be advised that there is a \$2 convenience fee when using a card for payment.

Cancellation Policy

If for any reason you are unable to keep your appointment or need to cancel and reschedule, please notify your counselor at least 24 hours prior to your appointment time. **If you have not cancelled within 24 hours, you will be responsible for the session fee.** Our counselors are contract professional counselors and are paid by the hour. Each counselor has a voice mail box where you can leave a message: 704.849.0686.

Confidentiality

All counseling will be held in strict confidence between the client and the therapist. The exceptions to this policy are in the case of imminent danger to yourself or another person, such as suicidal or homicidal threat, and abuse or neglect of a minor, an elderly, or person with disability. Also, this exception includes immediate supervision of the therapist. In these instances, the proper help will be sought. All other consultations outside the client-therapist relationship will be sought following signed consent from the client.

Supervision

All therapists are under the supervision of the Director of Counseling and/or Sr. Care & Counseling Pastor. CCC Staff supervision will occur when the therapist has a particular issue to discuss. All supervision will be held in strict confidence.

I have read and understood the above.

Signed: _____ Date: _____
(Parent(s) Signature(s) if Client is under 18)

Signed: _____ Date: _____
(Parent(s) Signature(s) if Client is under 18)