



SOUL HOPE CHRISTIAN COUNSELING

INTAKE QUESTIONS

Name_____

Date_____

What brings you to counseling at this time?

What have you already done about it?

If you've ever had any counseling before, please list dates, counselor and outcome.

What specific goals do you do hope to accomplish in counseling?

Why did you choose a Christian counselor instead of a non faith-based counselor?

Is there anything else you'd like to share?



SOUL HOPE CHRISTIAN COUNSELING

MICHELLE O'NEAL, NCCA LICENSED CLINICAL PASTORAL COUNSELOR

INFORMED CONSENT & CONFIDENTIALITY AGREEMENT

I, _____, the parent/guardian of counselee, _____ have been informed by Soul Hope Christian Counseling that Biblical counseling and spiritual growth guidance are being provided and that:

1. Michelle O'Neal holds a Bachelor of Arts degree in Psychology, a Master of Arts degree in Clinical Christian Counseling, is licensed by the National Christian Counselors Association as a Clinical Pastoral Counselor (license number 22824), and is an Ordained Minister of the Christian Faith.
2. Professional Christian Counselors who are not acting in a pastoral capacity are considered to be "Mental Health Professionals". This category includes church counseling staff, independent Christian counseling agencies, as well as commissioned or ordained Christian counselors.
3. The state of Florida mandates that "all professionals must report or cause a report to be made and cannot keep silent on the grounds of confidentiality or privileged communication," when the following occurs:
 - A counselee may cause danger to self,
 - A counselee may pose a danger to others, or
 - Child or elder abuse is disclosed.
4. The counselee desires to take advantage of the counselor's services and training, and understands that the Bible will be the foundational basis for all counseling.
5. The counselee also understands that he or she is responsible for any decisions the counselee makes regarding his or her life.
6. I, as the counselee, have a full understanding of all of the above prior to entering into any counseling or disclosure.
7. I freely and willingly accept and agree to abide by this Informed Consent as presented.
8. I understand that all written and verbal information provided to the counselor throughout the duration of counseling services will be maintained under the strictest confidences unless disregarded by circumstances listed above.

Parent/Guardian Signature

Date

Minor Signature

Date



SOUL HOPE CHRISTIAN COUNSELING

2567 N. Toledo Blade Blvd., Suite 3, North Port, FL 34289

941-500-HOPE (4673)

Consent for Counseling Services for Minor Child(ren)

In order for minor children to receive counseling services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Name and dates of birth of child(ren) to receive counseling services:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name of person requesting services _____

My relationship to child(ren) is: Parent Stepparent Grandparent Guardian Other _____

I am the legal parent or guardian of the above-named child(ren). Yes _____ No _____

I have a legal right to obtain counseling for the child(ren). Yes _____ No _____

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal guardian of the above children. Are you willing to do so? Yes _____ No _____

If the answer to the above questions is "No," counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

I, _____, give consent to Soul Hope Christian Counseling to provide counseling services to the child(ren) named above. These services may include clinical interviews of the child(ren), testing of the child(ren), and/or counseling.

Parent/Guardian Signature

Date



SOUL HOPE CHRISTIAN COUNSELING

Financial Matters

It is our sincere desire to bring the Lord's hope and healing to you with help from the Lord, the Word of God, the power of the Holy Spirit, our professional training, and life experiences.

The fee for our sessions is \$120 for a 50-minute session. If you desire a longer session, you may book two sessions back-to-back for a fee of \$240.

Counseling occurs during your scheduled counseling sessions. In between sessions, texts, calls, emails and forms requiring more than 5 minutes will be billed in 15 minute increments at the rate of \$30 per quarter hour.

We may administer a professional temperament assessment (APS). The cost for the assessment is \$50 per individual. Should you terminate counseling before the temperament assessment is reviewed, the cost of the assessment cannot be refunded.

Payment is expected at the time of scheduling the session or at the counseling appointment if paying cash. We accept cash, credit, or debit cards.

Cancellations and reschedules with less than 24 hours notice will be charged the session fee of \$120 (or charged against the sessions provided by a third party).

I understand and accept the above terms:

Parent/ Guardian Signature

Date



SOUL HOPE CHRISTIAN COUNSELING

MINOR CLIENT INFORMATION (To be completed by Minor)

Name _____ Today's Date _____

Birth Date _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone (Cell) _____ (Parent's Cell) _____

Email address _____

Do you attend school in person or at home? _____

What grade are you currently in? _____

If employed, where and how many hours per week? _____

FAMILY HISTORY

Brother's ages: __, __, __, __, __ Sister's ages: __, __, __, __, __

Circle your placement: 1 2 3 4 5 6 7 8 9 10 11 12

What kind of relationship did/do you have with your sisters and brothers?

If you've left your parent's home, how old were you and why did you leave?

Were you adopted? _____ If so, how old were you? _____

What kind of relationship did/do you have with:

your mother? _____

your father? _____

Was your parental home broken (divorce, absent parent, abusive environment)? _____

Did your mother remarry? _____ Your age then? _____

Did your father remarry? _____ Your age then? _____

How did/do you feel about your stepmother? _____

How did/do you feel about your stepfather? _____

SPIRITUAL INVENTORY

Religion raised in: _____ Where are you attending now? _____

How frequently do you attend church? Weekly _____ Occasionally _____ Infrequently _____

Are you a Christian? Yes _____ No _____ Not sure _____

Please circle Y (Yes), No (N), Unsure (U)

Y N U I have a personal relationship with God through Jesus Christ, my Lord and Savior.

Y N U I believe God loves me.

Y N U I believe God forgives my sins.

Y N U I know I am going to Heaven.

Y N U I know I do not have to work to earn God's love.

Y N U I read the Bible at least 4 times a week.

Y N U I believe God is angry with me.

Y N U I am angry at God.

I believe my **spiritual** condition is: poor fair good excellent

PHYSICAL INVENTORY

If you have any disorders, please explain: _____

List the names/purposes of medications, or vitamins: _____

If there is a family history of disease or addiction, please list who and with what: _____

List any allergies: _____

Other physical problems: _____

I generally sleep _____ hours a night.

Please answer Yes (Y) or No (N)

____ I exercise on a regular basis.

____ I eat foods that are healthy on a regular basis.

____ I eat junk food on a regular basis.

____ I drink coffee/caffeine drinks. How much? _____ How often? _____

____ I drink alcohol. How much? _____ How often? _____

____ I smoke or vape. How much? _____ How often? _____

____ I have a complete physical yearly. Date of last physical? _____

I believe my **physical** condition is: poor fair good excellent

PERSONAL INFORMATION

If you or your partner had any discontinued pregnancies or abortions, please explain:

If you have ever been arrested for something other than a traffic violation, please explain: _____

If you have you ever been institutionalized for any problem, please explain: _____

Have you ever been involved with occult activities (Ouija board, palm/psychic readings, tarot cards, new age religions, witchcraft)? Please explain: _____

Do you look forward to the future? Yes _____ No _____

Circle the time period you think about the most: Past Present Future

Circle how you feel about the past: Guilty Bitter Confused Hurt Okay Good

Circle if you are experiencing this in the **PRESENT**
Checkmark if you have had this experience in the **PAST**

Anxiety	Blaming Others	Feelings of Going Crazy
Worry	Crying Spells	Hearing Unseen Voices
Nervousness	Grief	Marital Problems
Guilt	Frequent Loss of Temper	Sexual Concerns
Hatred	Violent Outbursts	Loss of Sexual Interest
Fear	High and Low Moods	Adultery
Indecisiveness	Insomnia	Homosexuality
Irritability	Excessive Stress	Addictive Behavior
Confusion	Weight Loss or Gain	Pornography Use
Hopelessness	Difficulty Concentrating	Religious Doubts
Loss of Meaning	Difficulty Expressing Self	Loss of Faith in God
Feelings of Escaping	Loss of Faith in Self	Anger with God
Depression	Loss of Self Respect	Broken Relationships
Loneliness	Suicidal Thoughts	Loss of Faith in Others
Apathy	Hallucinations	Frequent Residence Changes
Bitterness	Fantasizing	Frequent Job Changes

Have you been involved in physical, emotional, or sexual abuse?

____BY others ____OF others ____no

I believe my **emotional** condition is: poor fair good excellent