



# SOUL CARE

CHRISTIAN COUNSELING • SPIRITUAL DIRECTION

## Counseling Consultation Questionnaire

Name/s \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell #(Self) \_\_\_\_\_ Cell# (Spouse if in Session) \_\_\_\_\_

E-mail(Self) \_\_\_\_\_ E-mail(Spouse if in Session) \_\_\_\_\_

Birth Date(Self) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birth Date(Spouse if in Session) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Marital Status \_\_\_\_\_ Ever Divorced?(Self) \_\_\_\_\_ Ever Divorced?(Spouse if in Session) \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Age \_\_\_\_\_ Years Married \_\_\_\_\_ # of children \_\_\_\_\_

List children and their ages starting with the oldest: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_

List all your brothers and sisters, deceased or alive, starting with the oldest and including yourself:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

(If Spouse is coming with you) List all his/her brothers and sisters, deceased or alive, starting with the oldest and including him/herself:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Occupation (Self) \_\_\_\_\_ Employer \_\_\_\_\_ Years \_\_\_\_\_

Spouse Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years \_\_\_\_\_

Highest level of education \_\_\_\_\_/Spouse \_\_\_\_\_ Present Church Affiliation \_\_\_\_\_

How would you rate your health? (Self) \_\_\_\_\_ Date of last medical exam \_\_\_\_\_

How would you rate your health? (Spouse) \_\_\_\_\_ Date of last medical exam \_\_\_\_\_

Presently taking any medication? \_\_\_\_\_ What kind? \_\_\_\_\_

Presently taking any medication?(spouse)\_\_\_\_\_ What kind?\_\_\_\_\_

Who referred you to me? \_\_\_\_\_

Have you ever had counseling before? (Self) \_\_\_\_\_ (Spouse if in Session) \_\_\_\_\_

If yes, list counselors and dates seen: 1)\_\_\_\_\_ 2)\_\_\_\_\_

In your own words, describe how you hope counseling will help you now.\_\_\_\_\_

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## Counseling Process & Orientation

I, Kathy Clarke, am a Pastoral Counselor and practice as such under GA State Law (GA Code Title 43-10A-7,b,11). My training is a combination of Christian Soul Care, Spiritual Formation and Psychology. Both my graduate training and my approach with the individuals, couples and groups that I work with reflect my view of a unified, biblical perspective on the emotional, spiritual and physical parts of our personhood. My approach in our times together will be grounded in the belief that psychology can reveal a lot about how God has created your heart and mind and how those dynamics are impacting your experience of life and your relationship with others. But , I firmly believe that only by personally engaging with the spiritual dynamics that drive the feelings and behavior can you come to know yourself and God in a way that brings deep healing and true freedom to you and enables you to love others well. It is the organic, often non-linear, nature of this psycho-spiritual process that I seek to facilitate and encourage in you, through the context of our counseling times together. The focus will be on present relational realities with attention (sometimes extensive) to historical relationships that may have developed psychological structures effecting styles of handling current relational processes. The therapeutic work will address areas of internal and external reality that for a variety of reasons seem beyond the range of a client's ability to handle. Integrity (facing denied reality), freedom (thinking through one's perspective on life and consistently choosing an adaptive framework for handling reality), and responsibility (taking into account the individual as a responsible part of a social network and assisting him/her to make desired responsible choices) represent the core values of my approach.

You may experience some emotional and relational discomfort as we attempt to resolve internal issues and/or change behavioral patterns. Old ways of thinking, acting and feeling are likely to come under duress as we work toward your goals.

My counseling orientation is Christian or Biblical in nature with a view toward deep character change, relational growth and maturity, not merely behavioral change or symptom relief. If we have a conflict of values and are unable to come to a mutually agreeable goal for counseling, I will provide you with a referral to a mental health professional who more closely fits your value system if either of us so desire.

**Termination:** You may choose to withdraw from counseling at any time, although I do suggest that you discuss your decision in person so we may obtain closure and go over any recommendations for the future. This will maximize the effectiveness of our work together. If you choose to terminate via voicemail, kindly give at least 24 hours to avoid charges.

**Client Coverage Policy:** I do not provide 24 hour on-call services for problems you may be experiencing between sessions. I strongly urge you to have a support system in place before you begin counseling so that you can call on these family or friends throughout the course of treatment. Should you have a mental health emergency, your options are:

- a. Contact people in your support network. If you need clarification on this please do not hesitate to ask in your sessions who might be appropriate support for you.
- b. You can call my cell number and leave a message. I check messages frequently from approximately 8 a.m. to 8 p.m.
- c. If you are in crisis go to your nearest emergency room. If you are unable to get there on your own, call 911.

**Appointment Policy:** Unless otherwise agreed, you will be assigned a weekly appointment time. Please be prompt; the session will not be extended if you are late. It is your responsibility to **notify me at least twenty-four hours in advance if a scheduled appointment must be canceled.** Please call and leave a message on my cell phone. Failure to give advance notice (except in the case of an unforeseen emergency) will result in your being charged for the missed appointment. Also, if you miss two consecutive appointments without proper notification, counseling services may be terminated.

## Fees

My professional fee is \$110.00 per 50—minute session. In some cases a Sliding Scale will be employed for figuring payment discounts. I occasionally have 90 minute sessions at \$180.

- a. **Payment:** Please pay at the beginning of each session. If you pay by check, it is helpful to have it previously completed. There will be a \$25.00 charge for any returned check.
- b. **Receipts:** I will provide monthly receipts upon request. I do not bill.
- c. **Insurance:** I do not work with insurance companies. I will provide you with a statement of services for you to submit to your carrier so that they may validate your claim for reimbursement. It is not my responsibility to insure payment by your insurance carrier.

## Confidentiality

As a professional counselor, I occasionally consult with other professionals regarding clients that I am working with. This allows me to gain other perspectives as to how to best help you reach your goals. During these consultations confidentiality is maintained; no identifying information is shared.

There are **legal exceptions** to confidentiality: these are situations in which you are at serious risk to either harm yourself or others, such as in the case of potential suicide, child abuse and neglect, or grave disability. You should also be aware that social service agencies define a broad range of events as reportable under child protection status, including various types of hitting which could not be construed as acceptable discipline, whether or not bruises are made. Also, there are times in which child abuse which occurred quite some time ago may be legally required to be reported; usually when the victim of past abuse is still under the age of 18. As we work together, any exceptions to confidentiality will be identified as they arise. **I have read and understand (or have asked for clarification) the information presented in this form.**

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_