

## CHRISTIAN COUNSELING OF MANSFIELD

2421 Callender Road, Suite 133  
Mansfield, TX 76063

817-453-9310  
www.christiancounselingofmansfield.com

Date: \_\_\_\_\_

### Section One: Personal Information:

Counselee Name \_\_\_\_\_

Spouse/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: His Cell: \_\_\_\_\_ Her Cell: \_\_\_\_\_

His email: \_\_\_\_\_

Her email: \_\_\_\_\_

Date of Birth: His: \_\_\_/\_\_\_/\_\_\_ Hers: \_\_\_/\_\_\_/\_\_\_ Anniversary: \_\_\_/\_\_\_/\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

His Employer: \_\_\_\_\_

Her Employer: \_\_\_\_\_

### Section Two: General Information:

Church Membership: \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Who is your primary care physician? \_\_\_\_\_

When was your last physical exam (approximately)? \_\_\_\_\_

List any medications: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to Christian Counseling of Mansfield?

Pastor \_\_\_ Family/friend \_\_\_ Website \_\_\_ Internet Search \_\_\_ Other \_\_\_

### Section Three: Policies and Procedures: Please initial each line:

\_\_\_\_\_ Counseling sessions are 50 minutes in length.

\_\_\_\_\_ The fee of \$100 (\$75 for Interns) is payable by the counselee at the end of the session.

\_\_\_\_\_ *Christian Counseling of Mansfield* does not accept or file insurance.

\_\_\_\_\_ The counselee will be billed the full amount of \$100 for failing to show up for an appointment or canceling an appointment with less than a 24-hour notice.

\_\_\_\_\_ All cancellations must be made through phone communication. **Cancellations made via email or text will not be acknowledged.**

\_\_\_\_\_ Returned checks will be assessed a fee of \$25 to be paid by the counselee.

\_\_\_\_\_ The counselors at *Christian Counseling of Mansfield* will counsel from the perspective outlined in Second Timothy 3:16.

\_\_\_\_\_ Based on 1 Corinthians 6:1-8, the counselors at *Christian Counseling of Mansfield* believe it is sinful for believers to go to court against other believers in civil matters. Please initial here \_\_\_ indicating that you will abide by this policy and will not under any circumstances subpoena (or request) for your counselor to appear in court.

**DUTY TO WARN:** Confidentiality and privileged communication remain the rights of all counselees according to state law. Some courts have held that if a counselee intends to take harmful or dangerous actions against another human being or against him or herself, a counselor has a “Duty to Warn”:

- a) the person who is likely to suffer the result of the harmful behavior;
- b) the family of the person who is likely to suffer the result of the harmful behavior;
- c) the family of the counselee who intends to harm him or herself; and/or,
- d) the appropriate state or local authorities.

*In cases of suspected child abuse (including, but not limited to, sexual, physical, and emotional abuse) the counselor has a responsibility to notify the appropriate authorities of such allegations or suspicions. In addition, a court of law may, under certain circumstances, require the counselor to testify and/or release counselee files. The counselor will, when expedient, share with the counselee the intent to notify relatives or authorities, and attempt to resolve the issue before the above actions are taken.*

**RELEASE OF INFORMATION:** I authorize the release of any information necessary to coordinate treatment with medical professionals, therapists, hospitals, clergy, or any one the counselor deems may be important to provide the most appropriate care to the counselee and his/her family.

I have read the above information in full and accept its terms and conditions. If I have any questions, I will discuss them with the counselor at the beginning of the first session.

For parents/legal guardians of clients who are under the age of 18:

I, \_\_\_\_\_ (please print name of parent/guardian), have legal custody of \_\_\_\_\_ and give my consent for counseling services to be rendered to named minor(s).

\_\_\_\_\_ Parent/guardian Initials

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Signatures: \_\_\_\_\_

\_\_\_\_\_

Parent/guardian: \_\_\_\_\_

\_\_\_\_\_

As a staff we recognize that we are often dealing with volatile situations. Should a problem arise during the course of your counseling, please address any concerns you may have with your counselor. If you are unable to have your issue resolved through your counselor, please address your issue with our Director of Counseling, Dell Canright, at 817-453-9310. If he does not adequately address your concerns you may contact the following licensing agency:

Texas State Board of Examiners of Professional Counselors  
1100 West 49<sup>th</sup> Street, Austin, TX 78756  
512-834-6658