Client Information

Initial Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_ Employer or School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please answer the following questions as fully as possible.*

Briefly describe why you have chosen to seek counseling:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope to achieve through counseling?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How has this problem affected your life in the following areas? (Answer where applicable)

1. Family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Social \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Recreational \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Spiritually \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you had this problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any important events in your life that may relate to this problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How serious is this problem?

􀂈mildly 􀂈moderately 􀂈very 􀂈extremely 􀂈totally

What have you tried to do to solve this problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has been successful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had counseling/therapy in the past? 􀂈Yes 􀂈No

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the same problem or a different one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was helpful about the counseling?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was not helpful about the counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARITAL STATUS:** 􀂈Single 􀂈Married How Long? \_\_\_\_\_\_\_\_\_\_\_

􀂈Previously married -- How many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀂈Living with someone -- How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀂈Separated -- How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀂈Widowed -- How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀂈Number of Children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀂈 Ages/Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religious/Spiritual History**

Are spiritual or religious resources important in your coping? \_\_\_Yes \_\_\_No

Are you open to sharing this part of your life as appropriate in your treatment?

\_\_Yes \_\_No

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL AND MENTAL HEALTH**:

How would you rate your current health?

Very poor 1 2 3 4 5 6 7 8 9 10 Very good

List current health problems for which you are receiving treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications currently prescribed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current use of alcohol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had problems with alcohol use in the past? 􀂈Yes 􀂈No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current use of other drugs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been arrested for alcohol/drug related offenses? 􀂈Yes 􀂈No

Please check all that apply to you at this time:

\_\_I feel depressed \_\_I feel fearful

\_\_I feel anxious \_\_I abuse alcohol

\_\_I have children \_\_I have committed adultery

\_\_I view pornography \_\_My spouse has committed adultery

\_\_I think of suicide \_\_I feel worthless

\_\_I struggle as a parent \_\_I use illegal drugs

\_\_I struggle sexually \_\_Jesus is important in my life

\_\_I have been verbally abused \_\_I have been physically abused

\_\_I feel hopeless \_\_I have been physically abusive

\_\_I feel angry \_\_I am having marital problems

\_\_I strongly fear rejection \_\_I have been sexually abused

\_\_Family history of mental illness \_\_Other

**Bethany Hanusch, Counseling Student Supervised by LaVonne Dyste, LPC-S**

*It is important that you know information about policies and procedures as well as your rights and responsibilities when seeking counseling services.*

**COUNSELING RELATIONSHIP**

Your counseling services will be based on a relationship characterized by trust and respect. The counselor and client will work together to both identify goals for counseling and to move toward meeting those goals. The counseling sessions may include an exploration of thoughts, feelings, personal history, communication styles, attitudes and beliefs about self and others, and personal development needs. The counselor-in-training will receive supervision from two sources: a qualified member of the mental health or school setting in which the counseling takes place and a Liberty University faculty member who is trained in the area of counseling specialization and has training in supervision.

**CLIENT RIGHTS AND RESPONSIBILITIES**

Clients have the right to receive counseling in which the individual’s dignity, worth, and uniqueness are respected. Your counselor-in-training will provide you with quality informed services that are offered under close supervision. Additionally, however, the success of the counseling relationship depends on your willingness to be open and involved in the process. Individuals who participate in counseling can experience changes in personal views, attitudes, and coping skills. Sometimes those close to you may need time to adjust to the new perspectives and positive behavioral changes that may evolve during your counseling. Your counselor-in-training may ask to record some or all of your counseling sessions. The recording of sessions is something that will be further discussed with you and you have the right to allow or to refuse this process to take place. All recordings, if made, will be destroyed at the end of the semester in which services are provided. If you agree to this process, which will both serve the student’s training needs and enrich your personal counseling experience via the added perspective of supervisory review, your counselor-in-training will ask for your written permission. Finally, clients have the right to receive services that are confidential, with the following exceptions.

**LIMITS OF CONFIDENTIALITY**

Confidentiality will conform to state guidelines and the ethical guidelines of the American Counseling Association. All counselors-in-training, their supervisors, and group supervision members will not disclose information except under the following conditions:

• The client or guardian gives written consent to release information to a designated individual or agency.

• The client makes specific violent threats to harm him-or herself or to harm an identifiable victim.

• The counselor-in-training and/or their supervisors are named as defendants in a civil, criminal, or disciplinary action arising from the counseling session.

• The counselor-in-training receives an authentic subpoena backed by judicial authority that requires the disclosure of information.

• The counselor-in-training has reasonable cause to believe that a child or adult with a disability has suffered abuse or neglect.

• The counselor-in-training will discuss the content of counseling sessions in individual and group supervision under the direction of a qualified supervisor who is held to the same professional standards of confidentiality and its limits.

**FEES**  
Counseling sessions will be 45-50 minutes long and have a fee of $50. Together with your counselor, decisions concerning how often and how long you should come will be discussed. Cash only is acceptable for payment. Payment is due in full the day of service.   
  
\_\_I understand the above named counselor has the right to withhold further counseling if I do not financially meet the obligation payment as cited above.  
  
\_\_I understand the financial policies and that payment is due when services are rendered.

**CANCELLATION POLICY**  
I understand my appointment time is reserved exclusively for me, and my counselor requests that I provide 24hr notice if I need to reschedule or cancel my appointment.

**REFERRALS:**  
I understand that should a referral be deemed necessary or requested, my counselor will  
provide such referral in accordance with his or her professional judgment. I understand that should my counselor provide me with a referral, it is my responsibility to evaluate and contact those referral alternatives.

**EMERGENCIES:**  
If the client is unable to reach his counselor in a timely manner, he/she should contact a physician, a local emergency room or the local police department when necessary and appropriate (dialing 911). It is the client’s responsibility to seek the appropriate resources in emergency situations.  
  
I understand that my counselor does not provide 24-hour emergency crisis counseling. Should I experience an emergency requiring immediate mental health attention, I will immediately access help via a 911 emergency call or go to the emergency room at a local hospital.

NOTE: This counselor-in-training will provide services under the supervision of LaVonne Dyste, LPC-S. If you have any questions regarding your services, please contact this individual via email at [lmdyste@yahoo.com](mailto:lmdyste@yahoo.com) or by phone at 210-386-6770 .

By signing below, the client or parent/legal guardian 1) acknowledges that he or she has read the information above and has had any questions regarding its contents explained and 2) agrees to allow counseling services to be provided.

Signature of client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ (for minor/dependent clients and/or students)

Counselor-in-training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_