

**RESTORE HOPE COUNSELING AT FBC EASTLAND
CHILD INFORMATION FORM**

For counselor use only

| | |
|-------------------------------|----------------------------|
| Intake Date: | |
| Counselor: | |
| Fee: | Previous client: yes or no |
| Dates of previous counseling: | |

To assist us in helping your child, please fill out this form as fully and openly as possible. All information is held in strict confidence within legal limits. If certain questions do not apply to the child, please leave them blank.

Information supplied by: _____ Relationship to the child: _____

IDENTIFYING INFORMATION

Child's Name _____ Nick Name _____

Date of Birth _____ Sex: M ___ F ___ Present Age _____

School Attending _____

Grade _____ Teacher _____

Child lives with _____

Name of Parents/Guardians _____

Address _____

Home/Cell Phone _____ Work Phone _____

Email: _____

May we call you at home? _____ Yes _____ No

May we call you at work? _____ Yes _____ No

May we email/write you at home? _____ Yes _____ No

Your Employer: _____ Position: _____

Does the child attend church regularly? _____ Yes _____ No

If yes, which church does the child attend? _____

What is the denomination of this church? _____

Is your child a born-again Christian? _____ Yes _____ No _____ Unsure

MAJOR CONCERNS

Please describe your concerns about your child and the reasons that you are seeking help. _____

When were these difficulties first noticed? Please explain as fully as you can. ____

List the child's behaviors that you would like to see changed. _____

List the child's three greatest strengths.

1) _____

2) _____

3) _____

List the child's three greatest weaknesses or needed areas of improvement.

1) _____

2) _____

3) _____

Briefly describe the child's ways of expressing the following:

Anger _____

Happiness _____

Sadness _____

Anxiety _____

BEHAVIORS OF CONCERN

Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- | | | | | | | | | |
|--------------------------------------|-----|-------|-----|--------|-----|-----------|-----|------------|
| 1) Hitting others | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 2) Argues with adults | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 3) Refuses adult's requests | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 4) Deliberately annoys people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 5) Blames others for own mistakes | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 6) Easily annoyed by others | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 7) Angry/Recently | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 8) Spiteful/Vindictive | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 9) Defiant | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 10) Bullies/Teases others | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 11) Initiates fights | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 12) Uses a weapon | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 13) Physically cruel to people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 14) Physically cruel to animals | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 15) Stealing | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 16) Forced sexual activity | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 17) Intentional arson | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 18) Burglary | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 19) "Cons" other people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 20) Runs away from home | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 21) Truant at school | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 22) Doesn't pay attention to details | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 23) Several careless mistakes | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 24) Does not listen when spoken to | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 25) Doesn't finish chores/homework | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 26) Difficulty organizing tasks | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 27) Loses things | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 28) Easily distracted | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 29) Forgetful in daily activities | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 30) Fidgety/squirmy | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 31) Difficulty remaining seated | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 32) Runs/climbs around excessively | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 33) Difficulty playing | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 34) Hyperactive | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |

- 35) Difficulty awaiting turn ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 36) Interrupts others ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 37) Problems pronouncing words ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 38) Poor grades in school ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 39) Expelled from school ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 40) Drug abuse ___ Never ___ Rarely ___ Sometimes ___ Frequently
-
- 41) Alcohol consumption ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 42) Depression ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 43) Shy/avoidant/withdrawn ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 44) Suicidal threats/attempts ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 45) Fatigued ___ Never ___ Rarely ___ Sometimes ___ Frequently
-
- 46) Anxious/nervous ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 47) Excessive worry ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 48) Sleep disturbance ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 49) Panic attacks ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 50) Mood shifts ___ Never ___ Rarely ___ Sometimes ___ Frequently

For each of the behaviors noted above as occurring **FREQUENTLY**, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Give examples. Use the back of this page if needed.

| Behaviors of Concern | Impact on Child or Others |
|----------------------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Has this child had any previous professional assistance with the problems stated here? If so, please provide information.

What was the name of the counselor? _____

What were the dates that the child was seen? _____

What were the results? _____

**RESTORE HOPE COUNSELING AT FBC EASTLAND
LIMITATIONS OF CLIENT-THERAPIST
CONFIDENTIALITY**

Confidentiality is of the utmost importance where the client-therapist relationship is concerned. We believe that it is important that the client be able to assume that their private communications with the therapist be kept private. However, there are certain exceptions which supersede the confidentiality of the client-therapist relationship. It is our ethical obligation to inform you of the exceptions.

Exceptions to Confidentiality:

1. The therapist makes an assessment of an impending suicide risk.
(Chapter 611, Family Code)
2. A client reports past or present instances of the abuse or neglect of a child, elderly person, or mentally challenged person. (Chapter 261, Family Code)
3. A client acknowledges committing abuse or neglect of a child, elderly person or mentally challenged person either in present or in the past.
(Chapter 261, Family Code)
4. There is a probability of imminent harm to the client or others.
[Chapter 611, Sec. 004(a)(2) Health and Safety Code]
5. Counseling records may be released when they are subpoenaed by a court of law.

I have read the preceding statement and understand that under the above stated circumstances the confidentiality of the client-therapist relationship is superseded. I understand that in such instances my therapist is bound ethically and legally to inform the proper authorities.

Client Signature: _____ Date: _____

Client Name: _____

Witness Signature: _____

Witness Name: _____

**RESTORE HOPE COUNSELING AT FBC EASTLAND
CONSENT FOR COUNSELING OF MINORS**

Minor's Name _____

Date of Birth _____ Age _____

This is to certify that I give permission to Restore Hope Counseling for the treatment of my child.

This counseling may include individual or group psychotherapy, counseling, and testing. This counseling may include consultations with other associates of this institution.

This counseling may also include referrals to other appropriate State and County or professional agencies for further counseling.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Street Address

City/State/Zip

Phone Number

Witness Signature

Date

Witness Name Printed

Required Custody Documentation _____ **Yes** _____ **No**

**RESTORE HOPE COUNSELING AT FBC EASTLAND
INFORMED CONSENT**

I understand that counseling may involve discussing relationship, spiritual, psychological, and/or emotional issues that may at times be distressing. However, I also understand that this process is intended to help my child personally and with relationships. I am further aware that the Restore Hope Counseling is a faith based ministry affiliated with First Baptist Church of Eastland. I am aware that there are alternative treatment facilities available to my child.

My therapist has satisfactorily answered all of my questions about counseling at FBC Eastland. If I have further questions, I understand that my therapist will either answer them or find answers for me. I understand that my child and I may leave therapy at any time, although I have been informed that this is best accomplished in consultation with the therapist.

In signing this form:

- a) I understand and agree to the services at this center being provided by doctoral or master's level, licensed or intern, counselors. This may include case consultation and review of treatment notes.
- b) I understand the confidentiality policies of Restore Hope Counseling and I agree to them.
- c) I understand that my own and my child's role is:
 - 1) To be honest during counseling sessions, complete homework assignments, and demonstrate a willingness to change.
 - 2) To refrain from the use of alcohol or drugs prior to a counseling session.
- d) I understand and agree to the fee structure for counseling services.
- e) I understand that failure to provide 24 hours notice when canceling an appointment will result in fees charged for the full session.

I have read this Professional Disclosure Statement, and my questions about it have been answered to my satisfaction. I understand that information about my case might be shared with the counselor's supervisor for training purposes, but that the trainee will preserve my anonymity and confidentiality when consulting with others about my case. My signature below verifies my informed consent for participation in counseling sessions with the counselor trainee under the conditions that are described in this document.

Client Signature

Date

Site Supervisor Information

Name and Credentials:

Steve Queen LPC-S, Director of Ministry of Counseling and Enrichment, Clinical Supervisor
Texas License Number 17066

Contact Information-Ministry of Counseling and Enrichment

1502 N 1st Street
Abilene, TX 79601
Phone: (325) 672-9999
Email: steve@ministrycounseling.com

Parent Signature _____

Parent Name _____

Date _____

Witness Signature _____

Witness Name _____

Payment Agreement: _____

Paid: _____

**RESTORE HOPE COUNSELING AT FBC EASTLAND
CLIENT EMERGENCY CONTACT INFORMATION**

Child's Name: _____

Parent's Name: _____

EMERGENCY INFORMATION

Medical Conditions: _____

Medications: _____

Emergency Contact Information

Name: _____

Relationship to Client: _____

Telephone Number: _____

It is the policy of Restore Hope Counseling for a parent to remain on the premises while his/her child is in the counseling session. In the event of a medical emergency to the child and/or parent, I hereby authorize Restore Hope Counseling to notify the emergency contact.

Parent Signature _____

Parent Name _____ Date _____

RESTORE HOPE COUNSELING AT FBC EASTLAND

405 S. Seaman St
Eastland, TX 76448
254-629-3355

COUNSELING SERVICES INFORMATION

Who We Are

Restore Hope Counseling is a faith-based ministry affiliated with First Baptist Church of Eastland. Restore Hope Counseling is committed to providing counseling that is based on Christian principles in a comfortable, confidential atmosphere with Christian counselors who integrate therapeutic skills with a solid biblical foundation.

Restore Hope Counseling has Master's level Counselors in order to offer a variety of counseling services. We are here to serve individuals and their families associated with FBC Eastland as well as the community at large. Services are provided by licensed and intern trained counselors. Interns are under direct supervision of other therapists or psychologists who are licensed by one or more of the following:

Texas State Board of Examiners of Psychologists 512-305-7700

Texas State Board of Examiners of Professional Counselors 512-834-6658

Texas State Board of Examiners of Marriage and Family Therapists 512-834-6657

Texas State Board of Social Worker Examiners 512-719-3521

(The above Texas State Boards receive questions and complaints regarding services by licensed professionals at the indicated numbers. Services are available to the hearing and speech impaired through Relay Texas: 1-800-735-2989.)

Confidentiality

It is important for you to understand that all identifying information about your counseling therapy/treatment is kept confidential. Even within the church, information regarding your case is only shared with those professionals (i.e., supervisors and consultant counselors) who will confer with your service provider and thereby enhance the services you receive.

In order to protect client confidentiality, we adhere to the following procedures:

1. Written, telephone, or personal inquiries about clients will not be acknowledged without permission. You must sign a release before any information about you is given to anyone outside the counseling center. Even then we may advise you to withhold information if we feel it is in your best interest.
2. All records, tapes (if apply) or other identifying materials are kept confidential.
3. Legal limits to confidentiality are observed.

Service Policy

Calls placed to FBC Eastland counselors will be primarily for the purpose of scheduling or rescheduling appointments. Non-emergency calls placed to the counselors will be returned within 24 hours Monday through Thursday. Calls placed Friday through Sunday will be returned by the following Monday. In emergency situation (i.e., situations where someone is out of control, has ideas or plans of self harm or of harming others, or demonstrates potentially harmful behavior) the client should dial 911 or go directly to the nearest hospital emergency room.

When a cancellation of a counseling session is unavoidable, it is important for the client to notify the counselor 24 hours in advance. *Failure to provide 24 hours notice when canceling an appointment will result in fees charged for the full session.* Consistently missed appointments (barring bona fide emergencies) or failure to complete counseling homework assignments on a regular basis may result in termination of the counseling relationship.

**RESTORE HOPE COUNSELING AT FBC EASTLAND
CHILD'S INFORMED ASSENT**

I understand that when I come to this office I will be playing, drawing, and talking. I can talk about anything that I want to. I can talk about myself and my family. I can even talk about my worries, if I want to. If I don't feel like talking, I don't have to. Sometimes when I come here, I will feel a lot better. Sometimes I might feel a lot worse before I will feel better.

During play, I can do anything I want if I follow three rules. I will respect myself, I will not hurt my counselor, and I will not break any of the toys on purpose.

My parents will know if I am doing better or not. My counselor might give my parents ideas on how to help me with problems. If my counselor wants to talk about me with another person, my counselor will ask my parents and me for our permission.

My counselor will have to talk to other people if I say that someone is hurting me or doing things to me that they shouldn't. Also, if I say that I want to hurt myself, then my counselor will have to tell someone.

I am signing my name on this paper to show that I agree to talk and play with my counselor.

Child's Signature _____ Date _____

Witness _____