



SOUL CARE

CHRISTIAN COUNSELING • SPIRITUAL DIRECTION

Counseling Consultation Questionnaire

Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____ E-mail _____

Birth Date _____ Age _____ Sex _____ Marital Status _____ Ever Divorced? _____

Name of Spouse _____ Age _____ Years Married _____ # of children _____

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

2) _____ 3) _____

4) _____ 5) _____

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

1) _____ 2) _____

3) _____ 4) _____

Occupation _____ Employer _____ Years _____

Highest level of education _____ Present Church Affiliation _____

How would you rate your health? _____ Date of last medical exam _____

Presently taking any medication? _____ What kind? _____

Who referred you to me? _____ Have you ever had counseling before? _____

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

What event or crisis led you to seek counseling at that previous time? _____

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

Fees

Charges for office visits are to be established with the counselor according to the length of the individual sessions. All payments are expected at the time that the service is provided. Please have cash or made out checks ready prior to the appointment or arrange for credit card payments via PayPal **prior to each session**. Appointments that are scheduled but not kept (no-shows) and are canceled less than 24 hours before the appointment time are subject to a late cancellation fee equal to the session fee. **Appointments that are cancelled less than 24 hours before the appointment time are subject to a late cancellation charge equal to the session fee.** Anyone receiving assistance funds from the Soul Care Scholarship Fund who is a no-show for a session or does not cancel their appointment with 24 hours notice will be responsible to pay the full session fee out of their own money and cannot receive assistance from the Scholarship Fund for those sessions. It is understood that occasionally you may need to consult with your counselor briefly by telephone. For these necessary and brief consultations there is no charge. However, for all conversations that take longer than ten minutes the fee is \$2.00 per minute. By signing below you are committing yourself to pay for all counseling and no-show fees.

Pastoral Counseling

I, Kathy Bearce, 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.

Confidentiality

Information about counseling is strictly confidential and will not be discussed or released to anyone, except as noted below, without written consent. Additionally, if you come here for counseling as a couple or family, it is necessary to have the written consent of everyone concerned before releasing information or records.

The exceptions to this policy are as follows: In general, but not always, we tend to discourage the keeping of secrets between family members. It is our view that secrets, such as past sexual abuse, unwanted pregnancies, adulterous affairs, etc. are more problematic when kept secret than when dealt with in an open and honest manner. Please note that we are required by law to inform family members, the police, and others when there is sufficient cause to believe that a life is in danger, or when you appear suicidal. We are also required by law to report child abuse, child sexual abuse, elder abuse or intentions to harm others. If you have any questions or reservations about the policy in regard to confidentiality, then the policy should be discussed before signing below. By signing below you are accepting this confidentiality policy, its limits and exceptions. In an attempt to gain perspectives and ideas as to how best to help you reach your goals, the counselors have regular meetings with each other or their professional supervisor regarding their clients. These consultations are conducted in such a way that confidentiality is maintained. "Identifying information" is not shared in these consultations, unless written consent has been obtained.

Signature of Client _____ Date _____