

## *New Song Christian Counseling* And Missionary Care

I'm excited that you have made one of the most important decisions in your life – to seek to be more like Jesus. It is my belief that we are all on a continuous journey towards wholeness, at least until Jesus takes us to be with Him. It is the desire of this ministry to see Jesus move in lives to “bind up the broken hearted, proclaim freedom for the captives, release from darkness all those in prison, comfort all who mourn, and provide for those who grieve.” Isaiah 61:1-3

**Payment for service:** \$65 per hour or \$100 for a two hour session, payable at the end of each session.

**Cancellation:** If at all possible, please give at least 24 hours notice for canceling an appointment. Failure to give adequate notice will result in being charged for the session. You may call 770-310-5755. If you leave a message, I will get back to you as soon as possible.

**Confidentiality:** All information disclosed in a session is confidential and will not be revealed to anyone without your permission.

I look forward to seeing Jesus fulfill Isaiah 61:3 in your life: “to comfort all that mourn, to give you beauty for ashes, the oil of joy for mourning, the garment of praise for the spirit of heaviness that you might be called trees of righteousness, the planting of the Lord, **that He might be glorified.**”

# New Song Christian Counseling

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Email) \_\_\_\_\_

Circle One: Married   Single   Widowed   Divorced   Separated   Remarried

Your age \_\_\_\_\_ Spouse's age \_\_\_\_\_ Spouse's name \_\_\_\_\_

Names and ages of children \_\_\_\_\_

**IN CASE OF EMERGENCY, CALL** \_\_\_\_\_  
**phone#** \_\_\_\_\_

How long have you been a Christian? \_\_\_\_\_

What is your home church? \_\_\_\_\_ How long? \_\_\_\_\_

Other churches attended?  
\_\_\_\_\_

Do you attend a Home Fellowship or accountability group? \_\_\_\_\_

How long? \_\_\_\_\_

Current Ministry involvement?  
\_\_\_\_\_

Describe:  
\_\_\_\_\_

Personal relationship with Jesus:  
\_\_\_\_\_

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Prayer \_\_\_\_\_ Bible reading \_\_\_\_\_

Personal worship \_\_\_\_\_ Corporate worship \_\_\_\_\_

Describe the problems you would most like help with during counseling:

**Needs:** What areas are of concern to you. Check all areas that apply to you.

- |  |   |
|--|---|
| <input type="checkbox"/> Addictive behavior              | <input type="checkbox"/> Adult of painful family      |
| <input type="checkbox"/> Managing anger                  | <input type="checkbox"/> Childhood hurts/abuse        |
| <input type="checkbox"/> Singles issues                  | <input type="checkbox"/> Sexual abuse                 |
| <input type="checkbox"/> Divorce recovery                | <input type="checkbox"/> Abandonment issues           |
| <input type="checkbox"/> Emotional pain                  | <input type="checkbox"/> Birth trauma                 |
| <input type="checkbox"/> Marital conflict                | <input type="checkbox"/> Healing of relationships     |
| <input type="checkbox"/> Managing finances               | <input type="checkbox"/> Grief/loss                   |
| <input type="checkbox"/> Parenting skills                | <input type="checkbox"/> Physical healing             |
| <input type="checkbox"/> Sexual issues                   | <input type="checkbox"/> Past cult/occult involvement |
| <input type="checkbox"/> Don't feel close to God         | <input type="checkbox"/> Bondages and oppression      |
| <input type="checkbox"/> Christian values/development    | <input type="checkbox"/> Satanic ritual abuse         |
| <input type="checkbox"/> Hurts experienced in the church | <input type="checkbox"/> other                        |

**Mental and Emotional Status:** Check all areas that apply to you.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anxious       | <input type="checkbox"/> Confused/distracted | <input type="checkbox"/> Overwhelming guilt |
| <input type="checkbox"/> Depressed     | <input type="checkbox"/> Self-hatred         | <input type="checkbox"/> Hopelessness       |
| <input type="checkbox"/> Driven        | <input type="checkbox"/> Mood swings         | <input type="checkbox"/> Restless/fidgety   |
| <input type="checkbox"/> Angry/hostile | <input type="checkbox"/> Cry a lot           | <input type="checkbox"/> Feel empty inside  |
| <input type="checkbox"/> Feel numb     | <input type="checkbox"/> Irritable           | <input type="checkbox"/> Hallucinating      |
| Other _____                            |  |   |

Have you ever had a serious emotional trauma? \_\_\_\_\_ Explain: \_\_\_\_\_

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Do you experience any type of hallucinations or spiritual experiences (visual/physical)? \_\_\_\_\_

Please describe:

\_\_\_\_\_

Do you hear audible voices? \_\_\_\_\_ If yes, are they inside or outside of your head? \_\_\_\_\_

Are you now or have you ever been suicidal? \_\_\_\_\_ When, and what happened? \_\_\_\_\_

\_\_\_\_\_

Number of attempts? \_\_\_\_\_

**Previous Counseling:** Professional \_\_\_\_\_ Pastoral \_\_\_\_\_ Other \_\_\_\_\_

With whom:

\_\_\_\_\_

Where: \_\_\_\_\_ No. of sessions: \_\_\_\_\_

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

In what way did you benefit? \_\_\_\_\_

Have you ever been diagnosed by a therapist? \_\_\_\_\_ What was the diagnosis? \_\_\_\_\_

\_\_\_\_\_

**Family of Origin** (the family you grew up in)

Is your mother living? Yes \_\_\_\_ No \_\_\_\_ Is your father living? Yes \_\_\_\_ No \_\_\_\_

During your childhood were they? Married \_\_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_\_

Their emotional relationship: Close \_\_\_\_ Affectionate \_\_\_\_ Distant \_\_\_\_ Conflictual \_\_\_\_\_

Check the words that most clearly describes your family as you grew up:

Churched \_\_\_\_\_ Genuinely spiritual \_\_\_\_ Emotionally distant \_\_\_\_ Emotionally close \_\_\_\_\_

Conflictual \_\_\_\_\_ Abusive \_\_\_\_\_ Alcoholic/Drugs \_\_\_\_\_ Single parent \_\_\_\_\_

Number of brothers? \_\_\_\_\_ Number of sisters? \_\_\_\_\_

Your birth order (first, second, etc.) \_\_\_\_\_

In a few sentences, describe your relationship with your father and mother:

\_\_\_\_\_

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**Current Family** Describe your relationship with your spouse and your children:

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**Physical Status.** Check all areas that apply to you.

Medications: \_\_\_\_\_

Physical Stamina: Vigorous \_\_\_\_\_ Average \_\_\_\_\_ Low Energy \_\_\_\_\_

Sleep: Regular/well rested \_\_\_\_\_ Insomnia/can't get to sleep \_\_\_\_\_  
Wake up too early \_\_\_\_\_ Restless \_\_\_\_\_

Eating: Balanced diet \_\_\_\_\_ Anorexic or bulimic \_\_\_\_\_  
Over eat \_\_\_\_\_ Mostly junk food/fast food \_\_\_\_\_

Alcohol/Drugs: Never \_\_\_\_\_ Occasional/social \_\_\_\_\_ Frequent \_\_\_\_\_

**Work History**

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_ What type of work? \_\_\_\_\_

If not currently employed, please amplify:

\_\_\_\_\_

Number of jobs in last 3 years? \_\_\_\_\_

**Educational Experience**

Highest level of school completed \_\_\_\_\_

Grades: Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Learning problems \_\_\_\_\_ Social problems \_\_\_\_\_

Extra-curricular involvement \_\_\_\_\_ Negative experience \_\_\_\_\_

Positive experience \_\_\_\_\_

Have you, your parents, grandparents, spouse or any friends been involved in participating or meditating in *any* of the following? Under “ME” use “C” to indicate current involvement and “P” to indicate past involvement. Under the “OTHER” column, follow the same instructions and indicate your relationship to the other person.

	ME	OTHER	RELATIONSHIP		ME	OTHER	RELATIONSHIP
Abortion				Mind reading			
Affairs				Mormonism			
Alcohol				Numerology			
Astral Projection				Obscene phone calls			
Automatic writing				Occult literature			
Baha'ism				Ouija board			
Bestiality				Palm reading			
Black magic				Phone sex services			
Card laying				Pornography			
Edgar Cayce				Promiscuity			
Channeling				Prostitutes			
Christian Science				Psychometry			
Clairvoyance				Rape			
Crystal ball				Reincarnation			
Curses				Rosicrucians			
Jean Dixon				Sado-masochism			
ESP				Satanism			
EST				Science of the mind			
Echankar				Scientology			
Exhibitionism				Seances			
Fetishism				Silva Mind Control			
Fornication				Spiritism			
Fortune Telling				Satanic ritual abuse			
Froteruism (inappropriate touch)				Transcendental Meditation			

Horoscopes				T.Cole Whitaker			
Hypnosis				Tarot cards			
Incest				Water witching			
Jehovah's Witnesses				Witchcraft			
Levitation				White magic			
Masons				Unification Church			
Massage Parlors				Voyeurism			
Masturbation				Yoga			
Metaphysical Healing				Zen Buddhism			
Mediums				Other			

### **Confidentiality Limitations**

Privacy and confidentiality are our highest priorities in the New Song Christian Counseling Ministry. However, if an individual intends to take harmful, dangerous or criminal action against another human being, or against themselves, it is the counselor's duty to warn appropriate individuals of such intentions. Suspected acts of child abuse or neglect are required by law to be reported. Those warned may include a variety of such persons as:

1. The person or the family of the person who is likely to suffer the results of harmful behavior.
2. The family of the person receiving ministry who intends to harm himself/herself or someone else.
3. Associates or friends of those threatened or making threats.
4. Law enforcement officials.

Before informing anyone, the counselor will take all possible steps to first share that intention with the person receiving ministry. Every effort will be made to prevent any such breach of confidentiality.

**Release**

I have read the Ministry Agreement and information regarding confidentiality. In addition, I give permission for Beverly Richardson to receive supervision regarding my care.

I release liability of the supervisors, Beverly Richardson, New Song Christian Counseling Ministry.

\_\_\_\_\_  
Signature of person receiving ministry

\_\_\_\_\_  
Date