



*Please take time to review and fill out all the following forms. Each person coming to counseling should fill out an intake packet. You can either fill out and submit the packet online at [ccsga.com/appointments](https://ccsga.com/appointments) or print and fill out this form by hand, then bring it to your first counseling session. If you have any questions regarding the intake packet, please call 229-244-5754.*

## **Counseling Agreement & Disclosure Statement**

Counselor: Dr. Pat Patten (229) 546-5755 | Counselor: Kay D. Patten (229) 244-5754

In the midst of our difficult circumstances, having a personal relationship with Jesus Christ can enable us to make it through our pain and give us peace. We are dedicated to providing help and hope through *Christ-centered biblical counseling*.

### **Methods of Counseling:**

We provide Christ-centered counseling and encouragement to individuals and families. All counseling is based on principles from the Bible with no theories or methodologies applied which conflict with the truth of God's Word. *For counseling to be most effective, you must make a commitment of time and effort.* A variety of activities may be used to help you gain insight and make effective, long-lasting change. A few of these activities may include reading assignments and keeping a journal. If you are planning to use this counseling in a court of law, please let your attorney know that *we are not state licensed counselors*.

### **Confidentiality:**

When a person shares the concerns of their heart and details of their life, they need to know that this information is held in strictest confidence. No information will be released to anyone without prior, written authorization. *There are, however, certain instances when a counselor may be obligated under the law to release information to others.* These instances involve a serious concern that a client may harm themselves or others, the confession of a crime, and suspected child abuse or neglect. Some legal matters may require client records to be summoned by the court. There are times when a counselor may either supervise or be supervised. This involves discussing client cases for the purpose of helping the counselor to demonstrate accountability and competency for the best interest of the client. The information discussed during supervision is completely confidential. Additional limits of confidentiality apply to children and teens.

### **Appointments:**

If you have a scheduled appointment and are unable to keep that appointment, please contact us as soon as possible. There is a \$39 cancellation fee *the week of the appointment* (after Sunday). The \$39 cancellation fee will not be enforced if the appointment is rescheduled for the same week. Both day and evening appointments are available. To keep our fees at affordable rates, we ask that you be diligent in maintaining your appointments.

**Fees:**

Christian Counseling Services is a ministry committed to providing professional, yet affordable, Christian counseling. It is our desire to minister to all who seek our help. Our standard fee is \$130.00 for a 50-minute session with Dr. Patten, \$100 with Kay Patten, or \$190.00 with both counselors. However, we will work to make our services affordable to all who seek counseling. We will accept cash, checks or credit cards, but are unable to accept insurance. You may attempt to file with your insurance company. Many churches will assist their members financially if asked.

**Referrals:**

As counselors, we have the responsibility of knowing our limitations, values, and expertise. If your goals or needs are beyond our abilities, we will help you find another counselor or agency that can help you. Referrals will be made to competent professionals with a preference given to dedicated Christians.

*I have read and understood the above statement, and agree to its terms.*

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Christian Counseling Services of South Georgia is a ministry of Crosspointe Church and surrounding churches in the Valdosta and Tifton areas.*

Initials: \_\_\_\_\_

## Initial Interview and Intake Form

Counselor(s):  Kay D. Patten  Dr. Pat Patten Date: \_\_\_\_\_

*Please complete the following questionnaire and be honest in order for it to be most helpful.  
It is strictly confidential.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (including zip code): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_\*

E-mail: \_\_\_\_\_ May we email you?  Yes  No

How did you hear about us? \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Parent/Guardian Information (if child or teenager)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents' relationship:  Married (how long?) \_\_\_\_\_  Separated (how long?) \_\_\_\_\_

Divorced (how long?) \_\_\_\_\_ If divorced or separated, living with which parent? \_\_\_\_\_

### Current Marital Status

Single  Dating  Living with Partner  Engaged  Married

Remarried  Separated  Divorced  Widowed

Partner's Name and Age: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

### Medical History (only if relevant for this counseling)

Psychiatric Hospitalizations; if so, when and for how long? \_\_\_\_\_

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

Significant Health-Related Issues: \_\_\_\_\_

Initials: \_\_\_\_\_

## Counseling History

Have you ever been to counseling? ( ) Yes ( ) No If so, when and for how long? \_\_\_\_\_

What was this counseling for? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

## Family History

Describe relationship with dad: ( ) Good ( ) Average ( ) Poor

Describe relationship with mom: ( ) Good ( ) Average ( ) Poor

Describe relationship with siblings: ( ) Good ( ) Average ( ) Poor

Where were you in birth order? ( ) Oldest ( ) Middle ( ) Youngest Total brothers/sisters: \_\_\_\_\_

Did you grow up in a Christian home? ( ) Yes ( ) No

Past or present drug or alcohol abuse: ( ) Yes ( ) No

## Marital History

If married, how long? \_\_\_\_\_

Describe relationship with spouse: ( ) Good ( ) Average ( ) Poor

Describe relationship with children: ( ) Good ( ) Average ( ) Poor

Previous marriage(s): ( ) No ( ) Yes How many? \_\_\_\_\_ How long ago? \_\_\_\_\_

## Spiritual History

Religion: \_\_\_\_\_ How long? \_\_\_\_\_ Attend Church? ( ) Yes ( ) No

If so, where? \_\_\_\_\_ Are you a member of that church? ( ) Yes ( ) No

## Current Personal Status

Please check all that apply:

( ) Drug/alcohol use ( ) Emotional abuse ( ) Sexual abuse ( ) Physical abuse

( ) Current or prior criminal charges ( ) Current lawsuits: Explain: \_\_\_\_\_

( ) Poor mood ( ) Depression ( ) Personal losses ( ) Anxiety

( ) Problems eating ( ) Problems sleeping ( ) Problems working

( ) Suicidal thoughts ( ) Plan for suicide ( ) Past or recent suicide attempts

If you checked any of the last three regarding suicide, please explain:

\_\_\_\_\_

\_\_\_\_\_ Initials: \_\_\_\_\_

What is your present support system? *(Check all that apply.)*

Family  Faith/Church  Friends  Other: \_\_\_\_\_

Briefly explain why you are seeking counseling:

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Any other information that might be helpful for the counselor(s) to know:

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Initials: \_\_\_\_\_

# Temperament Test

Please mark each characteristic that describes you. There are no wrong or right answers. Be honest as to how you see yourself. Score at the end of each section by doubling the number circled.

## Lion Characteristics

- Likes authority
- Takes charge
- Determined
- Confident
- Firm
- Enterprising
- Competitive
- Enjoys challenges
- Problem solver
- Productive
- Bold
- Purposeful; goal-driven
- Decision maker
- Adventurous
- Strong-willed
- Independent; self-reliant
- Controlling
- Persistent
- Action oriented
- "Let's do it now!"

**Lion Score** (double the number circled): \_\_\_\_\_

## Otter Characteristics

- Enthusiastic
- Takes risks
- Visionary
- Motivator
- Energetic
- Very verbal
- Promoter
- Friendly; mixes easily
- Enjoys popularity
- Fun loving
- Likes variety
- Spontaneous
- Enjoys change
- Creative, goes for new ideas
- Group oriented
- Optimistic
- Initiator
- Infectious laughter
- Inspirational
- "Trust me! It'll work out."

**Otter Score** (double the number circled): \_\_\_\_\_

Initials: \_\_\_\_\_

## Golden Retriever Characteristics

- Sensitive feelings
- Loyal
- Calm; even keeled
- Non-demanding
- Avoids confrontations
- Enjoys routine
- Dislikes change
- Warm and relational
- Gives in
- Accommodating
- Cautious humor
- Adaptable
- Sympathetic
- Thoughtful
- Nurturing
- Patient
- Tolerant
- Good listener
- Peacemaker
- "Let's keep things the way they are."

**Golden Retriever Score** (*double the number circled*): \_\_\_\_\_

## Beaver Characteristics

- Reads all instructions
- Accurate
- Consistent
- Controlled
- Reserved
- Predictable
- Practical
- Orderly
- Factual
- Conscientious
- Perfectionistic
- Discerning
- Detailed
- Analytical
- Inquisitive
- Precise
- Persistent
- Scheduled
- Sensitive
- "How was it done in the past?"

**Beaver Score** (*double the number circled*): \_\_\_\_\_

Initials: \_\_\_\_\_

## Counseling Agreement and Cancellation Policy

*In order for counseling to be effective, commitment and continuity must be maintained. Therefore, we ask that you commit to the following agreement:*

1. I will do my best to attend all scheduled appointments. I realize there is a \$39 cancellation fee the week of the appointment (after Sunday) and the full fee if on the day of the appointment.
2. I understand this cancellation fee applies even if I reschedule for another week. If I reschedule for the same week, the cancellation fee is waived.
3. My appointment time/cancellation *fee guarantee* is with:
  - \$39 cash deposit (which will be refunded on your last appointment)
  - A check for \$39 (uncashed unless you cancel an appointment)
  - My credit/debit card, listed below.

### Credit/Debit Card Information

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Mailing Address (including zip code): \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

- I also wish to pay for each session using the above listed card.**
- Please send my electronic receipt to my phone ( \_\_\_\_\_ ) or email:

\_\_\_\_\_

\* By providing your cell phone number on this form, you consent to receive SMS text messages from Christian Counseling Services of South Georgia. Message and data rates may apply. Message frequency may vary. After you begin receiving messages, you may reply HELP for assistance or STOP to opt out of further messages. Our Privacy Policy is available at: <https://ccssga.com/sms-phone-privacy-policy>.

Initials: \_\_\_\_\_