

# Calvary Chapel Lynchburg Counseling Ministry

## Information for New Clients

The purpose of this document is to inform you of the basic relationship that occurs when you seek counsel from a counselor at Calvary Chapel Lynchburg. Reading this document will hopefully give you a better understanding of what is involved in order to make a more knowledgeable decision regarding the appropriateness of counseling.

**Client's Rights and Responsibility:** You are seeking counseling on a volunteer basis. At any time should you wish to terminate counseling, it is your right to do so. Counseling should be viewed as a collaborative process that places the responsibility for change with the client.

**Confidentiality:** Confidentiality is of the highest priority and extends throughout the counseling relationship. What is discussed in the session is strictly confidential and will not be discussed with anyone outside the Calvary Chapel Lynchburg counseling ministry staff. However, in the following cases, Calvary Chapel Lynchburg is required to break confidentiality and when appropriate, notify the proper authorities: 1) The individual or his/her condition indicates that he/she is in clear and imminent danger. 2) The individual indicates that others are in clear and imminent danger. 3) The admittance or suspicion of child abuse, neglect, or molestation. 4) By court order. Confidentiality will also be maintained in couple/marriage and family counseling. It will be assumed that any discussion held individually with either partner will be confidential unless otherwise determined in session. Release of information to a medical or counseling professional is available with the client's written consent.

**Fees:** There are no fees or charges for the counseling received at Calvary Chapel Lynchburg. We would encourage anyone who has benefited from this ministry to consider making a tax-deductible donation (payable to Calvary Chapel Lynchburg, designated to the counseling ministry). For individuals who do not regularly attend Calvary Chapel Lynchburg, a donation of \$50 per hour is suggested.

**Court Testimony:** I agree that I will not request, require, or have my attorney subpoena any pastor or counselor on staff at Calvary Chapel Lynchburg to testify in court on my behalf.

If you have any questions concerning the Calvary Chapel Lynchburg Counseling Ministry, please ask us. If you have a clear understanding of this document, please sign and date below and return it to your counselor. It will be kept as a record in your file. You may receive a copy for your own records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CALVARY CHAPEL LYNCHBURG**  
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# Counseling Information Form

Please answer all applicable questions

## I. Personal

Name \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

If a minor, please give a parent's/guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Job Title/Description \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Length of current marriage \_\_\_\_\_ Any previous marriages? \_\_\_\_\_

If divorced, please list brief reason \_\_\_\_\_

Children's Names	Age	Living Arrangements (home, college, single etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background (school attended, overall experience at school, and any behaviors of concern in school): \_\_\_\_\_  
\_\_\_\_\_

Military Background: Y      N

If so, please list years and which branch of service: \_\_\_\_\_  
\_\_\_\_\_

Are you a regular attender at Calvary Chapel Lynchburg? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

How did you hear about the Counseling Ministry at Calvary Chapel Lynchburg? \_\_\_\_\_

**II. Medical**

Family Physician \_\_\_\_\_ Name of office \_\_\_\_\_

Approximate date of last physical \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Current Medications	Reason
_____	_____
_____	_____
_____	_____

Recent major illnesses \_\_\_\_\_

Previous hospitalizations (medical or psychiatric) \_\_\_\_\_

Current medical problems & symptoms \_\_\_\_\_

Family members with medical/substance/psychological problems (please list relation and specific problem) \_\_\_\_\_

**III. Developmental History**

Describe client as an infant and toddler (include any exposure to alcohol/substances): \_\_\_\_\_

Typical mood and level of irritability as an infant/toddler: \_\_\_\_\_

Any medical/physical complications or illnesses as an infant or toddler? If so, what? \_\_\_\_\_

Any developmental delays in developmental milestones (crawling, walking, talking, toileting)? Y N

Discipline/Child management techniques used in the family and parenting style: \_\_\_\_\_

List any significant complications at birth, any trauma, abuse, and neglect as a toddler/child: \_\_\_\_\_

**IV. Psychological**

Previous counseling?    Y        N

If so, when, and for how long? \_\_\_\_\_

Name of counselor \_\_\_\_\_

Address \_\_\_\_\_

Reason(s) for previous counseling \_\_\_\_\_

Reason(s) for current counseling request \_\_\_\_\_

Symptoms (e.g. sleeping patterns, eating habits, quality of relationships, anxiety, memory, etc.) \_\_\_\_\_

When did you first notice each of the individual symptoms listed above? \_\_\_\_\_

How often and to what degree do you experience each of the individual symptoms listed above? \_\_\_\_\_

What service(s) are you requesting (**Please select all that apply**)

Individual Counseling      Family Counseling      Pre-Marital Counseling      Marital Counseling

Describe any significant events surrounding or leading up to the problem situation \_\_\_\_\_

What solutions have you tried or considered? \_\_\_\_\_

Do you have anyone with whom you can share this problem? \_\_\_\_\_

Circle any of the following that you identify with (**currently or in the past**):

Divorce (parents)	Family Problems	Substance Abuse	Legal Problems
School Problems	Behavior Problems	Learning Disability	Health Problems
Sexual Abuse	Physical Abuse	Emotional Problems	Trauma

Other \_\_\_\_\_  
\_\_\_\_\_

Any history of abuse (physical, sexual, and/or psychological), neglect, domestic violence, or exposure to drug/paraphernalia in the home? Y      N

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Any substance use history? Y      N

If so, please list drug used, when it first started, when you last used, how often you used, and what interventions were used to try and stop: \_\_\_\_\_  
\_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever considered suicide? \_\_\_\_\_ If so, when? \_\_\_\_\_

If you answered yes to either question, please explain the circumstances. \_\_\_\_\_  
\_\_\_\_\_

Have you ever attempted homicide? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever considered homicide? \_\_\_\_\_ If so, when? \_\_\_\_\_

If you answered yes to either question, please explain the circumstances. \_\_\_\_\_  
\_\_\_\_\_

### V. Spiritual

Do you have a personal relationship with God? \_\_\_\_\_ If so, for how long? \_\_\_\_\_