

New Client Application

*\*please complete to the best of your ability*

*\*if beginning couples counseling, please answer for both spouses as appropriate*

*\*if question is not applicable, please denote N/A*

Personal Information:

* Name­­­­­­­­­­­­­­­­­­­:
* Date of Application:
* Phone:
* Address:
* Date of Birth:
* Email:
* Relationship Status:
* Education (*last year completed*):
* Degree/focus:
* Occupation:
* Referred here by:

**Medical Information:**

* How recent was your last medical examination? What was the outcome?
* Describe your general health:
* List any significant past or present illnesses, injuries or disabilities:
* Are you presently taking any medications? If so, what medications?
* Do you have a history of substance misuse or abuse? If so, please explain?
* Have you ever had a severe emotional/psychiatric episode? If so, please explain:
* Have you ever been emotionally/verbally abused? If so, by who?
* Have you ever been physically abused? If so, by who?
* Have you ever been sexually abused? If so, by who?
* Have you ever been arrested? If so, please explain:
* Have you ever had psychotherapy or counseling before? If so, please list counselor or therapist and dates:
* How was your previous counseling experience?
* Have you ever been diagnosed for a psychiatric issue? If so, what was the diagnosis?
* Have you ever been prescribed psychotropic medications? If so, please list each medication and the time frame of usage:

**Religious Background:**

* Did you grow up in a religious/spiritual home? Please describe:
* What is your understanding of Christianity?
* How do you identify and/or relate to Christianity?
* Baptized?
* Do you attend a church? If so, which church? If so, are you a member?
* Religious background of spouse (*if married*):
* Have there been any recent changes in your religious/spiritual life? If so, please explain:

**Marriage and Family Information:**

* Who were you raised by (*biological, step-parents, adopted, extended family, foster care*)?
* How many siblings do you have? Please list names, age and order:
* If married, name of spouse:
* Your spouse’s age:
* Is your spouse willing to participate in the counseling process as appropriate?
* Have you ever been separated? If so, when (*time frame*)?
* Have you or your spouse been previously married and divorced? If so, when (*time frame*)?
* Please list your children (*living or deceased*) by name, age, gender and their living situation (*or location, if an adult)*. Also, please denote, if a child is from previous relationship from your current spouse:

**Brief Questions:**

* How would you describe yourself as a person?
* What issues or concerns would you like to work on in the counseling process?
* What have you previously tried to resolve these issues?
* What are your plans for the future?
* How can we be most helpful to you in the counseling process?
* Is there any other information you would like to share that would be pertinent to the counseling process?

**Confidentiality:**

Contents of all counseling sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party outside of Polis Recovery Project without the written consent of the client or the client’s legal guardian. Counselor(s) within Polis Recovery Project may consult cases with each other or with Board members of Polis Recovery Project for the sole purpose of case advisement. All Polis Recovery Project staff and Board members are responsible for maintaining confidentiality and ethical integrity with sensitive information and written records. Because Polis Recovery Project is a pastoral counseling ministry, our counselors are held to a higher standard of ethical integrity in adherence to the biblical qualifications of an elder *(excluding gender).*

*\*Noted exceptions are as follows:*

* **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
* **Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.
* **Prenatal Exposure to Controlled Substances:** Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
* **Minors/Guardianship**: Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.
* **When working with couples**, Polis Recovery Project counselors often utilize a collaborative, flexible, combined couples approach (*if deemed helpful to the couple and with each spouses’ permission*). This means potentially meeting with the couple together and at times individually as appropriate and helpful throughout the process. Because the client is the couple not the individual, there could be extenuating circumstances *(i.e. adultery, relapse, etc.),* where Polis Recovery Project retains permission to disclose pertinent information as appropriate to either spouse in situations of deception or withheld information in order to protect both spouses and maintain pastoral integrity.

***I agree to the above limits of confidentiality and understand their meanings and ramifications****.*

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*Client Signature or Client’s Parent/Guardian Signature if under 18 Date*

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*Co-Client Signature if Couples Counseling Date*

**Release of Information:**

If there is anyone *(spouse, parent, elder/pastor, community group leader, mentor)* you would like to include in the counseling process, please list and initial below. This will provide your counselor permission to share with the listed persons as appropriate to the counseling process.

***Please list the names of anyone you’d like to provide permission for a release of information as pertinent throughout the counseling process and sign below:***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of Person to Include, Relationship to Client and Client Initials*

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*Client Signature or Client’s Parent/Guardian Signature if under 18 Date*

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*Co-Client Signature if Couples Counseling Date*

**Waiver of Liability:**

To receive services from Polis, please acknowledge your understanding of the following conditions and further release Polis, its staff, counselors, employees, Board of Directors, and all organizational leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

* Counselors shall have at minimum a Master’s degree in counseling, but is not necessarily a licensed counselor. Polis’ counselors shall adhere to the ethical qualifications *(excluding gender)* of an elder in the church (*Titus 1:5-9, I Timothy 3:2-7*) and as outlined by the PCA’s Book of Church Order, *"Those who fill this office ought to be blameless in life and sound in the faith; they should be men of wisdom and discretion; and by the holiness of their walk and conversation should be examples to the flock."*
* All counseling is provided in accordance with the Christian scriptural principles adhered to by Polis Recovery Project and are not necessarily provided in adherence to any local or national psychological or psychiatric association.
* No representation has been made, either expressly or implied, that the pastoral counseling, as conducted by the counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions.
* It is understood by the participant counselee(s) that all complaints and/or grievances will be heard by the Board of Directors of Polis Recovery Project. If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant counselee(s) may elect to involve outside mediators at their expense, for the purpose of mediation or arbitration.

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*Co-Client Signature if Couples Counseling Date*

**Financial Policy:**

Polis is a 501c3 nonprofit organization financially supported through the charitable giving of individuals, families and churches, who believe in the vitality, wisdom and Kingdom impact of Christian counseling. As a nonprofit organization, we strive to make resources available to all people, so that financial struggles are not a barrier in seeking help. In order to sustain the viability of the ministry, the suggested rate of donation per session is $90. Some give more or less, and others are supported by their family and/or local church. Donations can be made at the end of sessions by cash, check or card. ***Polis Recovery Project gives away 5% of all donations to support church planting.***

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*Co-Client Signature if Couples Counseling Date*