



Minor Initial Intake - Personal Confidential Information
Forms may be completed via the following methods:



1. print, complete, submit a physical copy
2. print, complete, scan as pdf and email to office@clmraleigh.org
3. complete via our HIPAA compliant e-signature servicer

All forms are to be received by our office for processing 24 hours before your initial appointment. Please type or print legibly.
This form is to be completed by the minor age 12-17 or by a parent if the minor is under age 12.

				Date of Initial Visit:			
Last Name:				First Name:			
DOB:							
Mailing Address:							
City, State, Zip							
						Phone:	
						Grade:	
Your Employer: (if applicable)							
Email:							
Father's Name:				Father's Phone:			
Mother's Name:				Mother's Phone:			
Present Health:							
Describe							
Current Medications:							
Name and dosage							
Do you smoke?				Have you, or are you using illegal drugs?			
						Do you drink alcohol?	
Are you saved? If so, when?							
Church Affiliation? (What church do you attend?)							
Why are you coming for counseling today?							



Parent/Guardian Initial Intake - Personal Confidential Information

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Last Name:		First Name:		DOB & Current Age:		Date:	
Mailing Address:		Home Phone:		Work Phone:			
City, State And Zip:		Cell Phone:		Email:			
Marital Status:		Wedding Date:					
Spouse's Name:		Spouse's DOB & Current Age:					
Spouse's Email:		Spouse's Phone:					
Skype Name (for clients of Dr. Bost):							
Emergency Contact (if not spouse) Name and Phone:							
Previous Marriages To:							
Date of Prior Marriage:							
Date Marriage Ended:							
Children: Name		DOB:		Children: Name		DOB:	
Children: Name		DOB:		Children: Name		DOB:	
Children: Name		DOB:		Children: Name		DOB:	
Your Occupation: And Employer		Spouse's Occupation: And Employer					
Your Education: If college—degree and where		Spouse's Education: If college—degree and where					
Military Experience/ Branch		Spouse's Military Experience/Branch					
Present Health: Describe							
Current Medications: Name and dosage							
Do you smoke?		Use drugs? (Illegal drugs)		Alcohol?			
Are you saved? If so, when		Is your spouse saved? If so, when					
Church Affiliation? (What church do you attend?)							
How did you hear about CrossLife Ministries?							
Why do you seek counseling today?							

Instructions for Policy Review: Please read each of the policies on the following three (3) pages. After reading each policy please initial in the space provided to indicate your understanding and agreement with the stated policy. If you have any questions please direct them to a staff member.

If for any reason you are unwilling to sign these forms, counseling services cannot be rendered to you.

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PHILOSOPHY OF CARE

We are committed to providing a balance in our approach to counseling. It is our belief that all inner conflicts are both psychological and spiritual, because your mind, emotions, and will are always involved and because God is always present and His Word is always applicable. It is our goal to provide the highest quality of care that meets your specific needs and honors Christ.

We believe that our past helps shape our present beliefs and behaviors and also influences future beliefs and behaviors. We will address some obstacles that hinder us, the foundational issues of our identity, and outline practical steps on how to live by faith, renew your mind, manage your emotions, and resolve emotional trauma of the past or present through faith and forgiveness.

At your request, we are willing to work with your physician/psychiatrist to ensure you receive the best possible coordinated care.

Initial here if you understand and agree with this Philosophy of Care: _____

FINANCIAL POLICY

CrossLife Ministries is a non-profit corporation established to minister to people through counseling, discipleship, and teaching the Word of God. We are supported by and able to operate because of your donations and gifts to the ministry. The operating expenses of CrossLife Ministries are not underwritten by an individual, church, or corporation. Therefore, it is the responsibility of each counselee to contribute to the operating expenses of CrossLife Ministries.

Galatians 6:6 says, "Anyone who receives instruction in the word must share all good things with his instructor."

1 Timothy 5:18 says, "...the worker deserves his wages."

The fair-market value of counseling across the US is \$95.00 - \$150.00 per 50-minute session. We suggest a minimum donation of \$95 per session; however, we do not want this suggested donation to be a financial hardship for anyone. It is the desire of the board of directors and the staff to provide counseling to those who are in need of counseling. It is your responsibility to pray about the amount God would have you donate for the support of this ministry and then to be obedient to Him in your giving. The costs of any materials and/or testing are separate from any counseling received and are made available to you at their fair market value. If it becomes necessary for us to provide witness testimony for you, we charge a fee for our time and preparation, as well as reimbursement for any expenses for meals, travel and lodging.

Initial here if you understand and agree with this Financial Policy: _____

APPOINTMENT CANCELLATION POLICY

We require 24 business hours notice if you wish to cancel/reschedule or are unable to keep an appointment. Please call our office with cancellations or to reschedule; email is not a preferred form of contact for cancellations. If you are unable to give us a 24 hour notice, we ask that you make a contribution for the missed session. This policy may be waived at our discretion in emergency/illness situations.

Initial here if you understand and agree with this Cancellation Policy: _____

CONFIDENTIALITY CLAUSE

The privacy and confidentiality of our conversations and records are a privilege of yours and are protected by our ethical principles in all but a few circumstances. Those exceptions are limited to the following; known or suspected child or elder abuse; the intent to take criminal actions against another person; active suicidal ideations; the intent to harm self or others; and, counseling that is mandated by a legal authority, then it is assumed by your signature that you agree that your counselor may give/receive updates and opinions and share information for the purpose of professional continuity.

If another party is making a donation on your behalf, we will communicate necessary appointment information to facilitate that service; however, counseling conversations and records will not be disclosed without an additional signed release from you.

Your counselor reserves the right to consult with other counselors at *CrossLife Ministries* for the purpose of providing the highest level of care.

Initial here if you understand and agree with this Confidentiality Clause: _____

WAIVER OF LIABILITY

In seeking counseling from *CrossLife Ministries*, you must acknowledge your understanding of the following conditions and further release *CrossLife Ministries*, its agents, affiliates, counselors, employees, Board of Directors, and all ministry team leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. All counseling will be provided by ordained/licensed ministers and/or certified and trained biblical counselors. The counseling staff is not licensed through the North Carolina State Board for Licensed Professional Counselors.
2. All counseling is provided in accordance with the biblical principles adhered to by *CrossLife Ministries* and are not necessarily provided in adherence to any local or national psychological or psychiatric association. All counselors maintain membership in a Christian counseling association or network for continuing education.
3. No representation has been made, either expressly or implied, that the biblical counseling conducted by counselors under the CrossLife umbrella is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions. CrossLife counselors adhere to the code of ethics of the American Association of Christian Counselors;
4. It is understood by the participant counselee(s) that all complaints and grievances will be heard by the Executive Director and the Board of Directors. It is understood that complaints and grievances will be handled according to biblical conflict resolution principles.

Initial here if you understand and agree with this Waiver of Liability: _____



CONSENT TO COUNSEL



Having read and understood *CrossLife Ministries* Philosophy of Care, Financial Policy, Appointment Cancellation Policy, Confidentiality Clause, and Waiver of Liability,

I/We _____ grant permission for CrossLife Ministries to render counseling services to myself/us and any minors listed below if applicable:

I/We also understand that *CrossLife Ministries* may terminate services for noncompliance with the plan of care, failure to keep or cancel appointments, violent behavior, threats of violence, or involvement in criminal behavior.

Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are participating in counseling of your own will.

Client 1 Signature

Date

Staff Signature

Date