

WHOLENESS TO FREEDOM MINISTRIES INC.

Lauren Hermansdorfer, Counselor, M.S.
1619 Ferndale Avenue Melbourne, Florida 32935

Personal Information Form

Client Identification Information

Last Name: _____ First Name: _____

Date of Birth: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Parent/Guardian Information: *(For clients under the age of 18)*

Last Name: _____ First Name: _____

Relationship to Client: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Emergency Contact Information: *If same as Parent/Guardian check box and skip section*

Name: _____ Relationship: _____

Phone: (____) _____ Address: _____

- Do you authorize the counselor to contact your emergency contact in case of emergency, such as health crisis or suicidal intention? **Yes** **No**

Client Details

Marital Status: *Single Engaged Married Separated Divorced Widowed*

Name of spouse/partner: _____

Length of relationship: _____

Education: *Full-time Student* *Part-Time Student* *Non-Student*

Highest grade/degree completed: _____

Employment Status: *Full-time* *Part-Time* *Unemployed* *Disabled*

Occupation: _____

Financial Situation:

No current concerns *Large indebtedness* *Poverty or below-poverty income* *Impulsive spending*

Reason for Seeking Counseling:

State the nature of your troubles in your own words for which you are seeking counseling.

How long has this trouble existed? _____

Health Information:

List all present illnesses, injuries or disabilities: _____

Are you presently taking medication? *Yes* *No*; If *yes*, please list the medication and dosage:

Have you had counseling before? *Yes No*; If *yes* please fill in the dates, diagnosis and provider:

DATE	DIAGNOSIS	PROVIDER

Are you currently struggling with suicidal thoughts? *Yes No*; If *yes*, please explain: _____

Have you ever attempted suicide? *Yes No*; If *yes*, please explain: _____

Have you ever been Baker Acted? *Yes No*; If *yes*, when: _____

Have you used drugs other than medical purposes? *Yes No*; If *yes*, check all that apply:

Substance	Yes	No	Past	Substance	Yes	No	Past	Substance	Yes	No	Past
Alcohol				Pain pills				Marijuana			
Tranquilizers				Stimulants				Inhalants (glue)			
Sleeping pills				Narcotics				Other:			
Hallucinogens				Methadone, Heroin				Other:			

Cultural/Religious/Spiritual Background:

Do you have any significant cultural, religious, or spiritual practices that are important to you? If so, briefly explain: _____

Payment

By reading and signing this you agree that:

- It is the desire of my heart to aid you by the power of the Holy Spirit, the Word of God, my professional training and personal testimony. To enable this aid, the matter of payment must be addressed: the initial intake session is \$90.00 and the following sessions are \$80.00. If you are unable to pay for the total charges at the beginning of each session please discuss the matter with *Lauren* to navigate an agreed upon fee. Payments can be received via cash, check (made payable to *Wholeness To Freedom Ministries*) or debit/credit (which will include a processing fee of \$3).
- If you need to cancel an appointment, 24 hour notice is requested. If 24 hour notice is not given, there will be a \$25 fee collected at the beginning of the next session.

_____ **Initial**

Informed Consent

By reading and signing this you agree that:

- By signing this you agree that you have been made aware and accept the counseling services provided by *Lauren Hermansdorfer* are on the basis of the Word of God/the Bible and this as the absolute truth governing the universe, along with the direction and foundation for the aid provided through these counseling services. Thus to receive counseling services from *Lauren* is to receive counsel according to the Word of God for the purpose of making disciples (Matthew 28:19-20).
- Should a matter of dispute arise that you, the client, would address the matter according to Biblical teaching as laid out in Matthew 18:15-17 and 1 Corinthians 6:1-8. The leadership team at *Wholeness To Freedom Ministries Inc* and *Church For The Beach*, are accountability and available to the client and *Lauren* for resolution of the matter.
- *Lauren* is an independent contractor contracted by *Wholeness To Freedom Ministries Inc*.
- All subject matter discussed in counseling sessions will be kept confidential, outside of the free exchange of information with fellow counselors at *Wholeness To Freedom Ministries Inc*. for the

benefit of aiding you, the client. Any information discussed in this free exchange is kept confidential amongst counselors. Also, client information will be disclosed to necessary parties if you, the client, disclose intent or active harm to self, others, or in the case of suspected elder or child abuse or neglect as required by law.

- *Lauren* has the right to refuse services should you, the client, be intoxicated, boisterous, using inappropriate language or showing aggression verbally or physically during counseling session.
- A referral or termination of counseling services may be made at *Lauren's* discretion at any time.

_____ **Initial**

I _____ (print name) verify that I have read and agree with the above information provided in the informed consent and payment sections, and that the disclosed information is accurate and truthful for the purposes of counseling with *Lauren Hermansdorfer*.

Client, or Parent/Guardian Signature

Print Name

Date

