

Freedom Counseling
Carl McQueen LPC, LCDC
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Name: _____ Today's Date: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Social Security #: _____ Sex: _____

Church Affiliation: _____

Place of Employment: _____

Primary Care Physician: _____

Phone: _____

In Case of Emergency - Call:

Name: _____

Phone: _____

Referral Source (Please give name if appropriate):

Friend: _____

Doctor: _____

Phone Book: _____

Church: _____

Other: _____

Briefly describe why you sought therapy:

History of Personal Health

1. Describe your eating habits (that is, junk food addict, regular, sporadic, balanced diet, etc).
2. Do you have any addictions or cravings that you find difficult to control (sweets, drugs, alcohol, food in general, other)?
3. How much coffee, cola, tea or other sources of caffeine do you consume each day?
4. Do you feel you are overweight/underweight?
5. Do you attempt to restrict your diet in any way?
6. Do you have any trouble sleeping? Are you having recurring nightmares or disturbance? If so, briefly explain:
7. Does your present schedule allow for regular periods of rest and relaxation?
8. What kind of physical exercise do you get?
9. How would you describe your general, overall health?

Mental

1. Which of the following have you struggled with in the past or are you struggling with presently? (Please circle)

Daydreaming
Thoughts of inferiority
Worry
Fantasy
Insecurity
Compulsive thoughts
Headaches

Lustful thoughts
Thoughts of inadequacy
Doubts
Obsessive thoughts
Blasphemous thoughts
Dizziness

2. Do you struggle with repetitive or obsessive thoughts you have tried to overcome? (ex. – I'm stupid, I have to ...)

3. Do you spend much time wishing you were somebody else or fantasizing that you were a different person? Do you imagine yourself living at a different time, in a different place, or under different circumstances? Explain.

4. Do you compare yourself to others – if so, whom?

5. How many hours of TV do you watch a week? List your five favorite programs.

6. How many hours do you spend each week reading? What do you read primarily (newspaper, magazines, books, other).

7. Do you enjoy listening to music? List a few of your favorite groups and songs.

8. What other forms of media do you regularly view (theater, audio cd's, etc.)?

Emotional

1. Which of the following emotions do you struggle with? Please check all that apply:

- Frustration
- Anxiety
- Anger
- Depression
- Bitterness
- Hatred
- Worthlessness
- Fear of death
- Fear of losing your mind
- Fear of being hurt
- Fear of a man
- Fear of failure
- Fear of Satan
- Fear of God
- Melancholy
- Apathy
- Worry
- Compulsion
- Obsession
- Pain

2. Which of the above emotions do you feel are wrong to have? Why?

3. Concerning your emotions, whether positive or negative, which of the following best describes you? Please check.

- Readily express my emotions
- Express some of my emotions, but not all.
- Readily acknowledge their presence but am reserved in expressing them.
- Tend to suppress my emotions
- Find it safest not to express how I feel
- Tend to disregard how I feel since I cannot trust my feelings
- Consciously or subconsciously deny them; it's too painful to deal with them

4. Do you presently know someone with whom you could be emotionally honest (that is, you could tell this person exactly how you feel about yourself, life, and other people)? If so, how often are you in contact with them?

Brief Health Information

1. Starting with your childhood and proceeding up to the present, list significant diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, and any other medical conditions you have had.

Age	Illness/ diagnosis	Treatment received	Treated by	Result
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Describe any allergies you have:

To what?	Reaction you have	Allergy medications you take
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List *all* medications or drugs you have taken in the last year – prescribed, over-the-counter, and others. (Use back if necessary).

Medication/drug	Dose (how much)	Taken for	Prescribed/supervised by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Current family or personal physician or medical agency:

Name	Specialty	Address	Phone #	Date of last visit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Previous Mental Health Treatment:

Therapist or Hospital	Type (Ind., group, etc)	Length of treatment	Date of last visit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Please name any other programs you have tried in the last five years (self-help groups, recovery groups, etc.).

For Women only

1. At what age did you start to menstruate (get your period)?

2. Menstrual period experiences:
 - A. How regular are they? _____
 - B. How long do they last? _____
 - C. How much pain do you have? _____
 - D. How heavy are your periods? _____
 - E. Other experiences during period? _____

3. Please list all of your pregnancies and explain what happened with each pregnancy:

Your age	Miscarriage/terminated	Child born	Date	Problems?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Menopause:
 - A. If your menopause has started. At what age did it start?

 - B. What signs or symptoms have you had?

5. Are there any other medical or physical problems for which you are concerned?

Family/ Social Relations

1. What are your usual living arrangements?

2. How long have you lived in these arrangements?

3. Are you satisfied with these arrangements?

4. With whom do you spend most of your free time? Please check all that apply:

Family
 Friends
 Co-workers
 Alone

5. What are a few of your favorite free time activities?
6. Have you had significant periods in which you have experienced serious problems getting along with any of the following?

Mother _____

Father _____

Siblings _____

Spouse/Partner _____

Children _____

Other

Family _____

Close

Friends _____

Neighbors _____

Co-

workers _____

7. Did these or any other people abuse you?

Emotionally (harsh words that really stuck) _____

Physically (cause you physical harm) _____

Sexually (forced sexual advances/acts) _____

8. How many days in the last 30 days have you experienced serious conflicts?

9. How troubled are you about these conflicts?

Comments:

Marital Background

1. Marital status, please check.

Single Married Divorced Separated Widowed
Cohabiting

2. What is your spouse's name? _____ How long? _____

3. Briefly describe your relationship with your spouse:

4. Number of previous marriages?

How long? _____

How long? _____

How long? _____

how dissolved? _____

how dissolved? _____

how dissolved? _____

5. How many children living at home?

List names:

_____ age _____
_____ age _____
_____ age _____
_____ age _____
_____ age _____

From previous marriage with: (if applicable)

Comments:

Educational Information

1. Education/years completed? (GED = 12 yrs.) _____

2. Training/ technical education _____

3. Trade or skill _____

4. College/ University _____ Degree _____

Comments:

Occupation

1. Usual or last occupation _____

How long? _____ Have you worked in the last 30 days? _____

2. How long was your longest full-time job? _____

3. Have you ever been unemployed? _____ how long? _____

4. Reason for unemployment _____

5. Means of support while unemployed _____

Employment History:

Job	Years worked (FT or PT)	Reason for leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Describe any problems on the job (past or present).

7. Driver's license? _____ Automobile available for use? _____

8. Does anyone else contribute to your support in any way? _____

9. Have you received any money from the following sources in the last 30 days?

Employment _____ Unemployment _____
Welfare _____ Pension benefits _____

Military service record

1. Have you ever been in the military service? Yes – Branch _____
No

2. Were you in combat? Yes No. In Vietnam?

3. Any military honors or medals? _____

4. Ever brought up on charges before a superior officer? If so, please explain.

5. Denied promotion or transferred because of charges?

6. Type of discharge? _____

7. Comments:

Legal History

1. Do you have any arrest charges pending?

2. Have you had previous arrests?

Charge	Date
_____	_____
_____	_____
_____	_____
_____	_____

3. Are you on probation? _____ Parole? _____

4. If on probation/parole, who is your officer? _____

What county? _____

5. Have you ever been incarcerated? _____

What for	How long	Where
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: I am a Licensed Professional Counselor and a Licensed Chemical Dependency Counselor in the state of Texas. In my 21+ years in the mental health field, I have received numerous hours of training in a variety of categories, including mood disorders, anxiety and stress management, trauma debriefing, addiction intervention, and marital communication. I have been trained in numerous techniques and styles for counseling intervention with individuals, groups, families, and couples

Experience: I have been in some form of private counseling practice since 1993. Additionally, I have been in the field of behavioral health since 1986, having been employed with psychiatric hospitals, local and state mental health agencies, and the public schools in a variety of roles. I have also volunteered and worked in a variety of Christian ministries serving people with Behavioral Health issues since 2000.

Nature of Counseling: I approach counseling from what is known as an eclectic position. This basically means of all the techniques and styles I have ever learned, I will use the ones that will best help you with your situation. I also believe all therapists cannot help but operate somewhat from their own personal convictions and beliefs. I believe in the power of God's Kingdom through Jesus Christ and commonly use scripture, prayer, and meditation in my practice. I, of course, do not force any technique or belief on anyone, I only ask that you be open to all possibilities as you enter counseling.

INFORMED CONSENT

Counseling Relationship: Normally I will spend approximately 45-60 minutes with an individual 1 time weekly, with changes made based on conditions and need. During this time, I hope we can establish a trusting and honest relationship to help foster your growth and health. I will do everything in my power to provide a safe, comfortable atmosphere for your sessions, using all my energy to focus on you and your concerns. I do ask that you come prepared to work during our sessions, giving yourself the best opportunity for growth and change. Furthermore, I ask that discussions of your issues be limited to our sessions, where I can focus my energy on you. Public contact, social gatherings, etc. are really not times for me to do good work for or with you. We will both be better served if we save these conversations for our sessions.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, continuing, or discontinuing counseling. I will work to ensure that all efforts are directed towards helping you realize your desired outcome. There are no guarantees of outcome or effectiveness of counseling.

Costs and reimbursements: In exchange for a fee of \$100 per 50-minute hour, I will provide counseling services. Fees are prorated based on this hourly fee. I am on the panel of many insurance providers and many times they will cover part or all the fees. Please ask me about your insurance or payment options and plans upon arrival. Unless previous arrangements are

made, payment is expected at the time of service.

Emergency Contacts: On rare occasions emergency contact is necessary due to the nature of the ongoing condition. I do maintain an emergency number, which is provided on an as-needed basis. Phone contact is billed at a \$200/hour, prorated on 15-minute intervals. Insurance companies will not normally reimburse for this service. Payment will be expected at the next schedule appointment.

Court Appearance: I will make arrangements to offer testimony in court proceedings. The fee for this service is \$200/hour, with a 5-hour minimum. If travel is required, mileage charges will be added at the rate of \$1.00/mile plus a \$50 per day per Diem. Minimum payment for this service is expected at least 1 week PRIOR to the scheduled date. I cannot guarantee refunds or credits in cases of date changes due to the major scheduling conflicts involved.

Cancellations: In order to properly serve all clients, I maintain a tight schedule. Cancellation is expected at least 24 hours in advance. Failure to cancel or missing an appointment will result in a billed No Show, which is half the standard hourly fee. Insurance will not reimburse this charge.

Confidentiality: In order to ensure your safety, I will release no information regarding your attendance, treatment, progress, or any other aspect of your counseling without your written consent. I cannot ensure confidentiality in our waiting room, nor in family or group therapy. However, I will address any matters that arise due to one of these situations. One other exception to my practice of confidentiality would be your insurance provider. In order to secure payment, attendance, diagnosis, treatment plans, prognosis, and progress are commonly requested. Based on HIPPA legislation, you are entitled to review the information being released to your insurance provider and approve/deny its transfer. Please note that in cases where the insurance provider refuses compensation, you will be responsible for payment.

Records: All sessions become part of a clinical record. This record will not be released without your expressed written consent. Copy cost for records is \$10.00 per page, payable upon receipt.

By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction.

*Client Signature/ Minor's Legal
Representative*

Printed Name

Date

____ Copy retained by client