

**LifeCare Reach Ministries - Collaborative Counseling Team**

**Intake Registration - Youth**

Date: \_\_\_\_\_ This information will help us to help you; however if you are uncomfortable answering any of the questions, please feel free to leave them blank, and we can discuss them at the first interview. **All information is confidential. Use the back if needed.**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Church (if applicable) \_\_\_\_\_ Pastor: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

<b>Names of Others living in the home:</b>	<b>Ages:</b>	<b>Relationship to Client: (use back if needed)</b>

Soc. Sec.#: Self: \_\_\_\_\_ Guardian: \_\_\_\_\_  
 Education: Self: \_\_\_\_\_ Guardian: \_\_\_\_\_  
 Occupation: Self: \_\_\_\_\_ Guardian: \_\_\_\_\_  
 Guardian's Employer: \_\_\_\_\_  
 Insurance Information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Referred by: \_\_\_\_\_

<b>Put an ' X ' by every item YOU have had or which applies to you.</b>					
Alcohol Abuse	Bone/Joint prob.	Emotional Prob.	Heart problem	Memory prob.	Shakiness
Allergies	Bowel problem	Fainting	Hearing voices	Mood swings	Sleep
Anemia	Breathing/Lung	Family problem	Hepatitis	Muscle prob.	Spiritual Prob.
Anger	Bulimia	Fatigue Prob.	HIV	Nerve prob.	Stomach
Anorexia	Cancer	Financial Prob.	Hypoglycemia	Nightmares	Suicidal
Anxiety	Decision Making	Gambling	Hysterectomy	Obsessions	Thyroid
Appetite Prob.	Depression	Grief	Irritability	Panicky	Tuberculosis
Attention Prob.	Diabetes	Guilt feelings	IV drug use	Paralysis	Tumors
Back/Neck	Dizziness	Hallucinations	Kidney prob.	Relational Prob	Ulcers
Bleeding	Divorce/Separation	Headaches	Lung prob.	Rituals/Counting	Weight change
Blood pressure	Drug use	Head injury	Menstrual	Sexual prob.	Worry/chronic

Now go back and **CIRCLE** the above problems you consider current, serious and troubling.

**LifeCare Collaborative Counseling Team – Counseling Ministry and Pastoral Care**  
**Client Questionnaire - Youth**

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

**Effective mental health treatment is founded on accurate information both about a client’s present and past experience. The questions that follow are designed to help your therapist obtain a thorough understanding of your situation so that treatment can proceed in both a timely and effective manner (please use the BACK of this form to add more details if needed)**

1. Have you ever been to a counselor before? If yes, explain and provide names.	YES	NO
2. Have you ever taken medication to help with an emotional or psychological problem?	YES	NO
3. Have you ever been hospitalized for an emotional or psychological problem?	YES	NO
4. Do you have any significant worries and fears? If yes, explain.	YES	NO
5. Are there any times in your past that you cannot remember? If yes, explain.	YES	NO
6. Are you noticing any changes in your ability to concentrate or remember day to day details?	YES	NO
7. Have you ever had a head injury or head trauma?	YES	NO
8. Have you ever attempted to end your life?	YES	NO
9. Who is your current medical doctor?		
10. Please list any medication you are taking, the dosage, and the reason you are taking it.		
11. Have you ever had a bad (or allergic) reaction to any kind of medication?	YES	NO
12. Have you ever had any significant medical (health) problems or disabling condition(s)?	YES	NO
13. When was your last physical exam? _____ Who performed it?		
14. Are you having any difficulty going to sleep, staying asleep, sleeping too much and/or nightmares?	YES	NO
15. Is your current appetite different than it is normally? If yes, how?	YES	NO

16. Have you ever hurt yourself on purpose (cutting, head-banging, burning, etc)	YES	NO
17. What are the names and ages of your family members' ( <b>family of origin</b> )?		
17a. Describe your relationship with your family members' while growing up:		
17b. Describe your relationship with your family members' currently:		
18. Were you raised with any significant religious or cultural influences in your family?	YES	NO
19. Describe your spiritual background and current spiritual life. Give Dates as appropriate:		
20. Does anyone in your family have a history of either drug/alcohol problems, legal difficulties, or psychiatric problems? If yes, please explain briefly:	YES	NO
21. Who is "The Boss" in your family?		
21a. How do you feel about his or her power and authority?		
22. Were there any periods of your upbringing when you lived with someone other than your parents (i.e. relatives, friends, foster parents)? If yes, please explain:	YES	NO
23. Have you ever been teased or made fun of to a significant degree growing up? If yes, please explain:	YES	NO
24a. Please list any stressful or hurtful experiences you have had:		
25. Were you or anyone in your family ever emotionally, physically, or sexually abused growing up? If yes, please explain:	YES	NO

26. Please give a brief description of all of your important friendships, how long each lasted, and why they ended if you are no longer friends.		
27. Has there been any domestic violence (i.e. hitting, slapping, pushing, intimidation, throwing things, etc.) or verbal violence (yelling, threats, name calling, etc.) in any of your relationships or friendships? If yes, please explain briefly:	YES	NO
28. When you think back over all of the friends and family members you have known in your life, who do you feel closest to and why?		
29. What do you want to be when you are a grown up adult?		
30. What do you currently enjoy doing the most?		
31. How do you like school?		
31a. What are your average grades?		
31b. Describe any problems you have in school.		
31c. What is the highest grade that you have completed?		
31d. What are your favorite subjects and activities at school?		
31e. What are your least favorite subjects and activities at school?		
32. Have you ever physically harmed someone else? If yes, please explain:	YES	NO

33. Have you ever been in trouble at school or with police? If yes, please explain:	YES	NO
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34. Please provide information about both your current and past substance use in the following section: Rank in order of most used to least used (1,2,3 etc.) (Most used is number 1)

Substance	Period of heaviest use	Date Last Used	Current use
<b>Alcohol</b> beer, wine, liquor			
<b>Amphetamine</b> crank, speed, cross-tops			
<b>Marijuana</b> pot, hash			
<b>Cocaine</b> Crack			
<b>Hallucinogens</b> Lsd, peyote, mushrooms			
<b>PCP</b> Angel dust			
<b>Opioids</b> Heroin, morphine, methadone, codeine			
<b>Barbituates/Tranquilizers</b> Valium, reds, Quaaludes			
<b>Steroids</b>			
<b>Inhalants</b> Sniffing			
Others not listed above			

35. To what extent has your alcohol and/or drug use ever caused problems with:  
(check one space for each item)

Effected Areas	NONE	SOME	ALOT
<b>School</b>			
<b>Emotional and Mental Health</b>			
<b>Physical Health</b>			
<b>Spiritual Health</b>			
<b>Relationship with family</b>			
<b>Relationship with friends</b>			

36. Have you ever received treatment because of an alcohol or drug problem? If yes, please explain briefly:	YES	NO
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37. Does anyone in your family have/had an alcohol or drug problem? If yes, please explain briefly:	YES	NO
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38a. Have you ever used tobacco? If yes when and how much?	YES	NO
38b. Do you currently smoke cigarettes or chew tobacco? If yes how much?	YES	NO
39. Do you use caffeinated beverages on a daily basis? If yes, what types and how much?	YES	NO
40. Have you ever been addicted to lying, cheating, gambling, stealing, pretending, manipulation, exaggeration, excessively loud music, food, etc.	YES	NO
41. Have you ever been involved or victimized by a cult or occult practices or groups?	YES	NO
42a. Over your life span, how many times have you moved within the same area?		
42b. Over your life span, how many times have you moved to a different city?		
43. Please add any information that may help your therapist in understanding and/or helping you.		
44. Do you have any problems you would like us to know about?		
45. Rate your current physical health: (1 = very poor 10 = excellent)		
46. Rate your current emotional health: (1 = very poor 10 = excellent)		
47. Rate your current mental health: (1 = very poor 10 = excellent)		
48. Rate your current spiritual health: (1 = very poor 10 = excellent)		
49. How do you rate your current life: (1 = very poor 10 = excellent)		
50. How do you rate your childhood: (1 = very poor 10 = excellent)		
51. Describe briefly why you are seeking counseling:		
52. Describe briefly what you want to get from counseling:		

**DISCLOSURE STATEMENT Required FOR CHRISTIAN COUNSELING AND SPIRITUAL CARE**  
LifeCare Collaborative Counseling Team (CCT) and LifeCare Reach Ministries (LC)

**A.** LC and CCT provide Spiritual Care and Christian Counseling by Pastoral and Lay ministers, via the Staff Pastors, Licensed Clinical Pastoral Counselors, Lay Counselors and Lay Volunteers for issues of spiritual, emotional and relational nature. These services are provided for those seeking to be renewed, equipped and strengthened in their relationship with God, with others and in Christian maturity and ministry.

**B.** LC and CCT do not provide, in any form or manner, psychiatric or medical treatment. We use the NCCA and AACC Codes of Ethics as a guide for Christian Standard of Care.

**C.** LC and CCT believe that psychiatric and medical treatment can be very beneficial and our Spiritual Care Team will make referrals to licensed professionals in the community, upon request or when indicated.

**D.** LC and CCT reserve the right to bring to a close any on-going counseling relationship if a Pastor or Lay representative finds that the needs or issues of the counselee/client exceed the limits of spiritual, emotional and relational counseling. At that time, every reasonable effort will be made to assist the counselee/client in accessing competent licensed professionals, should they desire to pursue further support more amenable to their current issues and challenges.

**E.** Furthermore, LC and CCT provide for the following limits on confidentiality within the Spiritual Care and Christian Counseling Team:

1. If and when information is disclosed regarding the actual or suspected abuse or neglect of a person under the age of 18, reasonable efforts will be taken by the Pastor or Lay representative to report this actual or suspected abuse to the appropriate agency (usually law enforcement and/or the department of social services/child welfare).

2. If and when information is disclosed regarding any suicidal ideation, plan or intent on the part of the counselee/client, the Pastor or Lay representative reserves the right to take appropriate and reasonable measures to ensure the safety of the counselee/client.

3. If and when information is disclosed regarding any homicidal ideation, plan or intent on the part of the counselee/client, the pastor or pastoral representative reserves the right to take appropriate and reasonable measures to ensure the safety of the imagined and/or intended victims.

Otherwise, the information shared by the counselee/client in the arena of Pastoral or Lay representatives will be held in confidence. Other Pastoral Staff may be consulted in issues of safety concerns. I have read and understand this disclosure of information regarding Spiritual Care and Christian Counseling by LifeCare Reach Ministries and the LifeCare Collaborative Counseling Team.

Signed: \_\_\_\_\_ | \_\_\_\_\_  
(Client Signature) (Date)

# LifeCare Reach Ministries - Collaborative Counseling Team

1614 NE Vine Street, Suite 2; Roseburg OR 97470 \* 541.391.4322

Supervisors: Pastors Roger & Debbie Horton, LCPC

Spiritual Care & Counseling Team \* Licensed Clinical Pastoral Counselors NCCA \* Gestalt Therapists

## Required Counseling Preference Notice

Effective August 1<sup>st</sup>, 2008 all clients are required to complete this “*Counseling Preference Notice*”. Policies and prices are subject to change without notice.

Pastors Roger and Debbie Horton are the supervisors for the LifeCare Collaborative Counseling Team. To meet the ever increasing spiritual care needs of the people in our community, the LifeCare CCT ministry has expanded to develop a team of trained Lay Christian Mentors, Counselors and Licensed Pastors who are supervised by licensed professionals. LifeCare provides a much needed ‘*continuum of care*’ in Douglas County. We work with area providers and social service organizations to assist people toward healthy independent living.

### Fees for each 50 minute counseling session (there are no fees for Practicum Clients)

1. \$75.00 per person for the Initial Intake Session for all clients  
(covers assessments, charts, paperwork, supervision & overhead expenses)
2. \$60.00 counseling fee per session for Licensed Therapists & Counselors
3. \$40.00 counseling fee per session for Licensed Pastors
4. \$20.00 provider supervision fee per session for Lay Counselor and Lay Mentors
5. \$25.00 for No Shows without 24 hr notice; 10 minute late arrival is a No Show
6. \$25.00 for Non Sufficient Funds check

### Payment Information:

1. Payments are to be made at the beginning of each session. We do not bill insurance. Clients are responsible for payment at the time services are rendered.
2. Checks payable to your Provider or to the Provider’s Supervisor.
3. Our Collaborative Counseling Team does not offer any ‘pro bono’ counseling. It is our desire to honor God’s Word and principles. Luke 10:7 says the workman is worthy of his hire. God encourages us to be good stewards of our time, resources and ministries and to use clear boundaries as we help people take responsibility for their own lives.

### Counseling Provider Selection:

Please **CHECK** below which level of care provider you are scheduled to see:

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Client scheduling with a Licensed Counselor:            | \$60.00 Counseling Fee  |
| <input type="checkbox"/> Client scheduling with a Licensed Pastor:               | \$40.00 Counseling Fee  |
| <input type="checkbox"/> Client scheduling with a Lay Counselor or Mentor:       | \$20.00 Supervision Fee |
| <input type="checkbox"/> Client scheduling with a Student for Practicum Purpose: | \$ 0.00 Counseling Fee  |

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***Please return this signed “Counseling Preference Notice” to your counselor/mentor/student.  
This Signed and Completed “Counseling Preference Notice” is to be in every chart. Fees***

*Counseling Preference 60.doc \* 02/01/2016 updated*



## Required Consent for Treatment & Release of Liability

*LifeCare Collaborative Counseling Team and LifeCare Reach Ministries (the Ministries)*

It is necessary for you to understand and agree to the following disclaimer before the **LifeCare Collaborative Team and LifeCare Reach Ministries (the Ministries) and all participating pastors, therapists, licensed counselors, lay counselors, lay mentors, prayer counselors and administrative workers (the Staff) of these Ministries** can consider treating you.

You are being asked to sign this **Consent & Release Form** to allow us to use and share your Protected Health Information (PHI) as required by the HIPAA federal law. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called health care operations. Together these routine purposes are called **TPO (Treatment, Payment, or Health Care Operations)** and the **Consent & Release Form** allows us to use and disclose your PHI for TPO. You have been provided with a copy of our HIPAA "**NOTICE OF PRIVACY PRACTICES**" (**NOPP**) which provides you with more information about your PHI and the HIPAA regulations. We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it to care for you properly. Therefore, you must sign this **Consent & Release Form** before we begin to treat you because if you do not agree and consent we cannot treat you (as per the HIPAA federal law).

In consideration of counseling, reading and teaching provided by **the above ministries and staff**, I release **the above ministries and staff** from all possible legal action against the *Ministries, Therapists, Counselors and/or Staff* as a consequence of any involvement I may incur with either.

This release from legal action includes any rationale or cause, known or unknown, mentioned or implied, which otherwise might be claimed against *the Ministries, Counselors and/or Staff*. In addition, I waive all claims or rights to bring legal action against *the Ministries, Counselors and/or Staff* which might be engendered through oversight or error inadvertently or otherwise omitted from this electronic document.

I also understand that *the Pastoral and Lay Counselors* are providing Christian ministry, legally functioning as clergy under exemption from licensure laws and regulations by the State of Oregon.

I hereby declare that it is my express wish to retain *the Ministries, Therapists, Counselors and/or Staff* for the purpose of clinically and spiritually addressing my personal and private concerns.

Finally, I understand that it is the express intent and purpose of this document to give my consent for treatment and ministry and to release and hold harmless *the Ministries, Counselors and/or Staff* from all claims of legal action against either.

By signing below, I agree to and hereby affirm the content of this document and set and affix my signature this date.

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Signature of Counselee/Client

|  
Date

**Required Acknowledgement of Receipt of Notice of Privacy Practices (NOPP)**

**LifeCare Collaborative Counseling Team (CCT) & LifeCare Reach Ministries (LC)**

I, \_\_\_\_\_ acknowledge and  
(Printed name of Client)

agree that I have access to a copy of the Notice of Privacy Practices (NOPP) at the LifeCare Website: [www.lifecarecounselors.com](http://www.lifecarecounselors.com)

\_\_\_\_\_  
(Client Signature) (Date)

\_\_\_\_\_  
(Client Legal Representative –if applicable) (Date)

\_\_\_\_\_  
Print Name of Legal Representative (Relation to Client)

**FOR MINISTRY USE ONLY:**

1. File the Acknowledgement in the Client Chart (top page of the Legal section)
2. Our Client Charts will serve as the record of Client Signatures Obtained for the Acknowledgement of Receipt of NOPP
3. Our Client Charts will serve as our audit log of PHI Use & Disclosure.

Identify the efforts that were made to obtain the individual’s written acknowledgement, including the reasons why the written acknowledgement was not obtained. CCT and SCT made the following good faith efforts to obtain the above-referenced individual’s written acknowledgement of receipt of the Notice of Privacy Practices (NOPP):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Ministry Staff Receiving Signed Consent and Release Form Date

POLICY / PROCEDURE: *Acknowledgement* of Receipt of Notice of Privacy Practice (NOPP)

Effective Date: 04/14/03 Revision Date(s) \_\_\_\_\_ (hipaa nopp acknowledge.doc)

# Optional Consent for Release of Information

## LifeCare Collaborative Counseling Team & Spiritual Care Team

I, \_\_\_\_\_, \_\_\_\_\_,  
(Print Name of Counselee/Client or Guardian above) (Date of Birth)

do hereby consent and authorize LifeCare Collaborative Counseling Team, LifeCare Reach Ministries and staff and workers of these ministries, to release records, notes, and conversations of my (or my dependent's) information to:

\_\_\_\_\_  
(Name) (Organization)

- \_\_\_\_\_ for the purpose of referral and treatment
- \_\_\_\_\_ for the purpose of evaluating my situation
- \_\_\_\_\_ for the purpose of planning for and coordinating services for me and my family
- \_\_\_\_\_ for the purpose of Community Service and/or Work Supervision
- \_\_\_\_\_ for the purpose of Spiritual Care, Accountability, Support and Prayer
- \_\_\_\_\_ for the purpose of Student Practicum Training
- \_\_\_\_\_ for the purpose of: \_\_\_\_\_

I can cancel this at any time, but I understand that the cancellation will not affect my information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so. This consent is valid until withdrawn by me in written form.

Please INITIAL Yes or No in each area that applies:

- |           |          |   |
|-----------|----------|---|
| _____ Yes | _____ No | Medical/Psychiatric Treatment   |
| _____ Yes | _____ No | Spiritual History and Treatment   |
| _____ Yes | _____ No | Alcohol/Drug Treatment  |
| _____ Yes | _____ No | Family History  |
| _____ Yes | _____ No | Employment/Unemployment Information   |
| _____ Yes | _____ No | Assessment and Test Results/ Reports  |
| _____ Yes | _____ No | Educational Information and Reports   |
| _____ Yes | _____ No | I agree that the agencies and individuals listed above may share and exchange information about my family and my circumstances. |

Mental Health, Alcohol/Drug and Medical Records include all aspects of diagnosis, treatment and prognosis. Educational records include both behavioral and progress notes.

I understand that by taking information from the file at LifeCare Collaborative Counseling Team and LifeCare Reach Ministries, (the ministries) that these ministries can no longer be responsible for confidentiality on this information.

\_\_\_\_\_  
(Signature of Counselee/Client or Guardian) Date

*To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.*