



A New Life
Christian Counseling

A New Life Is Possible One Step at a Time
www.anlcc.com

Fieldstone Park
11105 NE 14th Street, Suite 103
Vancouver, WA 98684
Phone: (360) 836-0320
Fax: (360) 326-1859
Email: PeckJeremiah@gmail.com

Professional Disclosure Statement for Jeremiah Peck, LMHCA

This statement is supplied for your information and protection. It provides information regarding my approach to counseling, education, training and credentials, your rights as a client, and my fees.

Approach to Counseling:

I believe that there is a tremendous opportunity and potential for physical, emotional, spiritual, and relational healing and growth that can be achieved through counseling. My role as a counselor is to come alongside and assist individuals, couples, families, and groups that are motivated to change at least one aspect of their thoughts, feelings, or behaviors. As a Licensed Mental Health Counselor Associate, it is my endeavor to utilize various approaches, techniques, and interventions in order to best serve the needs of the client. Though I utilize a variety of counseling approaches, I primarily operate from a "client-centered" therapy model. In this approach, distress is largely attributed to an incongruence or imbalance between our thoughts, feelings, experiences, and perceptions. Because of this, it is common in the therapeutic process to explore and discuss beliefs, emotions, development (including but not limited to early childhood), and relationships.

Clinical Relationship:

Sessions between a counselor and client may be very intimate emotionally and psychologically. Client and counselor understand that the relationship will remain on a professional level rather than a personal one. Contact will be limited to the paid sessions in the office or over an approved form of communication via technology (i.e. email, phone, etc.). The client and counselor shall not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the stated counseling relationship. Counseling sessions focus exclusively on client concerns and all interactions will be solely for the client's benefit. In the event that the counselor and client unintentionally meet in a setting outside of the office setting (i.e. grocery store, church, etc.), it is understood that the counselor will not initiate contact, nor disclose the nature of their relationship to the client should the client choose to introduce them socially.

I practice under the code of ethics established by the American Counseling Association and by the American Association of Christian Counselors; and by the American Counseling Association.

Client Rights:

As a client, you are rightfully entitled...

- To expect that the staff has met the minimal qualifications of training and experience required by state law;
- To examine public records maintained by the State and to have the State confirm credentials of staff;
- To obtain a copy of the Code of Ethics, Oregon Revised Statutes (ORS), or Washington Administrative Code (WAC);
- To report complaints to the proper authorities (i.e. WA State Department of Health; American Counseling Association; American Association of Christian Counselors, etc.);
- To be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving these services;
- To obtain permission to view your file, by way of written request stating reason(s) to the therapist
- To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the exceptions to confidentiality of information obtained in the course of services that include the following:
 - Reporting suspected abuse of a child, developmentally disabled person, or a dependent adult;
 - Reporting imminent danger to client or others, including (but not limited to) suicidal behavior or when a client is HIV positive and is unwilling to inform individuals with whom he/she is intimately involved;
 - Reporting information required in court proceedings, or by client's insurance company, or other relevant agencies;
 - Student consultation or supervision;
 - Defending claims brought by client against therapist;
 - Client has signed a release of information authorizing said disclosure.

Intake Form

Personal Information

Name: _____ DOB: _____ Gender: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ -- _____ Okay to leave a message? Y / N

Cell Phone: (____) _____ -- _____ Okay to leave a message? Y / N

Email address: _____ Okay to leave a message? Y / N

Relationship Status (circle): Single Dating Engaged Married Cohabiting Separated Divorced Widowed

Current Partner's Name: _____ Phone Number: (____) _____ -- _____

Years Together (dating, married, etc): _____ Anniversary: _____ Number of Children: _____ Ages: _____

Emergency Contact Name: _____ Phone Number: (____) _____ -- _____

How did you hear about us? _____

Personal Experience

Where were you born? _____ Where did you grow up? _____

Were there any unusual circumstances regarding your conception or birth? _____

Were your parents married when you were born? Y / N Are your parents currently married? Y / N

If your parents divorced, how old were you and why did it occur? _____

What is/was your mother like? How did she treat you as a child? _____

What is/was your father like? How did he treat you as a child? _____

How did your parent(s) typically discipline you? _____

What were your favorite things to do as a child? _____

List your siblings, and their ages in chronological order (oldest to youngest):

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

Name: _____ Age: _____ Relation (circle): Full Half Step

What was your birth order? 1 2 3 4 5 6 7 8 9 10

How many different places did you live before you finished high school? _____

Circle any of the following that describes your family and home atmosphere as a child:

- | | | | | |
|--------------|--------------------|------------------|----------------|----------|
| Alcoholism | Democratic | Neglectful | Prejudice | Stable |
| Affectionate | Distant | No fun | Rigid | Cold |
| Angry | Fighting | Overprotective | Sexual abuse | Poverty |
| Close | Frightening | Physical abuse | Mental illness | Trusting |
| Competitive | Moving excessively | Physical illness | Supporting | Safe |

Did anyone in your family die before you were 18? Y / N Who: _____ How old were you? _____

Did anyone in your family attempt or commit suicide? Y / N Who: _____ How old were you? _____

Social Experience

Explain and indicate how satisfied you are with your current social life: _____

Describe your relationship with your best friend and how often you get together: _____

When did you first begin dating? Were your early dating experiences positive? _____

Education and Employment Experience

Highest Grade in school or degree(s) completed: _____

Briefly explain the number of times, what grades, and the reason you had to change schools while growing up: _____

Are you currently employed? Y / N Position: _____ Time in current job: _____

Spiritual Experience

Please describe your family's spiritual or religious atmosphere while you were growing up: _____

When did you develop your current beliefs? _____

List a few words to describe your personal beliefs: _____

Do your family and friends share your current beliefs? _____

Any religious or spiritual problems that concern you? _____

Medical History

When was your last physical examination? _____ Name of your physician? _____

List any injuries, accidents, or surgeries: _____

List any head injuries, seizures, or loss of consciousness you have had: _____

List any medications (prescription and non-prescription) that you are taking: _____

Do you or your family members currently have or have ever had any of the following: (check all that apply)

	Self	Family
Heart problems	_____	_____
Cancer	_____	_____
Nervous breakdown	_____	_____
Stroke	_____	_____
Chronic illness	_____	_____
Alcohol or drug use	_____	_____
Legal problems	_____	_____
Learning disability	_____	_____
Depression	_____	_____
Other _____	_____	_____

Chemical/Substance History

Does/did anyone in your family use alcohol or drugs (either prescription or street drugs) Y / N

What alcoholic beverages did/do you use? _____ How much? _____

How often? _____ When did you have your last drink? _____

What street drugs did/do you use? _____ When did you last use? _____

Do you use nicotine? _____ How much daily? _____ Caffeine? _____ How much daily? _____

Mental Health History

Have you ever been in counseling or therapy before? _____

In a few words describe your counseling experience: _____

Have you even been hospitalized for an emotional/mental health disturbance? Y / N Describe: _____

Have you ever tried to end your own life? Y / N If yes, please provide date(s): _____

Personality Information:

As you see yourself, what kind of person are you? Describe yourself: _____

If I were to ask other people to describe you, what five words would come up most frequently?

What are your greatest fears?

Identify any irrational, negative, or 'horrible' thoughts that bother you: _____

Identify any habits, practices, or behaviors that you would like to change: _____

State in your own words what you would consider to be the nature of your main problem(s): _____

Describe when and how your problem(s) began: _____

What have you done about it? _____

List three goals you have for self-improvement:

1. _____
2. _____
3. _____

List three major strengths or abilities you have:

1. _____
2. _____
3. _____

Please circle any of the following which concern you:

- | | | | | | |
|---------------|--------------|-------------|-------------|-----------------|------------------|
| Nervousness | Depression | Fears | Shyness | Sexual problems | Suicidal thought |
| Separation | Divorce | Finances | Anger | Self-control | Friends |
| Sleep | Stress | Work/school | Relaxation | Headaches | Tiredness |
| Memory | Ambition | Energy | Insomnia | Legal Matters | Making decisions |
| Loneliness | Inferiority | Education | Career | Concentration | Marriage |
| Relationships | Health | Temper | Nightmares | Children | Eating problems |
| Unhappiness | Spirituality | Parenting | Gambling | Sexual abuse | Physical abuse |
| Thoughts | Body image | Pornography | Alcohol use | Spiritual abuse | Dreams |



A New Life Christian Counseling

A New Life Is Possible One Step at a Time
www.anlcc.com

Name: _____

Age: _____ Today's Date: _____

"FIRST IMPRESSIONS"

It has been said that, *"a picture is worth a thousand words."* Please draw and/or briefly describe what you hope to ultimately gain from your counseling experience at ANLCC. The purpose of this exercise is to gain a clearer understanding of your desires & goals, not assess your artistic abilities, so please be encouraged to express yourself regardless of your level of talent.



FEE SCHEDULE

ANLCC counselors are able to provide services affordably, according to the following policy:

- 1) Fees for a 50-minute individual session is \$90, a 75-minute couple, family, or individual intake session is \$135, and a group session is \$30 per participant per session, with the exception of a 50-minute individual group intake which is \$50. A discounted rate may be discussed, and agreed upon as notated and documented on this form.
- 2) Fees are paid at the end of each session, unless client billing has been previously arranged.
- 3) Cash, checks (made payable to your counselor), and debit and credit cards are accepted for payment.
- 4) Sessions are typically 50 minutes long, except initial "intake" sessions and couples sessions, which are 75 minutes long and billed at 1.5 times the session amount.
- 5) A 24-hour notice must be given if you are not able to make your session. Otherwise, you will be charged for the complete session.

(Please discuss with your counselor the need for a reduced session fee due to low income or financial difficulty before completing the information below.)

Your hourly fee for counseling is \$_____ per 50-minute session and you will be expected to pay this at the time of each session. (Session Fee X 1.5 (75-minute session) = \$_____, if applicable)

Client

Date

Counselor

Date



Consent to receive Christian Counseling

Your signature following the statements below constitutes your agreement and consent to receive Christian counseling from your counselor at A New Life Christian Counseling (ANLCC), and an acknowledgement that you have read and understood this agreement. This also means that you have discussed any questions regarding this contract with your counselor.

I request that as part of the professional services provided by _____ that they make available to me ministry oriented services. These include, but are not limited to, personal prayer, Scripture reading from the Bible, Christian books, other Christian resources and any Christian practices that could be meaningful to me or are requested by me. The above named counselor is released to use Christian terms and language in counseling me, and to utilize Christian spiritual practices such as inner healing prayer and addressing issues concerning Spiritual distress.

I/we, _____ have read, understood, and received a copy of this agreement.

Signature of Client: _____ Dated _____, 20__

Signature of Counselor: _____ Dated _____, 20__