



Accelerate Counseling & Consulting, PLLC
2525 Raeford Road, Suite B
Fayetteville NC 28305

Today's Date \_\_\_\_\_

Your name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse's name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Residential address \_\_\_\_\_
\_\_\_\_\_ zip \_\_\_\_\_

Email address \_\_\_\_\_

Best phone number to reach you for scheduling appointments \_\_\_\_\_

Can we text reminders of upcoming appointments to this number? \_\_\_\_\_

Years married to your partner \_\_\_\_\_ Number of children: \_\_\_\_\_

Number of divorces: Yours: \_\_\_\_\_ Your partner's: \_\_\_\_\_

List the names and ages of persons living with you:

Table with 4 columns: Name & Relationship, Age, Name & Relationship, Age. Includes four rows of blank lines for entry.

Religious preference: \_\_\_\_\_ Number of church/chapel services per month \_\_\_\_\_

Who referred you here? \_\_\_\_\_

Are you currently taking medication? YES If yes, list what meds: \_\_\_\_\_ NO Meds taken \_\_\_\_\_

Who prescribed your medication? \_\_\_\_\_

Where does he/she work? \_\_\_\_\_

Are you counseling elsewhere? YES NO If yes, where? \_\_\_\_\_

Describe your reaction to previous counseling (check one)
[ ] Never been in counseling [ ] Satisfied [ ] Somewhat satisfied [ ] Not satisfied

Why? \_\_\_\_\_
\_\_\_\_\_

**Problem Areas**

[Put a check √ by the items that are the greatest concern.]

- |   |  |
|---|--|
| <input type="checkbox"/> Jealousy   | <input type="checkbox"/> No longer love my spouse              |
| <input type="checkbox"/> Anger  | <input type="checkbox"/> Sexual concern                        |
| <input type="checkbox"/> Marital Problems (Circle all that apply)<br>Problems with children, teens,<br>Parents, Friends, Ex-Spouse,<br>Others (Circle all that apply) | <input type="checkbox"/> Fighting                              |
| <input type="checkbox"/> Loss of Marriage / Divorce / Separation  | <input type="checkbox"/> Depression / Feeling blue             |
| <input type="checkbox"/> Work related problems  | <input type="checkbox"/> Infidelity / Affairs                  |
| <input type="checkbox"/> Fear of going crazy  | <input type="checkbox"/> Loss of career                        |
| <input type="checkbox"/> Fear of abusing children   | <input type="checkbox"/> Concern about Alcohol / Drugs         |
| <input type="checkbox"/> Fear of spouse abuse   | <input type="checkbox"/> Financial problems                    |
| <input type="checkbox"/> Religious concerns   | <input type="checkbox"/> Can't forgive a wrong                 |
|   | <input type="checkbox"/> Domestic tasks: Who does what at home |
|   | <input type="checkbox"/> Arguing or handling conflict          |
|   | <input type="checkbox"/> Other _____                           |

What have you done to solve this problem? \_\_\_\_\_

What improvements do you want to have as a result of counseling? \_\_\_\_\_

What strengths do you believe you have to address your issues? \_\_\_\_\_

How satisfied are you with your life as a whole these days? [Circle the number]

Completely Dissatisfied	1	2	3	4	5	6	7	8	Completely Satisfied
-------------------------	---	---	---	---	---	---	---	---	----------------------

**Agreement**

*\*It is my understanding, and I agree, that Accelerate Counseling & Consulting provides counseling to families and individuals. I agree to allow the counselor to be assisted by a co-counselor and/or consultation team if the counselor deems it appropriate. I will discuss with the counselor any questions or reservations I may have concerning the counselor's approach to therapy. \* I understand that the purpose of such observation and discussion is to improve the guidance and counseling of the counselor and is not meant as an invasion of my rights of privacy. I specifically waive my rights of privacy for this purpose only.*

*\*The counselor will keep your counseling as confidential as possible within the bounds of federal and/or state law, and his/her professional ethics. Counselors may be required to breach confidentiality to protect you and/or others from possible harm. I may be referred to another counselor or referred off-site if my reservations cannot be resolved.*

*\*I agree to attend all scheduled appointments and that if I am unable to make an appointment, I will contact the Center at least 24 hours before the scheduled appointment to reschedule. I understand that if I miss an appointment without contacting the Counseling Center at least 24 hours prior, I will be billed for the missed appointment. If I am court ordered or referred for counseling, the court will be notified of scheduled appointments. If I am mandated by military authority to counseling, then the chain of command will only be notified for accountability purposes.*

*\*I agree to hold the counselor free of and harmless from or against any claims, demands, or suits of any kind based on or resulting or claimed to result from the purposes of this consent.*

*\*I authorize the counselor and/or Accelerate Counseling & Consulting to apply for and receive any and all insurance entitlements that they are due as a result of our counseling sessions.*

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_