

Center for Christian Counseling & Training

PATIENT REGISTRATION FORM *(Page 1 of 2)*

PATIENT INFORMATION *(Please Type or Print)*

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Last Four Digits of Social Security # _____ Birth Date _____ Gender: Male Female
(mm/dd/yyyy)

Marital Status _____ Home Phone _____ SKYPE _____
(e.g. Single, Married, Divorced, Living with a Significant Other) *(If Distance Counseling will be Completed Via Skype)*

Daytime Phone _____ Cell Phone _____ E-Mail _____

Church You Attend _____ Religious Preference _____
(e.g. Baptist, Methodist, Catholic, etc.)

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____

HOW DID YOU LEARN ABOUT THE CENTER? *(Check all that apply)*

Friend/Family Yellow Pages Physician Counselor Other
(Please specify)

Referring Physician or Counselor _____

RESPONSIBLE PARTY INFORMATION *(If different from Patient)*

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____
(or Country if applicable)

Patient Relationship _____ Phone _____
(e.g. parent, guardian, mother, father, etc.)

Employer Name _____

Employer Address _____

City _____ State _____ Zip _____
(or Country if applicable)

PATIENT REGISTRATION FORM *(Page 2 of 2)*

EMERGENCY CONTACT – NOT LIVING WITH YOU *(i.e. Friend or relative)*

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____
(or Country if applicable)

Patient Relationship _____ Phone _____
(e.g. parent, guardian, mother, father, friend, etc.)

BRIEFLY TELL US WHY YOU HAVE COME TO SEE US

WHAT DO YOU EXPECT TO ACHIEVE

PAYMENT

Our heart's desire is to assist you with the help of the Lord the Word of God, and our professional training and life experience. To keep this Center continuing for you and others, we call your attention to the financial matter. Our fee schedule for evaluations, counseling, and testing are below the national average. Our counseling fees begin at a low of \$60.00 and if a Temperament Analysis Profile is needed the charge is \$30.00. A complete fee schedule is available upon request. Additionally there are miscellaneous charges including mileage and travel expenses if sessions are held other than at our office location. We reserve the right to charge \$25.00 for a broken appointment of less than 24 hours' notice. If you are unable to pay for the total charges for counseling at this time please discuss the matter with your counselor at the start of your appointment.

Please check this box if you are unable to pay the full costs prior to the session.

Please indicate how you plan to pay for this and future sessions.

Cash Check Visa MasterCard Discover PayPal

I have read and understand the information contained in this form.

Signature _____ Date _____

Center for Christian Counseling & Training

OFFICE POLICY *(Page 1 of 2)*

OFFICE POLICY *(Page 2 of 2)*

Center for Christian Counseling & Training

INFORMED CONSENT FORM *(Page 1 of 2)*

Please read thoroughly. Important: initial at bottom of page 1, then sign on page 2 of this form

I/we, _____, have been informed that the Center for Christian Counseling is a ministry and that any counseling provided will be spiritual counseling from a Biblical perspective and;

1. That Dr. Roger Boehm is an ordained Southern Baptist minister and remains accountable to the pastor and leadership of First Baptist Church of Aurland. Dr. Boehm is an F.A.C.C.T. licensed Clinical Christian Psychologist and a licensed Clinical Christian Counselor (Advanced Certification), licensed by the National Christian Counselors Association and not by the State of Georgia.
2. As a member of the clergy Dr. Boehm will report or cause a report to be made and cannot keep silent on the grounds of confidentiality or privileged communication, the following:
 - When a disclosure indicated a counselee may cause danger to self
 - When a disclosure indicated a counselee may pose a danger to others
 - In case of suspected child abuse and/or neglect as required by law
3. That a free exchange of information between appropriate staff members of the Center for Christian Counseling regarding my evaluation and treatment may take place as necessary. Otherwise my file will be treated with strict confidentiality. PLEASE NOTE: all notes are the property of the counselor and counseling center and copies of files will be provided upon request and consent of all parties involved in the counseling. If copies of notes are requested and approved the counselee must sign a release.
4. That the counselee desires to take advantage of the Counselor's services and training, and understands the Bible will be the foundational basis for all counseling.
5. That the Center is a training facility and from time to time may have Christian Counselor trainees completing internships. As deemed appropriate by Dr. Boehm an intern may be assisting in a counseling session.
6. As Dr. Boehm and all staff members are Christians and the Center for Christian Counseling is a ministry, I agree never to make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from this Agreement. I understand that making demands, threatening to sue or actually litigating a matter against the Center for Christian Counseling clearly violates Biblical teaching and practice and shall constitute sufficient grounds for immediate termination of counseling services. I understand that retaining or instructing an attorney to contact the ministry with regard to a potential claim or dispute will be interpreted as a threat to sue. Accordingly, the parties agree to resolve all potential claims, disputes or causes of action through binding arbitration using the procedures outlined in the Center's officially adopted Christian arbitration procedures

 Patient Initial Page One _____

INFORMED CONSENT FORM *(Page 2 of 2)*

7. That a staff member has explained fully to me, the counselee, all the above prior to entering into any counseling or disclosure.
8. That I freely and willingly accept and agree to abide by this informed consent as presented.

Counselee Signature

Date

Parent/Legal Guardian Signature

Relationship

Date

Witness Signature

Date

Counselee Name

Birth Date

Counselee Address

City

State

Zip