

**Greg Griffin Christian Counseling
Client Information Sheet- Adult**

Today's date _____

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

E mail _____

Telephone (H) _____ (C) _____

Employer _____

Education level completed _____ Faith background (if any) _____

Are you currently involved in a faith community? _____ If so, where _____

Childhood History

Parents/Step parents

Father's name _____

Mother's name _____

Were they (circle one) Never married? Married? Divorced (if so, how old were you? _____)

Step father's name(s) _____ if so, how old were you? _____

Step mother's name(s) _____ if so, how old were you? _____

Brothers and Sisters

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Other significant relatives

Name _____ relationship _____

Name _____ relationship _____

Adult History

Your current relationship status: (circle all that apply)

single, never married dating living together engaged
married separated divorced widowed

Partner/Spouse's name _____ Age _____ Date of Birth _____

Marriages

date married _____	date divorced/widowed (circle one) _____
date married _____	date divorced/widowed (circle one) _____
date married _____	date divorced/widowed (circle one) _____

Children

Name _____	age _____
Name _____	age _____
Name _____	age _____
Name _____	age _____
Name _____	age _____
Name _____	age _____

Have you received counseling before? _____ If so, when? _____

Are you currently taking any meds or hormonal supplements? _____ Type _____

Are you open to God's solution? (circle one)

Yes No Unsure at this point

What is the specific issue or concern that has caused you to seek counseling at this time? (Continue on back if necessary)

I found your practice through: _____ Google search _____ Thumbtack _____ Yelp _____ Psychology Today
_____ Facebook _____ other social media _____ word of mouth _____ don't recall

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

Greg Griffin Christian Counseling
Rev. Greg Griffin, M.A., Board Certified Pastoral Counselor

Board of Examiners for GA Christian Counselors and Therapists certification #05099410

3827 Roswell Road, 100-C, Marietta, GA 30062
770-310-7190

Methodology

My counseling approach is Christ-centered, and based upon the relational truths found in the Bible. Therefore, healing is a spiritual journey, which will ultimately manifest itself in thought and subsequent behavior. I will meet you where you are, and respect your spiritual views in the counseling process. As a client, you are encouraged to raise any questions you may have. You may choose to end counseling at any time.

Confidentiality Covenant

The communication between client and counselor is considered confidential except as where required by law, i.e., where there is a threat of serious harm to self or others, such as child abuse, suicide, endangerment or homicide.

After you sign this, should you choose, you have access to any session notes I may make, and no one else does without your written consent. I will maintain a record of our sessions, and will take necessary steps to protect your personal data and information.

I have read the proceeding information, understand my rights as a client.

Signature of client (or personal representative)

Date

Printed name of client (or personal representative)

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Financial Agreement

Please read the following information concerning fees and appointments.

- o Counseling fees of \$120 are due at the end of each session, unless prior alternate arrangements are made.**

- o There is may be a \$120 charge for rescheduling within 24 hours of the scheduled session.**

- o Missed sessions with no notice will incur a full session charge.**

Thank you for making the effort to keep your appointments.

Signed _____

Date _____