

Thank you for contacting us. Here is some important information for you.

Stonegate's Counseling Department operates Monday – Thursday, 9:00am – 5:00pm. Sessions are 50 minutes in duration. Stonegate's counseling ministry provides short-term counseling to individuals over the age of 13 and couples, and families. Our enclosed paperwork states that we can see clients up to a total of six sessions. If long term counseling is needed or the individual is under the age of 13, or if your situation does not fall under our scope of practice, we refer to these local agencies/counselors

Agape Counseling Services - 432.550.5683  
Samaritan Counseling Center - 432.563.4144 (Under 13)

In order to secure an appointment with a therapist/counselor at Stonegate, please fill out the enclosed paperwork completely, one set for each person interested in counseling, and return the completed documents at your earliest convenience.

To submit paperwork, you can:

- Scan and email the completed forms to [counseling@stonegatefellowship.com](mailto:counseling@stonegatefellowship.com) •  
Mail the completed forms to:
  - Stonegate Fellowship  
6000 West Wadley Ave.  
Midland, TX 79707
- Drop your completed forms off in a sealed envelope to our front reception area Monday – Thursday, 8:30am – 4:30pm. Make sure the sealed envelope is designated to Counseling Department.

If you have any questions, please don't hesitate to contact me.

Blessings,

Counseling/Pastoral Care  
[counseling@stonegatefellowship.com](mailto:counseling@stonegatefellowship.com)  
**432.698.1828**

## Informed Consent

Welcome to the Counseling Ministry of Stonegate Fellowship (SGF). We strive to offer quality Christian counseling that is biblically grounded and psychologically competent. Our ministry exists to meet the many relational, emotional, and spiritual needs of the body of SGF, and the community of the Permian basin. Our ministry team consists of a licensed marriage and family therapist, Licensed professional counseling Associates, counseling interns, and pastoral mentorship (limited availability). Your counselor will review their training, credentials and years of experience with you at your first visit.

### *Definition of the forementioned team*

- Licensed Marriage Family Therapist (LMFT) Has completed a Master level educational program, state exams, and all hours for licensure, and is fully licensed in the state.
- Licensed professional Counselor-Associate (LPC-Associate) Has completed a master level program, state exams, and is now accumulating the 3000 hours required for full licensure, operates as a licensed associate under the supervision of a licensed supervisor.
- Counseling Interns: currently enrolled in a Master's program working on the hours required for graduation.
- Pastoral mentorship: A pastor or staff member/elder working in the ministry at Stonegate Fellowship.

We believe that counseling is a joint venture including responsibilities for both the counselor and the client; therefore, we ask you to read this document carefully and ask any questions you might have on your first visit.

All of our counselors share a Christian worldview. We are committed to helping our clients discover and change the unhealthy ways that they may be dealing with painful emotions, distorted thinking or unhealthy ways of relating to others. Ultimately, our goal is to help you develop an intimate relationship with God, through Jesus Christ, along with a right relationship with others.

Once we receive your completed paperwork, your personal situation will be assessed to determine if we can meet your specific needs. If your situation is out of our scope of practice we are ethically bound to refer you to other professionals who can meet your needs.

The information disclosed during the counseling session is considered confidential and cannot be disclosed without your written consent, with the following exceptions: any threats to harm self or others; any suspected abuse or neglect of a minor, the elderly, or the disabled. Furthermore, each counselor will discuss their cases with our Counseling Team in a weekly case review meeting. Case reviews and consultation meetings will be held in the same level of confidence as your counseling sessions. In marriage or family counseling, all members involved in the session must sign a release before information can be released.

Typically, we provide short-term counseling, usually lasting six sessions. If your needs require more extensive care, we can offer appropriate referrals. Sessions are usually 50 minutes in length.

Counseling, by design, is intended to be temporary, goal-oriented and intentionally moving toward the successful completion (termination) of your counseling process. Termination of counseling and/or referral occurs when your counseling goals have been achieved, if meaningful progress is no longer being made, or if it is determined that your needs are outside the scope of our ministry. Likewise, if you elect to discontinue counseling, whether by verbal or written notice, or by letting a period of 30 days go by without contacting the office, your process will be considered inactive.

## Office Policies

**No Court Testimony:** The counseling we provide is faith-based and spiritual in nature. Texas law prohibits compelled disclosure of these counseling exchanges, notes or records in any court of law. Accordingly, our counseling team will not provide court testimony and by signing below you are acknowledging this strict confidentiality and further agree that neither you nor your legal representatives will attempt to subpoena your counselor for testimony.

**Waiver of Liability:** In consideration for receiving any form of counseling from the Counseling Ministry of SGF, you must agree to release and waive any and all claims of any kind against the ministry, staff, interns, volunteers or the Church, which may arise from, result out of, or be related to conduct or advice given.

**Resolution of Disagreements:** If a dispute should arise between the person receiving ministry and the counselor (and/or the counseling staff or Church) regarding the counseling session or the counselor's advice or conduct, you should bring this dispute to the attention to the Director of the Counseling Ministry. If the dispute cannot be resolved at this level, all parties agree to resolve the dispute by submitting to the Church's Senior Staff and Elder Leadership Team for the final resolution and conciliation.

**Cancelling/Rescheduling:** we often carry an extensive waiting list. If you need to reschedule or cancel an appointment, we ask that you call at least 24 hours in advance. This allows us to reschedule with others who are on our waiting list.

**Late Arrival:** Clients arriving 15 minutes late, or later, will be required to reschedule without exception.

**Missed Appointments:** A missed appointment is failure to show up for an appointment without a phone call or failure to cancel 24 hours in advance. If one scheduled appointment is missed without cancellation all future appointments that may have been scheduled will be cancelled. Without further notice. You may call the office to reschedule a single appointment. If two

consecutive scheduled appointments are missed without cancellation it will be assumed that you have chosen to terminate counseling, and your file will go to inactive status; your counselor's authorization will be required to resume scheduling sessions.

**Children:** Unless the session is specifically for a minor, children (regardless of age) are not allowed in the counseling session nor be left in the lobby unsupervised. Please make all attempts to find suitable childcare arrangements. If such arrangements cannot be made, the appointment will be rescheduled or cancelled.

**Communication/Phone Calls:** Please use the counseling office main phone number for all communication with your counselor between sessions. Please do not use email or other electronic media to interact with your counselor unless otherwise directed.

**Counseling Files:** the counseling file is the property of the Counseling Ministry of SGF. The counselor's progress notes are not available for review. Session summaries may be supplied to other professional providers with your written consent. In addition, each counseling session will be video recorded. These recordings are used as a part of the supervision, review and record keeping procedure. These recordings are protected under the same confidentiality guidelines noted on the previous page.

**Informed consent:** Your signature below indicates that you have read, understood and agreed to all of the stated terms and conditions of this document, and that you voluntarily request to receive counseling from the Counseling Ministry of Stonegate Fellowship.

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**Name (printed)**

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**Signature (parent or guardian if client s under 18)**

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**Date**

## Counseling Intake Forms

This form will help us gain a more thorough understanding of you and your needs and it will become a part of your confidential file. Please answer each question as completely as possible. If you are coming as a couple, please fill out two forms, one for each person.

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Okay to leave messages on: \_\_\_ Phone \_\_\_ Email

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

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

### **Emergency Contact Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### **Marriage and Family Information:**

Marital Status:    Single                                   Engaged                                   Married  
 Separated(how long \_\_\_\_\_)  Divorced(how long \_\_\_\_\_)                   Widowed(how long \_\_\_\_\_)

Name of Spouse \_\_\_\_\_ Age \_\_\_\_\_ Years Married \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

This is your \_\_\_\_\_ marriage                                  This is your spouse's \_\_\_\_\_ marriage

<b>Children's Names (*indicates stepchildren)</b>	<b>Age</b>	<b>Gender</b>	<b>Lives With</b>

Miscarriage(s) \_\_\_\_\_ Abortion(s) \_\_\_\_\_ Other(stillbirths, adoptions, etc.) \_\_\_\_\_

List the names of anyone else living in your household and their relationship to you.

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**Spiritual Life:**

What best describes your relationship with God or spiritual life? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> I do not see God or Jesus relevant in my life  | <input type="checkbox"/> I have a close relationship with God           |
| <input type="checkbox"/> I am unsure what I believe about God or Jesus  | <input type="checkbox"/> I am really trying hard to follow after God    |
| <input type="checkbox"/> I am having intrusive doubts about God and my I feel spiritually disillusioned and disconnected. | <input type="checkbox"/> I seek to learn and grow spiritually salvation |
| <input type="checkbox"/> I have been previously saved, but have grown little since then                                   | <input type="checkbox"/> Other: _____                                   |

Have you given your life to Christ Yes/No

Have you been baptized? Yes/No \*If Yes, age and/or date: \_\_\_\_\_

**Main Concerns:**

Please describe the main difficulty that has prompted you to seek counseling:

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When did that problem begin? What were the significant events surrounding it?

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On the scale below, please indicate the degree in which the problem(s) is impacting you:

- Mildly upsetting     Moderately upsetting     Very upsetting     Extremely upsetting

How is the problem impacting your life? What areas of your life is it disrupting?

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Based on a zero to ten scale (0 = the worst it's been up to 10 = the best it's been), how would you rate your current situation? \_\_\_\_\_

Have you attempted to address the problem(s) so far? If so, how?

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How are you hoping that we can help with the problem(s)? What is your goal for counseling?

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**Counseling/Psychiatric History:**

Have you received psychological, psychiatric, drug or alcohol treatment, or counseling services before? If yes, please indicate where.

Date	Provider	Reason	Outcome

Have you ever taken medication for psychiatric or emotional problems? If yes, please indicate:

Medication	When	Prescriber	Reason	Results

Have you ever been hospitalized for psychiatric, emotional or addiction problems? If yes, please indicate:



Date	Facility	Reason	Outcome

Have you ever attempted suicide? If yes, when?

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When was the last time you thought about suicide?

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**Healthcare:**

Please list any medical doctor, specialist, or healthcare provider you are currently under the care of:

Name	Specialty	Phone Number	Date of Last Visit

Unless already noted, list all medications, drugs, or other substances you take or have taken in the last 3 months: prescribed, over the counter, vitamins, supplements or herbs.

Medication	When	Prescriber	Reason	Results

Have you ever experienced any accidents, injuries or diseases that have resulted in head trauma, loss of consciousness, loss of memory or seizures? If yes, please explain.

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Is your health hindering your life or concerning you in any way? If yes, please explain.

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Do you have any difficulty falling asleep or staying asleep? If yes, please explain.

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How many hours of unbroken sleep do you get per night? \_\_\_\_\_ Do you wake feeling rested? \_\_\_\_\_

Have there been recent changes (elevation or decrease) in your sleep, mood, appetite or energy level? If yes, please explain.

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As a child or an adult, have you ever experienced any incidents of trauma or abuse? If yes, please explain by indicating your age at the time and type of abuse.

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Has anyone in your family been diagnosed with or suspected of having any mental illness or addiction? If yes, please indicate whom and what issue.

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**Employment/Military Experience:**

Dates	Employer	Job Title/Duties	Reason for Leaving

Are you satisfied with your current employer/occupation? If no, please explain.

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Regarding your current financial status, would you say say you:

- Live paycheck to paycheck    
  Struggle to meet monthly obligations    
  Meet obligations and savings

**Alcohol/Substance/Problem Behaviors:**

Do you currently use alcohol in any amount? If yes, please indicate how much you consume each week on average. \_\_\_\_\_

Have there been difficulties in your work, social or family relationships related to alcohol use? If yes, please explain.

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Have you used recreational drugs, substances, chemicals or misused/abused any prescription medications in the last 10 years? If yes, please indicate:

Drug/Substance	Amount	Frequency	Last Time Used

In the last 10 years have you struggled with any of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Pornography  | <input type="checkbox"/> Gambling               |
| <input type="checkbox"/> Sexually inappropriate behaviors                   | <input type="checkbox"/> Self-harming behaviors |
| <input type="checkbox"/> Repetitive or compulsive behaviors that you regret |   |

If yes to any of these, please explain.

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**Support System:**

Do you have family or friends that you can turn to for emotional support and encouragement when you are struggling?

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**Marriage/Partner Relationships:**

How do you get along with your spouse or partner? Include communication, closeness, decision making, etc.

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How do you get along with your children (if applicable)?

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**Strengths:**

What personal strengths, traits, talents, or skills do you have that you feel good about?

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**Legal Issues:**

Has counseling been recommended or court ordered for you by an attorney, police, court, probation, parole system, or school system? If yes, please indicate.

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List any current or anticipated legal judgements, civil or criminal.

**I declare that this information is accurate and complete.**

\_\_\_\_\_ **Printed Name**

**Date** \_\_\_\_\_

\_\_\_\_\_ **Signature**