Banner Consulting and Counseling

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:

Name & Relationship	Age	Name & Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.]

- ❒ Jealousy
- ❒ Anger
- ❒ Marital Problems (Circle all that apply)
  - Problems with children, teens, Parents, Friends, Ex-Spouse, Others (Circle all that apply)
- ❒ Loss of Marriage / Divorce / Separation
- ❒ Work related problems
- ❒ Fear of going crazy
- ❒ Fear of abusing children
- ❒ Fear of spouse abuse
- ❒ Religious concerns
- ❒ No longer love my spouse
- ❒ Sexual concern
- ❒ Fighting
- ❒ Depression / Feeling blue
- ❒ Infidelity / Affairs
- ❒ Loss of career
- ❒ Concern about Alcohol / Drugs
- ❒ Financial problems
- ❒ Can't forgive a wrong
- ❒ Domestic tasks: Who does what at home
- ❒ Arguing or handling conflict
- ❒ 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							Completely Satisfied
1	2	3	4	5	6	7	8

Agreement

**It is my understanding, and I agree, that BANNER Consulting and Counseling 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 BANNER Consulting and Counseling 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 _____

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For INSURANCE PURPOSES

Your Name _____ Date of Birth _____

Insured's Name _____ Date of Birth _____

Relationship to Insured _____

Employer _____

Primary Insurance Company Name _____

Company Address _____

Company Phone Number _____

If Military ID, what is the benefit's number on the back of the ID? _____

Insured's ID Number _____

Insured's Policy Group_____

Insured's Plan Name _____

Co-payment amount (if any) $_____

Secondary Insurance Company Name _____

Company Address _____

Company Phone Number _____

Insured's ID Number _____

Insured's Policy Group_____

Insured's Plan Name _____

Co-payment amount (if any) $_____

Additional Information: