

Christian *Life* Ministries

Date _____
Referred By _____

Physical Address:

Mailing Address:

1948 N. Plaza Drive
Rapid City, SD 57702

P.O. Box 9272
Rapid City, SD 57709-9272

Phone: 605-341-5305
Fax: 605-341-6329

Name(s) _____ Female Male

Address _____ Age(s) _____

City _____ State _____ Zip _____

Single Married Divorced Separated Widowed

Spouse's name _____

If minor – parent/guardian name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Spouse's Work Phone _____

Can we leave a message? <input type="checkbox"/> No <input type="checkbox"/> Yes - At what number? _____
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Children (Name and age)

_____	_____	_____
_____	_____	_____

What is your church affiliation? _____

Briefly describe reason(s) for seeking counseling (Issues to address):

Have you or are you presently seeing anyone else regarding the above? No Yes

If yes - whom and when? _____

What do you want us to do about the above difficulties? _____

Signature of person completing form: _____

CLM is open Monday – Friday with varying hours per day. Some early morning and early evening appointment times are available under special arrangements. What are the best appointment times for you? _____

----- DO NOT WRITE BELOW THIS LINE -----

Counseling Fee Policy:

One of the first questions most people ask is, "how much does the counseling cost?" As a ministry, we operate on different financial principles than a business. Our priority is to help people deal effectively with the issues for which they are seeking counsel. We do not want finances to be an obstacle to anyone seeking help. For this reason, there is no set fee for counseling services. We ask each person to prayerfully consider what they believe they can contribute to compensate their counselor and help toward the operating expenses of the ministry. Your counselor will discuss this with you in greater depth during your initial session. The amount pledged by you will be recorded in your file and left with the front office at the time of your visit.

Insurance Filing:

Most insurance companies do not accept Biblical Counseling services as covered expenses. If your insurance company does cover this service we ask that you do your own filing. We can provide you with the requested information.

I have voluntarily sought counseling and I understand that I am under no obligation to accept or reject any of the counseling that I may receive. I further agree to hold Christian Life Ministries and its staff free from any and all liability, loss or damage of any kind which may arise as a result of counseling. I have read, understand and agree with all of above.

Print Name

Signature and date

Counseling of Minors:

The person referred to on this form is a minor child. My signature constitutes my permission for counseling of my minor child. I have read, understand and agree with all of the above.

Name of Minor – Print

Signature of Minor

Name of Parent / Guardian – Print

Signature of Parent / Guardian

Client – Counselor Agreement

“Come to Me, all you who are weary and burdened, and I will give you rest. Take My yoke upon you and learn from Me ... and you will find rest for your soul.”

Jesus Christ as quoted in Matthew 11:28-29

Your counselor is committed to allow Jesus to use him/her in the process of carrying out this promise in your life. We ask that you would also be committed to giving the counseling a chance to lift the “burden.” You are also asked to commit yourself to the following:

1. Honesty throughout the counseling process.
2. Keeping your counseling appointments, unless urgent matters interfere, in which case we would request that you notify the appointment desk as far in advance as possible.
3. Completing your homework assignments.
4. That the Word of God, the Bible, will be authoritative and that feeling better will not necessarily be considered “healing.”
5. I agree to pay _____ for each counseling session.
6. If at any point in time if I decide to terminate counseling, I will discuss this with my counselor.

I have read, understand, and agree to all of the above statements.

Signature

Date

Your counselor’s commitment to you is as follows:

1. Honesty throughout the counseling process.
2. To pray for you on a regular and consistent basis.
3. To respect and protect your Right of Confidentiality for all matters discussed during the counseling sessions.

Counselor’s Signature

Date

Disclaimer and Release of Liability and Confidentiality

I have voluntarily sought counseling at Christian Life Ministries. I am under no obligation or compulsion to accept this counseling or any advice I may receive during this counseling process. I further agree to hold Christian Life Ministries and its staff free from any and all liability, loss or damage of any kind that may arise as the result of the counseling.

I understand that Christian Life Ministries and any employee or other representative of CLM is offering this counseling voluntarily, at a voluntarily pledged cost, and that I or CLM can terminate or limit this counseling at any time.

I understand that this counseling is not a medical, psychiatric, psychological or other professional service, but is exclusively the sharing and explaining of principles set forth in the Bible as applied to my personal situation.

I understand that any counselor representing Christian Life Ministries might thoughtfully choose to, or may be legally bound to disclose information received from me in the following circumstances:

1. The information may be disclosed to my spouse, if the counselor believes that this may strengthen the marriage relationship or correct a misunderstanding in the mind of my spouse.
2. The information may be disclosed to law enforcement officers or other governmental officials, if the counselor believes that the information may be about an actual, threatened or potential crime, other violation of law, or other matter within the responsibilities of the officers or officials to whom the disclosure is made.
3. The information may be disclosed to whomever the counselor feels should have it, if the counselor believes it is about an actual, threatened or potential suicide, or other act of self-harm.
4. The information that minors disclose regarding abuse, illegal activities, social dangers or abortion may be disclosed to parents or other appropriate authorities if the counselor believes such disclosures will enhance the counseling process or provide necessary protection for the minor.
5. The information may be disclosed to other counselors representing CLM, as part of the normal assistance that the counselors give to each other in their work.

I have fully read this statement. I understand and agree with what I have read. I have executed this statement as my free and voluntary act on this _____ day of _____, 20 ____ .

Signature of Witness

Signature of Client

Counseling Overview

As you begin counseling at Christian Life Ministries we want to welcome you and help you get acquainted with us. CLM is a non-profit Biblical counseling ministry. When we say "Biblical Counseling" we mean that the Bible is the foundation of our counseling. We believe the Bible to be God's inherent Word to man and is entirely sufficient for all of life.

Your counselor will be chosen with your best interests at heart, as our desire is to see God's best for your life. The fee for your counseling will be payable at each session. Your counselor will give you assignments to complete between sessions to help in the counseling process. Material costs are in addition to the amount pledged by you for counseling services. Costs may be for cassette tapes (\$2.00), CD's (\$5.00), and/or books as appropriately priced. Any recommended books may be purchased at CLM or at your local bookstore.

If you need to cancel an appointment please give us as much advanced notice as possible. This will allow us to offer this appointment time to someone else. If you have any questions please contact us.

Childcare arrangements

We ask that you make arrangements for the supervision and care of your young children during your counseling appointments. No staff will be available to supervise or care for your children. There is also no safe play area for children. The counselors prefer that children not be present during counseling sessions. Older children who do not require care or supervision are welcome to wait for you in our waiting room.

Counseling Goals

There is an old saying which in effect says, "If you don't know where you are going, then any old road will do." We believe that God's purpose for all people is *to glorify and enjoy Him* forever. (I Corinthians 10:31) This requires a relationship built on the truth. Our desire for you is that you would know God as He really is – loving and sovereign, caring and in control, "with a plan for our welfare and not for calamity to give a future and a hope." (Jeremiah 29:11) The road on which we will be traveling to reach this goal is God's Word. His written word is the source of authority in all counseling done at CLM.

In II Timothy 3:16-17 God tells us that His written Word shows us the road to life, where and why we've gotten off it, and how to get back on it and stay on it. We are not here to give you a religion but instead help you develop a relationship whereby you walk the road of life with the Author of life.

Hopefully this gives you an idea of where our counselors want to go with you, and the road they are committed to traveling.

CLM hours of operation

Monday	8:00AM – 5:00PM
Tuesday:	8:00AM – 6:00PM
Wednesday:	8:30AM – 5:00PM
Thursday:	8:00AM – 5:00PM
Friday:	8:00AM – 12:00PM

Some early morning and early evening appointment times are available under special arrangements.