



info@creatingfamily.org

P.O. Box 101, Holly Springs, North Carolina 27540

Confidential Case History Questionnaire

(Please complete all three pages, printing clearly. If additional space is needed feel free to write on the back.)

Client Name: _____
First Middle Last Email

Marital Status ___ Married ___ Divorced ___ Separated ___ Single ___ Widowed
First Middle Last

Spouse's Name, if applicable: _____

Children's Name(s) and Ages, if applicable: _____

Address: _____
Street City State Zip

Phone: _____
Home Work Cell

Employer: _____ Duties: _____

Previous Counseling: When? _____ Where? _____

Current Medications & Dosage: _____

Monitoring Physician: _____

Primary Care Physician: _____

Have you ever been hospitalized for emotional reasons? ___ Yes ___ No

Have you ever had a serious head injury? ___ Yes ___ No If yes when/outcome:



Please take some time to reflect on the answers to each of the following questions.

Briefly describe your relationship with members of your family of origin. If any family member is deceased, describe your current feelings about your past relationship. Use the back of the sheet to complete your answer if necessary.

(Father)_____

(Mother)_____

(Siblings)_____

Where are you in the birth order? (Check all that apply)

Oldest Youngest Middle Only Twin Adopted

List any other significant caretakers (grandparents, aunts, uncles, nannies, babysitters, etc.) and describe your feelings about the relationship.

Describe your feelings about your relationship with your spouse._____

Generational History: Is there any significant genetic history / family history from previous generations, including any mental health diagnosis?

If previously married, describe your relationship with your ex-spouse during the marriage and your understanding of why the relationship ended.

What dysfunctions impede healthy relationships with your family?_____



What is your earliest memory? _____

What is your happiest memory? _____

What is your saddest memory? _____

Describe any major losses in your life (including deaths, child loss, major disappointments, etc.)

Have you ever known anyone who attempted or committed suicide? _____

Have you ever thought of suicide? What happened? _____

Describe briefly how you feel about your eating habits. _____

Do you engage in any physical exercise? ___Yes ___No Explain: _____

As a Christian counseling ministry, we would ask for a brief description of your relationship with God.

Have you ever been involved in occult activities? ___Yes ___No If yes, explain:

Is there any additional information you feel your counselor should have?



Policies and Procedures

As a Christian counseling ministry, Creating Family believes all healing, whether spiritual, physical, or emotional comes from God. Our counseling focus is on individual, marriage, and family through the process of inner healing. Creating Family focuses on the process of integrating one's faith and science.

Appointments and Clinical Hour: Appointments may be scheduled from 10 A.M. to 5:00 P.M. throughout the week. For scheduling purposes and courtesy to other clients, each session is one hour (60 minutes) in length, with the exception of the initial intake session. It is a two-hour session (billed as two hours), allowing sufficient time to review your case and begin the counseling process. Occasionally a session will run past the scheduled time. When this happens, the client will be billed per half hour. Therefore we ask for your patience if you are waiting when this occurs. You will be given your full time for each session.

It is our goal to assist each client in becoming functional as soon as possible, while keeping the cost of counseling down. Therefore we ask that specific issues that have developed between sessions be addressed at the beginning of the session with the counselor. This will provide adequate time to deal with the issues and the emotional content. If emergencies arise between sessions, please call 330-573-8519. Messages are checked regularly throughout the day. We will get back to you as soon as possible.

No-Show Policy: In the event that a client fails to keep an appointment, 50% of the hourly rate will be billed to his/her account, but not less than \$35. Please notify us of the need to cancel your appointment 24 hours in advance. In this way we will make every effort to respect and show courtesy to others waiting for counseling services. We understand that emergency situations sometimes arise. We will accommodate you as best we are able.



PRIVACY NOTICE

Any changes to this policy will be posted. Concerns or questions regarding this policy may be directed to the office manager at 330-573-8519.

If you wish other parties to have access to your information, please list names here:

Creating Family does NOT bill insurance companies.

Information shared in counseling and maintained in your file will not be disclosed without your written authorization for purposes needed in your treatment and care.

I have read and understand the Privacy Policy above. Date _____

PRINTED NAME _____

SIGNATURE _____



Fee Policy/Sliding Scale

It is our policy to make quality counseling available at a reasonable cost to the client. As a tax-exempt, not-for-profit organization, we attempt to supplement the fees paid with private contributions. Therefore we offer the following:

Gross Household Income	Check One	\$/Hour
\$0 - \$35,000	_____	\$75.00
\$36,000 - \$50,000	_____	\$90.00
\$51,000 - \$75,000	_____	\$105.00
\$76,000 - \$100,000	_____	\$120.00
\$101,000 - \$150,000	_____	\$135.00
\$151,000+	_____	\$150.00

Note: In some situations, individuals and couples may not currently have monthly income, but do have access to income from family assets. If so, the following fee scale applies:

\$0 - \$100,000	_____	\$90.00
\$101,000 - \$250,000	_____	\$120.00
\$251,000 - \$500,000	_____	\$150.00
\$501,000+	_____	\$180.00

Creating Family does not bill insurances. Therefore fees are set below reasonable and customary rates. Although federal laws have been enacted in an effort to protect the clients' privacy with insurance companies, by not billing an insurance company we can further assure your privacy. If you desire, we will provide you with a receipt for services on *Creating Family* letterhead.

By signing this form, I am agreeing to all of the above provisions.

Name (Please print) _____

Signature _____ Date _____



