

Anchor of Hope Ministries

To be completed by teenager. Please answer all questions. Use the back to explain any answer. You will have a chance to explain any answer as this will be used as a starting point in our first session. *PLEASE READ the **Teen Disclosure Statement** on page 4 before filling out this form.

Teen Information Form

Name: _____	Date: _____	
Nickname/Name you want to be called: _____		
Home Address: _____		
City: _____	State: _____ Zip: _____	
Home Phone: _____	Cell Phone: _____	
Birth Date: _____	Age: _____	Gender: _____
Please enter complete e-mail address: _____		
Does anyone else have access to your e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Living Arrangement

Parents One Parent Different according to time Guardian

Parent's/Guardian's Names: _____

Siblings: *Circle your place in the family.*

#1 M F Age ____ #2 M F Age ____ #3 M F Age ____ #4 M F Age ____ #5 M F Age ____

If you were raised by someone other than your birth parents, describe the situation in some detail. _____

Where do you go to school? _____

Highest Grade Completed _____

Are you employed/where? _____ Do you enjoy your job? Yes No

Religious upbringing: _____ Parents Affiliation _____

Name of Church you attend (*If Applicable*): _____

Is this an important part of your life? _____ Why/why not? _____

Counseling Purpose & History

Did you participate in the decision to start counseling? Yes No

Please describe what you believe to be the primary purpose for counseling at this time.

What do you hope to gain through counseling?

What have you already done to deal with the difficulties you are facing?

Have you had any previous counseling help in the past? *Please check all that apply.*

Individual counseling

If yes, when and where did you receive counseling and what were the issues:

Group Counseling

If yes, what kind of group and what specific issues were covered:

Hospitalization(s)

If yes, when were you admitted and for what issues:

List any medications and dosages you have used or are currently taking:

Please list any significant health problems for which you have been treated in the past and then place a check by those problems for which you are currently being treated:

List any serious or chronic illness, operations, or traumatic accidents you have had:

Are you currently, or have you at any time within the last 12 months been under the care of a physician? Yes No

If so, for what condition? _____

Personal History

Do you exercise? Yes No

How many times per week? _____ For how long? _____

Do you smoke cigarettes? Yes No How many per day? _____

Do you consume alcohol? Yes No

If Yes, how many drinks per: Day _____ Week _____

Do you take any non-prescribed (*recreational*) drugs? Yes No

If yes, what and how often? _____

What are your strengths and passions? _____

Who do you feel supports you? (*family, friends, teachers, etc.*) _____

What do you do together as a family? _____

What do you like about your family? What strengths do you enjoy? _____

How do you usually manage stress in your life? _____

Describe two of these negative feelings and how they affect you: (*fear, anger, disgust, sadness, shame, hopeless despair/depression*) _____

Personal Agreement

I understand that I may be asked to do certain “homework exercises” such as reading, praying, changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling.

I further understand that much of the work done will be to resolve issues and will depend on my honesty, and willingness to do the things I need to do to move forward even if it is painful and difficult.

I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse, harm to myself or others.

I understand that I will pay in full for appointments not canceled with 24 hours notice. The rate is \$65/hr.

_____ (*client signature and date*)

As your therapist/counselor, you honor me by sharing your life and growth with me. I will not hide myself behind silence or position and will have high regard for you as a person. I will bring the best that I know from my study and experience. I will bring you the highest of my insight, wisdom, and spiritual guidance.

I will keep a holistic perspective in our work together because I believe that the Physical, Spiritual, and Soul (mind, will, emotions) all work together to form the wholly healthy person.

You can expect truth from me even when you may not want to hear it. I will always have compassion and empathy for you in all that we do. I value you as a person in need of care. I will do my best to honor that.

Patricia Byrnes

Counselor

Teen Disclosure Statement

IMPORTANT DISCLOSURE

Interactions between client and counselor are confidential. Unless I have permission from you, what we talk about will be private; I will not discuss it with anyone else. Our discussion will be private and confidential, even though you may not mind if your parents know about the issues we will talk over in the office. If you desire to disclose information to your parents/guardians that is discussed in our office during your session, we encourage you to do so. We will not unless any of the following exceptions apply.

Exceptions:

There are four major exceptions to confidentiality that Colorado law requires all counselors and mental health professionals to report:

1. Incidences of child or elder abuse or neglect.
2. Intent to commit suicide.
3. Threats to do harm to yourself or another person.
4. Court order

If you have any questions concerning these exceptions, please ask before we begin our counseling sessions.

Client (print name) _____

(signature) _____ Date _____

Parent (print name) _____

(signature) _____ Date _____

Counselor (signature) _____ Date _____

Fees & Method of Payment

Anchor of Hope is committed to affordable counseling. Our fees are calculated by one hour sessions and are **\$65.00** per session. Payment is expected on the day of your session. Thanks to the generosity of business partners and other individual supporters, we are able to consider financial assistance if you encounter financial difficulties at any time during counseling. Please discuss your situation with your counselor. Fees are due and payable on session date. *We accept cash or checks.*

