

Alan D. Walker, MA
A Masters Level Christian Counselor

PERSONAL INFORMATION INVENTORY

Please complete this inventory as carefully as possible. Answer each item that applies to you. **All information you provide will be treated confidentially and will become part of your record.** If you have a question about a question, please put a mark by it and ask your counselor when it is complete.

Name: _____ Date: _____

Home address: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Sex: ____ Date of Birth: _____ Age: _____

E-Mail Address: _____

Occupation: _____ Hours Per Week: _____

Employed by: _____

Referred here by: _____ Phone: _____

Referral's Address: _____

Emergency Contact: _____ Phone: _____

Contact's Address: _____

MARRIAGE INFORMATION (Circle one)

Single Engaged Married Separated Divorced Remarried

Living Together Widowed

Please list your relationships below. List your children beginning with the oldest. (Place a check by the child's name if from a previous marriage.)

Relationship	Name	Age	Grade/Occupation
SPOUSE	_____	_____	_____
EX-SPOUSE	_____	_____	_____
CHILDREN	_____	_____	_____
(or siblings if	_____	_____	_____
under 18)	_____	_____	_____
MOTHER	_____	_____	_____
FATHER	_____	_____	_____

Year married: _____ How long did you date? _____

How did you meet? _____

Have you been married before? _____
Number of divorces? _____ How long divorced? _____

FAMILY INFORMATION

Father living? Yes _____ No _____ Mother living? Yes _____ No _____
If so, where do they live? _____

What kind of relationship do/did you have with your father? (Circle one)
Excellent Good Fair Poor NonExistent

What kind of relationship do/did you have with your mother? (Circle one)
Excellent Good Fair Poor NonExistent

Did anyone else have a role in your upbringing? (If so, who and why): _____

How many children are/were in your family? (Brothers and sisters) _____

What child are you by number? (Circle one)
Oldest 2nd 3rd 4th 5th 6th Youngest Other

EDUCATION

Highest level/grade of education completed:
Not complete High school Some College AA Degree
College (Major: _____) Graduate (Major: _____)

How well did you do in elementary school? _____

How well did you do in high school? _____

How well did you do in college? _____

How well did you do in graduate school? _____

RELIGION/FAITH

Religious affiliation: _____

Church/Synagogue name: _____

Circle your level of church activity: **Active** **Inactive**

Briefly describe how important your faith is to you: _____

Do you want a Christian counseling approach?	Yes	No
Do you want the counselor to pray with you?	Yes	No

HEALTH

Health status: **Excellent Good Average Poor Very Poor**

Height: _____ **Weight:** _____

Have you **gained** or **lost** any weight in last six months? (Circle one) How much? _____

Described any physical problems you have that require medication or physical care:

Have you recently had an injury to your head as a result of a fall or automobile accident? _____

Are you currently under a doctor's care? _____ If yes, please describe: _____

Physician's Name: _____ Address: _____

If you are currently taking any medications, please complete below:

Name of Medication	Dosage	Date Prescribed	By Whom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever used drugs other than for medical purposes? _____
If yes, what and when? _____

Please describe your use of alcoholic beverages:

Never 1-4 times per year 1-2 times per month 1-2 times per week
4 times per week Daily

What medical and emotional problems existed in your family in which you grew up?

Have you previously had counseling/therapy? **Yes No**

When? _____

With whom? _____ For how long? _____

Why did you stop? _____

PRESENTING PROBLEM(S)

In your own words, briefly describe the main problem that prompted you to seek counseling at this time: _____

How long have you had this problem? _____

Have there been times when the problems got better or disappeared? **Yes** **No**

If so, when? _____

Were there times when the problem was especially bad? **Yes** **No**

When? _____

What made it bad? _____

Are there other people who play a role in: **Causing your problem?** **Helping your problem?**

Briefly explain: _____

Please check any of the following that are currently troubling you. Put **two** checks by those items that are most important. You may add any comments you would like:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abortion/Adoption | <input type="checkbox"/> Father | <input type="checkbox"/> Pride |
| <input type="checkbox"/> Adjustment problem | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Anger/Temper | <input type="checkbox"/> Fear | <input type="checkbox"/> Rebellion |
| <input type="checkbox"/> Anxiety (worry) | <input type="checkbox"/> Finances | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Apathy (the blahs) | <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Religion/Spiritual Issues |
| <input type="checkbox"/> Assertiveness | <input type="checkbox"/> Frustration | <input type="checkbox"/> Repetitive ideas |
| <input type="checkbox"/> Bitterness (Resentment) | <input type="checkbox"/> Guilt | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Breathing difficulty | <input type="checkbox"/> Health | <input type="checkbox"/> Separation |
| <input type="checkbox"/> Change of lifestyle | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Children (discipline) | <input type="checkbox"/> Honesty | <input type="checkbox"/> Shy/awkward |
| <input type="checkbox"/> Children (school) | <input type="checkbox"/> Impotence | <input type="checkbox"/> Single Parenting |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Inability to relax | <input type="checkbox"/> Sleep problem |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> In-laws | <input type="checkbox"/> Spouse abuse |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Irritability | <input type="checkbox"/> Stomach/GI issues |
| <input type="checkbox"/> Death of loved one | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Dependent on Others | <input type="checkbox"/> Loss of interest | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Loss of pleasure | <input type="checkbox"/> Substance use in Family |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Lust | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Mother | <input type="checkbox"/> Suspiciousness |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Marriage | <input type="checkbox"/> Troubling memories |
| <input type="checkbox"/> Envy (jealousy) | <input type="checkbox"/> Memory difficulty | <input type="checkbox"/> Troubling habit |
| <input type="checkbox"/> Exhaustion | <input type="checkbox"/> Muscle tension | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Occupation Issue | |
| <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Opposite sex | |
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Overactivity | |
| | <input type="checkbox"/> Perfectionism | |

- _____ Underactivity
- _____ Unfairly treated
- _____ Unusual
experiences
- _____ Wish to hurt some

- _____ Withdrawal

How did you hear about this counseling program? _____

Personal Agreements

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.

_____ (client signature and date)

An Explanation of my Counseling Practice

Alan is a Master-Level, Board Certified Pastoral Counselor (BCPC #941). Alan is not licensed with the Board of Professional Counseling in the State of Oregon. I am a member of **The American Association of Christian Counselors (AACC), The American Association of Chaplain Counselors, as well as the American Association of Marriage and Family Counselors.** As such I adhere strictly to the "Code of Ethics" of the AACC, which I will provide for you upon request. Even though we may have already talked briefly about the following on the phone, it is important that you as the client are aware of the following (**after reading the following 6 statements please check the box if you understand**):

1. A commonly asked question is whether the counselee must be a Christian or attend a Church. This is not necessary, although, the Counselor has a Christian Worldview.
2. My method of counseling is solution focused. This means we may meet up to, but not limited to 12 times, each consisting of about 60 minutes in length, generally on a weekly or bi-monthly basis. Following the 12th session, we will discuss if other sessions are necessary.
3. I will extend a referral to another MHP, if I conclude due to my education or experience, I am not qualified to continue to meet with you.
4. As the counselee, you have the right to discontinue the sessions at any time. A 24-hour notice would be appreciated.
5. 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.
6. **I do not bill insurance for my counseling practice.** My current rate is \$125.00 for the Intake or first session. Following that, the sessions are \$90.00. If there is a reason why this may be difficult for you, I would be happy to discuss it. **Payment is expected following the counseling session unless other arrangements have been made.** Unless otherwise arranged.

Alan D. Walker, MA

Informed Consent with Confidentiality

Alan D. Walker, MAPC

COUNSELING AGREEMENT

To be fully informed about the counseling you will be receiving, please read through this following agreement, sign and date it at the bottom. This form must be signed, and the intake form must be completed and returned to the office before the first session. (Note to couples: Everyone should fill out their own set of forms.)

DESCRIPTION OF PASTORAL CHRISTIAN COUNSELING:

The goal of this counseling is to help an individual consider and work with the counselor concerning their current struggles in the context of a confidential, caring environment. A Christian Counselor relies on Scripture as the sole authority for faith and conduct and recognizes that lasting change is the result of the power of God, the grace of Christ and the indwelling ministry of the Holy Spirit. Guided by biblical principles, the Counselors role is to utilize guided questioning, empathetic support, problem definition, reflection/reading assignments, encouragement, and prayer to provide wise, biblical and faithful counsel to those who are hurting and in need.

QUALIFICATIONS: Alan Walker, received his B.A in Theology from Boise Bible College. He holds a Masters Degree in Pastoral Counseling from Liberty University. Alan has been counseling for over 35 years. Alan is Board Certified by the Board of Christian Professional and Pastoral Counselors (BCPC #941).

REFERRAL POLICY/DISCLAIMER

After reviewing the intake form, we will determine whether we feel we can provide you with the appropriate services and level of care needed. Clients will be referred outside of the Pastoral Counseling Center when treatment required is beyond the scope of care available here.

CLIENT EXPECTATIONS

Please plan to arrive **10 minutes prior** to your appointment so the session can begin on time. You may be asked to complete homework assignments or purchase a book to be read in conjunction with your counseling. In addition, prayer, Scripture reading or memorization may be utilized as part of the counseling process. Your commitment to the counseling process will greatly determine the outcome of your experience.

CONFIDENTIALITY.

Your counselor will adhere to commonly accepted codes of privacy and confidentiality in counseling ethics. There are situations, however, in which the law requires that certain information can be revealed without your consent. Upon the discretion of the counselor, if there is any indication that you may be a danger to yourself or others, or are involved in the abusing of a minor, your information may be disclosed to appropriate mental health services or law enforcement.

RIGHTS AS A CLIENT

- 1. You are entitled to information about any procedures, methods of counseling, techniques and possible duration of therapy.**
- 2. You have the right to end counseling at any time without any moral, legal or financial obligations other than those already accrued.**
- 3. You have the right to expect confidentiality within the limits described.**
- 4. You have the right to authorize your counselor to consult with another professional about your therapy in writing.**

CONTACTING THE PASTORAL COUNSELING CENTER

To schedule an appointment, please email Alan at **AlanWalkerPACO@gmail.com**. If you need to cancel or reschedule your appointment, please email Alan or call 541-817-6271 and leave a message. For emergencies after-hours, please call 911, or go to your local emergency room. **Please note there may be a charge of ½ the cost of the session for failure to cancel your appointment within 24 hours.**

By signing below, you are acknowledging that you understand and accept the guidelines stated above.

Signed _____ Date _____
Witness _____ Date _____