

**Greg Griffin Christian Counseling
Client Information Sheet- Youth**

Today's date _____

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ parent e mail _____

Telephone (Parent) _____ (You) _____

Education level completed _____ Faith background (if any) _____

Are you currently involved in a faith community? _____ If so, where _____

Mother's name _____ age _____ deceased? _____

Father's name _____ age _____ deceased? _____

Stepmother's name(s) _____ age _____ deceased? _____

Stepfather's name(s) _____ age _____ deceased? _____

Other adult family member living with you _____ age _____

Other adult family member living with you _____ age _____

Brothers and Sisters

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Have you received counseling before? _____ If so, when? _____

Are you taking any medication? _____

What is the specific issue or concern for counseling at this time?

Are you open to God's solution? Yes No Unsure at this point (circle one)

Greg Griffin Christian Counseling
Rev. Greg Griffin, M.A., Board Certified Pastoral Counselor

Board of Examiners for GA Christian Counselors and Therapists certification #P05093169

3827 Roswell Road, 100-C, Marietta, GA 30062
770-310-7190

Methodology

My counseling approach is Christ-centered, and based upon the relational truths found in the Bible. Therefore, healing is a spiritual journey, which will ultimately manifest itself in thought and subsequent behavior. As a client, you are encouraged to raise any questions you may have. You may choose to end counseling at any time.

Confidentiality Covenant

The communication between client and counselor is considered confidential except as where required by law, i.e., where there is a threat of serious harm to self or others, such as child abuse, suicide or homicide.

To aid your counselor, you agree by signing this document that written records of your counseling sessions may be read by your counselor's clinical consultant, or other counselor as deemed appropriate and necessary. After you sign this, you have the right to revoke it by writing a letter to your counselor stating you no longer give your consent, and your counselor will comply with your wishes about using that information going forward. Whatever information that may have been shared at that point will of course, be exempt.

I have read the proceeding information, understand my rights as a client, and give permission for my counselor to receive supervision regarding my care.

Signature of parent/guardian

Date

Printed name of parent/guardian

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Financial Agreement

Please read the following information concerning fees and appointments.

- **Counseling fees of \$110 are due at the end of each session, unless prior alternate arrangements are made.**
- **There is a \$55 charge for rescheduling without a 24 hour notice.**
- **Missed sessions with no notice will incur a full session charge.**

Thank you for making the effort to keep your appointments.

Signed _____

Date _____