



177 SW Oak St. Dallas, OR 97338
(503) 917-1625

CLIENT INFORMATION

Name _____ Today's Date _____

Birth Date _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email Address _____

Highest grade/degree completed in school and in what year? _____

Place and length of employment _____

If you could be anything or anyone you wanted, who or what would you be? (Be specific)

MARITAL STATUS

Single _____ Married _____ Divorced _____ Separated _____ Widow(er) _____ Cohabiting _____

Spouse/Partner's Name _____ How long together? _____

Spouse/Partner's Occupation _____ Employer _____

Describe your relationship with your spouse _____

If previously married, please give dates and why it was dissolved _____

Briefly describe your children; ages, etc. _____

How many live at home from present marriage? _____ From previous marriage? _____



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Family History

Brothers ages: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____
Sisters ages: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Circle your placement: 1 2 3 4 5 6 7 8 9 10 11 12

What kind of relationship did/do you have with your brothers and sisters? _____

How old were you when you left your parental home and why? _____

What kind of relationship did/do you have with your father and mother? _____

Was your parental home broken? _____ If yes, give your age and how you felt. _____

Did your father remarry? _____ Your age then? _____

Did your mother remarry? _____ Your age then? _____

How did/do you feel about your stepparent(s)? _____

Presently, I believe my spiritual condition is: poor fair average good excellent

Presently, I believe my physical condition is: poor fair average good excellent



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Presently, I believe my emotional condition is: poor fair average good excellent

Physical Inventory

I believe my overall general health is: poor _____ fair _____ good _____ excellent _____

I generally sleep _____ hours a night.

Date of your most recent physical exam: _____

Name of your physician: _____

List the names/purposes of medications or vitamins currently taking: _____

Do you have any disorders? _____

Is there a family history of disease or addiction? If yes, what and whom? _____

List any allergies: _____

Other physical problems: _____

Please answer YES or NO:

_____ I exercise on a regular basis.

_____ I eat foods that are healthy.

_____ I eat balanced meals on a regular basis.

_____ I eat junk food on a regular basis.

_____ I drink coffee. How much? _____ How often? _____

_____ I drink alcohol. How much? _____ How often? _____

_____ I smoke. How much per day? _____



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_____ I have a complete physical exam yearly.

_____ I have periodic dental exams.

Personal Information

If a female, have you had any discontinued pregnancies, abortions, or been involved with someone who has had an abortion? Please explain: _____

If a male, have you ever been involved with someone who has had an abortion? _____

Please explain: _____

Have you ever been institutionalized for any problem? _____ If yes, please explain. _____

Have you ever been arrested for something other than a traffic violation? _____ If yes, please explain:

Have you ever been involved with any activities associated with the occult? If yes, please explain, this would include Ouija boards, palm/psychic readings, tarot cards, new age religion, witchcraft:

Do you look forward to the future? _____

Circle the time period you think about the most: Past Present Future

Circle how you feel about the past: Guilty Bitter Confused Hurt Okay Good

Spiritual Inventory

Religion raised in? _____

Where are you attending now? _____

What is your pastor's name? _____



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What type of church attendee are you?

Regular _____ Frequent _____ Occasional _____ Infrequent _____ I do not attend church _____

Are you a Christian? Yes _____ No _____ Not sure _____

Please answer Yes or No if you are not sure, please put a question mark.

_____ I believe that God loves me.

_____ I believe that God has forgiven all my sins.

_____ I know that I am going to heaven.

_____ I know that I do not have to work to earn God's love.

_____ I spend time each day reading the Holy Scriptures.

_____ I take time to pray every day.

_____ I believe that God is angry with me.

_____ I am angry with God.

_____ God is never there when I need him.

_____ I feel unworthy to be God's child.

_____ I know that God forgives me if I ask.

_____ I believe that I have an intimate relationship with God.



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Circle experiences you have had in the **Past**.

Place a **check** next to what you are experiencing in the **Present**.

- | | | |
|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Loss of faith in self | <input type="checkbox"/> Impotency |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Loss of faith in others | <input type="checkbox"/> Bitterness |
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Feelings of going crazy | <input type="checkbox"/> Religious Doubts |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Loss of faith in God | <input type="checkbox"/> Marriage Problems |
| <input type="checkbox"/> Sexual concerns | <input type="checkbox"/> Loss of hope | <input type="checkbox"/> Loss of meaning |
| <input type="checkbox"/> Loss of love | <input type="checkbox"/> Feelings of running away | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Excessive stress | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Fantasizing |
| <input type="checkbox"/> Crying spells | <input type="checkbox"/> Appetite change | <input type="checkbox"/> Acting out violence |
| <input type="checkbox"/> Indecisiveness | <input type="checkbox"/> Weight loss or gain | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Loss of self-respect | <input type="checkbox"/> Anger with God | <input type="checkbox"/> Hatred |
| <input type="checkbox"/> Loss of feelings/thoughts | <input type="checkbox"/> Broken relationships | <input type="checkbox"/> Worry |
| <input type="checkbox"/> Moods high or low | <input type="checkbox"/> Addictive behaviors | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Blaming others frequently | <input type="checkbox"/> Lack of sexual awareness | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Frequent residence change | <input type="checkbox"/> Hearing unseen voices | <input type="checkbox"/> Hearing unseen voice |
| <input type="checkbox"/> Inability to express self | <input type="checkbox"/> Frequent employment change | |

Physical Emotional Sexual abuse or molestation by others

Physical Emotional Sexual abuse or molestation to others

Physical Emotional Sexual abuse to yourself

This detailed information will allow me to understand your past and present in greater detail as we work together to bring healing and freedom to move forward in life. All information is kept in strictest confidentiality as required by the client and counselor privileged relationship.



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Jennika Padilla #19393
NCCA Licensed Clinical Pastoral Counselor,
Certified Temperament Counselor

Initial Intake Questions

Name _____

Date _____

1. What brings you here at this time?

2. What have you done about it?

3. Have you ever had any counseling or therapy before? If yes, please list dates, counselor, and the outcome.

4. What are your expectations in coming here?

5. Is there any other information I should know?

6. Why have you chosen a Christian therapist?

How were you referred to Cross and Crown Counseling? (newspaper, phone book, friend) _____

The information asked above and on subsequent forms is to allow me to more quickly understand you and your reason for requesting counseling and to enable me to help you more expediently. All information is held in the strictest confidence and cannot be divulged to anyone without your written permission.



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Informed Consent and Confidentiality Agreement

Jennika Padilla #19393

I, _____ have been informed by Jennika Padilla that Biblical Counseling and spiritual growth guidance are being provided and:

1. That Jennika Padilla is an Ordained Minister of the Gospel and is a N.C.C.A. Licensed Pastoral Counselor and Certified Temperament Counselor by the National Christian Counselors Association, license #19393.
2. Professional Christian counselors who are acting in a pastoral capacity are considered to be "Mental Health Professionals". This category may include church counseling staff, independent Christian counseling agencies, as well as commissioned or ordained Christian counselors.
3. The state of Oregon mandates that "all professionals must report or cause a report to be made and can not keep silent on the grounds of confidentiality or privileged communication," the following:
 - When a disclosure indicates a counselee may cause danger to self,
 - When a disclosure indicates a counselee may pose a danger to others, or
 - Child abuse.
4. That the counselee desires to take advantage of the Counselors services and training, and understands that the Bible will be the foundational basis for all counseling.
5. That the counselee also understands that he or she is responsible for any decisions the counselee makes regarding his or her life.
6. That Jennika Padilla has explained fully to me, the counselee, all of the above prior to entering in to any counseling or disclosure.
7. That I freely and willingly accept and agree to abide by this Informed Consent as presented.

I also understand that all written and verbal information provided to the counselor throughout the duration of therapy services will be maintained under the strictest confidences unless disregarded by circumstances listed above in statement number three.

Signature of Counselee

Date

Signature of Counselor

Date



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HEALTH INFORMED CONSENT

Jennika Padilla #19393

I, _____ have been informed by Jennika Padilla that Biblical Counseling and spiritual growth guidance are being provided and:

1. That Jennika Padilla is an N.C.C.A. Licensed Pastoral Counselor; licensed by the National Christian Counselors Association, license #19393. She is also Licensed Minister of the Gospel.
2. That Jennika Padilla is not a medical doctor, she does not diagnose, or prescribe or cure any ailments mental or physical.
3. That Jennika Padilla, in obedience to the Word of God disciple's clients in walking in freedom in Christ. The Word of God says that "...that you would prosper, even as your soul prospers." Therefore Jennika teaches her clients how to prosper (heal, grow, and be at peace inside themselves).
4. That Jennika Padilla educates on issues of the soul, including relational, emotional, and brain health. The Word of God, says that He has given us every plant for healing, and the leaves of the trees are for the healing of the nations. Therefore, it is pastoral care for Jennika to encourage and educate on soul care using nutrition and supplement information. She is not diagnosing, prescribing or curing anything. But only educating, so the client can make an informed decision about their own soul health.
5. That you, the client, must do due diligence to confirm with your medical doctor that anything suggested, through this education, by Jennika, is approved by your doctor, and that Jennika is not responsible for any choice you make from the education she gives you.

Signature of Counselee

Date

Signature of Counselor

Date



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Cross and Crown Counseling Appointment Cancellation Policy

I, _____ have been informed by Cross and Crown Counseling of a 24 hour cancellation policy. I understand I can email a cancellation, cancel through the appointment scheduler online or leave a phone message. I also understand that if I cancel less than 24 hours of my appointment I will be charged a \$35.00 cancellation fee unless the cancellation was due to a true crisis situation.

Signature of Counselee

Date

Signature of Counselor

Date



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CROSS AND CROWN COUNSELING FINANCIAL MATTERS

Dear Friends,

We have a heart's desire to assist you with the help of the Lord, the Word of God, our professional training and life experiences. To keep this ministry continuing for you and others, please review the following:

The normal cost for private counseling at this level is \$105 per session. If you have an adequate household monthly income of \$4,800 or higher, we appreciate your support in that amount. For those who have lower incomes, you may refer to the sliding scale to determine your session fee. We request all clients to complete an online Temperament Profile questionnaire. The fee for the profile is \$55.

Payments are due at the time of the session. You can pay by cash, check, debit or credit card. Payment arrangements can be made for the Temperament Profile if needed.

A 24 hour cancellation notice is expected unless there are extreme or unforeseeable circumstances. If cancellation is made less than 24 hours prior to the session a \$ 35 late cancellation fee will apply. Please contact us as soon as possible if you need to reschedule your appointment.

Weekly Net Wages	Session Fee per Hour
\$ 1,200 or above	\$105
\$ 1,100 to \$1,200	\$95
\$ 1,000 to \$1,100	\$85
\$ 900 to \$1,000	\$75
\$ 800 to \$900	\$65
\$ 600 to \$800	\$55
\$ 400 to \$600	\$45
\$ Below \$400	\$35
Temperament Profiles	\$55

Date: _____

Client Signature: _____

Counselor Signature: _____