

# Barnabas Center

1831 N. Knoxville Ave. Peoria, IL 61603

Ph: 309.688.9282



Peoria Rescue Ministries

## Personal Information

(Please print)

Your Name (First, Middle, Last)

Date of Birth

Preferred Name

Address

Apt#

City State Zip Cell # - - Messages OK?  
Y  N

Email Daytime # - - Messages OK?  
Y  N

Gender  M  F Race (optional)

Marital Status  Single  Married  Separated  Divorced  Widowed

Employed at  Homemaker  Unemployed  Full-time Student  Part-time Student

Spouse Name

Address

Apt#

City State Zip code Cell # - -

Email Other # - -

Date of Present Marriage

Number of Marriages

Referred to Barnabas Center by:

## In Case of Emergency

Emergency Contact Name

Relationship to Client

Daytime # - -

## Health

Please describe your physical health (Include all medical conditions)

Please describe your mental/emotional health

Please list any previous counseling or dates of counseling

Current Medications

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## Religious

What is your religious background?

What church are you now attending?

Religious background of spouse (if married)

Do you consider yourself to be a Christian?  Yes  No  Unsure

## Family

Child's Name (Please list even if they live in a different home)	Birth date	Gender	Living (Y/N)	Education In Years	In the same home? (Y/N)
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## Counseling Information

What is the main problem as you see it?

How long have you dealt with this problem?

What have you done about it up until now?

What are your goals for counseling?

Signed

Date

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## Informed Consent

(Please print)

You should feel free to:

- Actively set your goals for counseling.
- Contribute to and refine the treatment plan used by your counselor.
- Ask any questions about your mental health condition and the counseling techniques being used to address it.
- Express your opinions (both positive and negative) about your counselor's suggestions.
- Ask about all treatment choices that are available to you.
- Give or withhold your permission, in writing, for your counselor to communicate with anyone outside the therapy relationship (including your physician).
- Ask for a referral if, at any time, you do not believe you're getting the help you need.

You have the right to:

- Be treated with dignity and respect.
- Choose among various treatment options that can be used to deal with your issues.
- Know the risks and benefits of any counseling techniques used in your treatment.
- Know the clinical guidelines used in providing and managing your care.
- Know your counselor's education/training, licensure, and clinical specialties.

We, in turn, expect:

- You will treat Barnabas Center staff members with dignity and respect.
- You will be in charge of scheduling your own appointments and keeping them scheduled into the future appropriately.
- You will arrive for your appointments on time.
- You will, whenever possible, give us at least 24-hour notice if you need to miss an appointment. Repeated missed appointments ("no-shows") will be grounds for termination of counseling.
- You will be open and candid with your counselor. You have a responsibility to give your counselor information needed so you can receive the best possible care.
- You will let your counselor know when you have concerns with the treatment plan.
- You will ask questions about your care so you can better understand your counselor's role in that care.
- You will follow the plan and instructions for care, as agreed upon between you and your counselor.

BY ENTERING INTO THIS COUNSELING ARRANGEMENT, YOU GIVE CONSENT TO BE TREATED BY YOUR COUNSELOR. FAILURE TO FOLLOW THE GUIDELINES STATED ABOVE WILL COMPROMISE YOUR TREATMENT AT BARNABAS CENTER AND MAY MEAN WE WILL RECOMMEND A REFERRAL TO A COUNSELOR OUTSIDE OF BARNABAS CENTER.

Signature of Client or Parent/Guardian

Date

Please complete reverse side.

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## Confidentiality and Emergency Situations:

Your verbal communication and clinical records are strictly confidential except for:

1. Information you and /or your child or children report about physical or sexual abuse; then, by Illinois State Law, I am obligated to report this to the Department of Children and Family Services.
2. When you sign a release of information to have specific information shared.
3. If you provide information that informs me that you are in danger of harming yourself or others.
4. Barnabas Center is not an emergency provider. If any emergency situation occurs, the client or guardian understands they are to contact emergency services in the community. Barnabas Center will follow those emergency services with standard counseling and support of the client or the client's family.

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Signature of Client or Parent/Guardian

Date