MARANATHA COUNSELING SERVICES
24799 FOREST BLVD.
FOREST LAKE, MN 55025
Phone (651) 464-3131 Fax (651) 982-1508

Thank you for contacting Maranatha Counseling Services. We trust our services will be of help to you.

We want to do our best to direct you to that helping ministry which best suits your needs. To do so, we request that you complete the enclosed questionnaire and return it in the enclosed envelope at your earliest convenience.

After returning the questionnaire, you will be contacted by a member of our staff to set up an appointment.

Thank you for taking time to fill out the questionnaire. We are looking forward to working with you.

Yours in Christ,

Pastor Dave Anderson, D. Min, LMFT
Director of Maranatha Counseling Service

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Clinic Information Letter

The Maranatha counseling staff consists of men and women who have clearly sensed the call of God to serve others in this ministry. They have undergone a period of intensive training in psychological understanding as well as the theological and spiritual counseling procedures.

The clinic, though staffed by non-professional servants of Jesus, is directed and supervised by Pastor Dave Anderson, D. Min., LMFT, who is on the staff of Maranatha Assembly of God Church and is a licensed Marriage and Family Therapist. He provides on-going supervision to clinic staff.

It is the aim of each clinic staff member to offer the highest quality counseling services available, commensurate with their level of training, and with the assurance that Christian goals and values will govern all procedures.

We understand that there are circumstances that justify cancellation of your session. Should a problem arise, we ask that you notify the church within at least twenty-four hours of your scheduled appointment. Please call 651-464-3131 to leave your cancellation information. If cancellation of appointment occurs for two consecutive weeks without a reasonable excuse, or without notification, we have no other choice but to terminate your sessions.

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FOR THE PROTECTION OF YOUR PRIVACY, THIS CONFIDENTIAL QUESTIONNAIRE WILL BE REVIEWED BY ONLY THE APPROPRIATE PASTORAL CARE STAFF PERSON AND YOUR COUNSELOR.

Type of service requested:
[ ] Telehealth session (video/phone) via a private and HIPPA compliant platform?
[ ] Face to Face

Date _____

YOUR NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____
Street Apartment #

_____
City State Zip Code

PHONE: (H) _____ (W)_____

YOUR OCCUPATION: _____

SPOUSE'S OCCUPATION: _____

YOUR BIRTH DATE: _____ SPOUSE'S BIRTH DATE: _____

IN CASE OF EMERGENCY CONTACT: _____

EDUCATION LEVEL COMPLETED:

[ ] High School	[ ] Vocational School	[ ] 4-Year Degree
[ ] Junior College	[ ] Graduate Degree	[ ] Post Graduate

PERSONAL STATUS:

[ ] Single	[ ] Married	[ ] Separated
[ ] Widow(er)	[ ] Divorced	[ ] Single Parent

NUMBER OF CHILDREN_____ AGES ____/____/____/____/____/____/____/____

HAVE YOU HAD PREVIOUS COUNSELING? [ ] YES [ ] NO

IF YES, WHERE? _____ WHEN? _____

HAVE YOU EVER BEEN HOSPITALIZED? [ ] YES [ ] NO

IF YES, WHEN & FOR WHAT REASON?_____

ARE PRESENTLY USING ANY PRESCRIPTIONS DRUGS? [ ] YES [ ] NO
IF YES, PLEASE LIST:

NAME	DOSE
_____	_____
_____	_____
_____	_____

IS THERE A HISTORY OF ANY OF THE FOLLOWING IN YOUR FAMILY OF ORIGIN?

[ ] Chemical Dependency
[ ] Mental Illness
[ ] Heart Disease
[ ] Diabetes
[ ] Cancer
[ ] Depression
[ ] Suicide
[ ] High Blood Pressure
[ ] Abuse
    [ ] Sexual
    [ ] Physical
    [ ] Other

RELIGIOUS AFFILIATION

[ ] Lutheran
[ ] Baptist
[ ] Catholic
[ ] Methodist
[ ] Maranatha Assembly of God
[ ] Other Assembly of God
[ ] Non-Denominational
[ ] Other

RELIGIOUS EXPERIENCE:

[ ] Salvation
[ ] Water Baptism
[ ] Confirmed
[ ] Holy Spirit Baptism
[ ] Regular Church Attendance

Comments _____

_____

LIST YOUR PERSONAL STRENGTHS:

_____ _____ _____

_____ _____ _____

SPIRITUAL/FAITH ISSUES

[ ] New Christian
[ ] Involvement on Occult
[ ] Satanism
[ ] Witchcraft
[ ] Desire Deliverance
[ ] Biblical/Spiritual Theological Questions
[ ] Desire to Grow in Faith
[ ] Desire to be Disciples
[ ] Desire to be part of a Small Group Fellowship
[ ] Desire for Bible Study
[ ] Desire for Fellowship
With [ ] Other members
    [ ] Couples
    [ ] Men
    [ ] Women
[ ] Desire Prayer Ministry
[ ] Concerned with Salvation
    [ ] Unforgivable sin
    [ ] Guilt
    [ ] Forgiveness

PLEASE CHECK ANY OF THE FOLLOWING THAT MAY PERTAIN TO YOU

[ ] Abortion (post emotional difficulties)
[ ] Anger
[ ] Anxious
[ ] Chemical Abuse
    [ ] Alcohol
    [ ] Drugs
[ ] Communication
[ ] Chronic physical illness
    [ ] M.S.
    [ ] M.D.
    [ ] Lupus
    [ ] Back Injury
    [ ] Chronic Fatigue
    [ ] Multiple Chemical Sensitivities
    [ ] Other _____
[ ] Depressed
[ ] Disturbing Habits
[ ] Disturbing Thoughts
[ ] Eating Disorder
    [ ] Bulimia
    [ ] Anorexia
[ ] Financial Problem
[ ] Flashbacks to Trauma
[ ] Grief Issues
[ ] Homosexuality Issues
[ ] Infertility
[ ] Lack of Ambition
    [ ] Lack of Motivation
[ ] Life Transition Problems
    [ ] Elderly parents
    [ ] Career change
    [ ] Empty nest
    [ ] Retirement
    [ ] New child
    [ ] Job change
    [ ] Child out of Wedlock
    [ ] Teenager
    [ ] Other _____
[ ] Loneliness
[ ] Loss of Job
[ ] Marital Problems
    [ ] Divorce
    [ ] Separation
[ ] Nightmares
[ ] Poor Self-image
[ ] Procrastination
[ ] Physical Symptoms
    [ ] Headaches
    [ ] Nausea
    [ ] Chest pains
    [ ] Stomachaches
    [ ] Other _____
[ ] Problems Eating
[ ] Problems Sleeping
[ ] Relationship Problems
    [ ] Parents
    [ ] Spouse
    [ ] Children
    [ ] Other _____
[ ] Rejection
[ ] Rituals
    [ ] Hand washing
    [ ] Checking
    [ ] Other _____
    [ ] Self-confidence (low)
[ ] Self-esteem (low)
[ ] Sexual abuse issues
[ ] Sexual difficulties
[ ] Single Parent Issues
[ ] Other Sexual Issues
[ ] Social Anxiety
[ ] Suicidal Thoughts
[ ] Unemployment

BRIEFLY, WHY HAVE YOU COME FOR COUNSELING AT THIS TIME.

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IMPORTANT INFORMATION

LIMITS ON CONFIDENTIALITY

As you begin a counseling relationship, it is important for you to know that we must report certain circumstances. Although the content of our sessions is considered to be confidential, please note the following exceptions:

1. We must take appropriate action to prevent suicide, or the intent to harm another person. If a situation arises where we believe a client is in danger to self or others, we will take preventive action, which may involve calling for emergency or medical assistance.

2. If a client states or suggest that s/he is abusing a minor child (under age 18) or vulnerable adult, the appropriate social service agency or legal authority must be notified.

3. If during counseling with a minor child the child states or suggests that s/he or suggests that s/he is being abused, the appropriate social service agency or legal authority must be notified.

4. Parents or legal guardians have the right to access the records of a minor child.

5. We are required to release records of clients in which a court order has been issued.

6. Periodically, copies will be reviewed by the clinical supervisor or reviewed (anonymously) for the purpose of counselor supervision.

I have read and understand
these limits on confidentiality.

_____
Client

_____
Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

I , _____ AUTHORIZE_____

_____TO DISCLOSE TO _____

INFORMATION FROM MY RECORDS MAINTAINED WHILE I AM/WAS A CLIENT AT THE ABOVE FACILITY DURING_____

DATES OF TREATMENT

INFORMATION TO BE RELEASED:

STANDARDIZED TEST RESULTS
- ACADEMIC ( )
- VOCATIONAL ( )
- INTELLECTUAL ( )
- PERSONALITY ( )

PROGRESS NOTES ( )

TERMINATION SUMMARY ( )

_____
NAME

_____
ADDRESS

_____

_____
PHONE

OTHER: _____

THE INFORMATION IS FOR THE FOLLOWING PURPOSE:_____

_____

I UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME AND THAT UPON FULFILLMENT OF THE ABOVE STATED PURPOSE(S), NOT TO EXCEED SIX MONTHS, THIS CONSENT WILL AUTOMATICALLY EXPIRE WITHOUT MY EXPRESS REVOCATION.

_____ _____
DATE SIGNATURE OF CLIENT/GUARDIAN

_____ _____
SIGNATURE OF WITNESS RELATIONSHIP TO CLIENT IF GUARDIAN

DO NOT FORWARD TO ANOTHER PERSON OR AGENCY.
MINNESOTA GOVERNMENT DATA PRACTICES ACT (CHAPTER 328; H.F. 738,S.F. 1213,7/1/91. FEDERAL LAW VOLUME #40, PART IV,7/1/75)