CCEF – Montana (CrossWord Counseling)
2590 Holman Ave, Suite D
Billings, MT 59102

TEL: 406-294-5533
FAX: 406-294-5532

PERSONAL DATA INVENTORY

NAME (Please circle one) Mr. Mrs. Ms. Dr. Rev.	DATE OF BIRTH	SEX	AGE

ADDRESS (Street)	(City)	(State)	(Zip)

HOME PHONE	CELL PHONE	BUSINESS PHONE
OCCUPATION	**EDUCATION/TRAINING**	**EMAIL ADDRESS**
TODAY'S DATE	**REFERRED FOR COUNSELING BY**	

PERSONAL HISTORY

PARENTS

FATHER'S NAME	AGE	OCCUPATION	MARITAL STATUS
MOTHER'S NAME	**AGE**	**OCCUPATION**	**MARITAL STATUS**

GUARDIAN'S NAME (If applicable)	RELATIONSHIP TO YOU	DATE OF GUARDIANSHIP FROM TO
REASON FOR GUARDIANSHIP		**MORE THAN ONE GUARDIANSHIP** ☐ YES ☐ NO

SIBLINGS

NAME	AGE	RELATIONSHIP (Brother, Stepsister, etc.)	MARITAL STATUS
NAME	**AGE**	**RELATIONSHIP (Brother, Stepsister, etc.)**	**MARITAL STATUS**
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NAME	**AGE**	**RELATIONSHIP (Brother, Stepsister, etc.)**	**MARITAL STATUS**

MORE THAN SIX SIBLINGS? ☐ YES ☐ NO

INDICATE WHICH MIGHT HAVE APPLIED DURING CHILDHOOD AND/OR ADOLESCENCE:

☐ EMOTIONAL/BEHAVIORAL PROBLEMS ☐ SCHOOL PROBLEMS ☐ FAMILY PROBLEMS ☐ MEDICAL PROBLEMS
☐ DRUG/ALCOHOL PROBLEMS ☐ SOCIAL PROBLEMS ☐ LEGAL PROBLEMS

HAS ANYONE IN YOUR IMMEDIATE FAMILY BEEN HOSPITALIZED OR RECEIVED SOME FORM OF PROFESSIONAL HELP FOR PSYCHOLOGICAL PROBLEMS? IF SO, PLEASE SPECIFY WHO, WHEN THEY RECEIVED HELP, AND THE NATURE OF THE PROBLEM.

OCCUPATIONAL HISTORY

WHAT POSITIONS HAVE YOU HELD IN THE PAST?

DOES YOUR PRESENT WORK SATISFY YOU? IF NOT, PLEASE EXPLAIN.

MARITAL HISTORY

MARITAL STATUS

☐ SINGLE ☐ ENGAGED ☐ MARRIED ☐ REMARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

SPOUSE'S NAME	AGE	OCCUPATION

SPOUSE'S RELIGIOUS BACKGROUND	SPOUSE'S EDUCATION	DATE OF MARRIAGE

HAVE YOU EVER BEEN SEPARATED FROM YOUR PRESENT SPOUSE? (If yes, please specify when.)

1. FROM _____ TO _____ 2. FROM _____ TO _____

CHILDREN	NAME	AGE	RELATIONSHIP (Daughter, Stepson, etc.)	LIVING AT HOME	MARITAL STATUS	OCCUPATION
				☐ YES ☐ No		
				☐ YES ☐ NO		
				☐ YES ☐ No		
				☐ YES ☐ No		

YOUR PREVIOUS MARRIAGES (If applicable

From _____ To _____ Children from this Marriage _____ _____ _____ _____

From _____ To _____ Children from this Marriage _____ _____ _____ _____

YOUR SPOUSE'S PREVIOUS MARRIAGES (If applicable)

From _____ To _____ Children from this Marriage _____ _____ _____ _____

From _____ To _____ Children from this Marriage _____ _____ _____ _____

RELIGIOUS BACKGROUND

DENOMINATIONAL PREFERENCE	NAME OF CHURCH PRESENTLY ATTENDING

ADDRESS OF CHURCH PRESENTLY ATTENDING	CHURCH PHONE NUMBER

PASTOR'S NAME	DO WE HAVE YOUR PERMISSION TO CONSULT WITH YOUR PASTOR?
	☐ YES ☐ NO

DO YOU BELIEVE IN GOD?	DO YOU CONSIDER YOURSELF "SAVED"?
☐ YES ☐ NO ☐ UNCERTAIN	☐ YES ☐ NO ☐ Not sure what you mean.

IF YOU WERE TO DIE AND STAND BEFORE GOD AND HE ASKED YOU WHY HE SHOULD PERMIT YOU TO ENTER HEAVEN, HOW WOULD YOU RESPOND?

MEDICAL HISTORY

HAVE YOU HAD ANY OF THE FOLLOWING PHYSICAL PROBLEMS? PLEASE CHECK ANY THAT APPLY.

☐ Heart problems	☐ Thyroid dysfunction	☐ Bowel/bladder problems	☐ Hallucinations
☐ Liver problems	☐ Diabetes	☐ Nausea or vomiting	☐ Change in sexual drive
☐ Kidney problems	☐ Hypoglycemia	☐ Recent weight change	☐ Problems walking
☐ Head injury/concussion	☐ Lung problems	☐ Impotence	☐ Unusual hair loss
☐ Stroke	☐ Allergies	☐ Physical change	☐ Rashes
☐ Seizures	☐ Cancer	☐ Constant hunger	☐ Memory problems
☐ Brain tumor	☐ Bulimia	☐ Food cravings	☐ Episodic disorientation
☐ Multiple Sclerosis	☐ Anorexia	☐ Fever	☐ Personality change
☐ Parkinson's Disease	☐ Visual distortions	☐ Pneumonia	☐ Déjà vu
☐ Blackouts	☐ Weakness	☐ Speech problems	☐ Changes in consciousness
☐ Amnesia	☐ Fatigue	☐ Uncoordination	
☐ Tremors	☐ Heat/cold sensitivity	☐ Menstrual irregularities	☐ Headaches

LIST PREVIOUS SURGERIES (Those which required anesthesia.)

LIST ALL PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATION YOU ARE PRESENTLY TAKING. (Include diet pills, laxatives, birth control pills, cold & allergy medicines, aspirin.)

WHAT IS YOUR AVERAGE DAILY CAFFEINE CONSUMPTION? (Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks.)	HOW MANY HOURS OF SLEEP DO YOU AVERAGE EACH NIGHT?	HAVE THERE BEEN ANY RECENT CHANGES? ☐ YES ☐ NO	IS THIS SLEEP RESTFUL? ☐ YES ☐ NO

HAVE YOU OR OTHERS NOTICED ANY CHANGES IN YOUR PERSONALITY (anger, mood swings, withdrawal), THINKING AND MEMORY OR WORK HABITS?

STATE IN YOUR OWN WORDS THE NATURE OF THE MAIN PROBLEM(S).

WHEN DID YOUR PROBLEMS BEGIN? PLEASE SPECIFY A DATE IF POSSIBLE.

PLEASE DESCRIBE ANY SIGNIFICANT EVENTS OCCURRING AT THAT TIME.

COUNSELING AGREEMENT

- **INTRODUCTION**

Welcome! We have prepared this description of our background, approach, and other information that we feel is important for you to know. Please read this carefully and feel free to ask us any questions about what you have read or anything that comes up. We know this seems rather formal and lengthy. But we believe it is very important for you to have as much information as possible so that you can make informed decisions about your counseling. Please, if you have questions or concerns, at any time, feel free directly to discuss them with your counselor. Thank you for your interest in counseling at CCEF- Montana. We look forward to the opportunity to serve you.

- ☐ **Read** carefully through the following Counseling Agreement (pages 4 & 5)
- ☐ **Initial** the Missed Appointments/Cancellation Policy line (page 5)
- ☐ **Sign** and **date** the agreement at the bottom (page 6)
- ☐ **Return** it to us before your first appointment

- **DESCRIPTION OF COUNSELING**

Our approach to counseling is best described as biblical counseling. You do not have to be a Christian to receive biblical counseling, but we will be using biblical principles to guide us. This approach to counseling comes from over 40 years of development and implementation at the Christian Counseling and Education Foundation (CCEF) in Glenside, Pennsylvania. We are partial to this approach, but there are other approaches available with other counselors. If you are interested in learning more about these, we would be happy to discuss them with you.

- **FEES**

The fee for a 50-minute counseling session is $100.00 ($150.00 for the initial session to cover set-up costs). This may be discounted if your church is willing to offset these fees through counseling grants. Payment is due at the time of each session **until insurance reimbursement is established**.

It is also our practice to charge for time required in preparing assessment reports, telephone conversations lasting longer than 10 minutes, consultations, or meetings you have authorized as part of your treatment. These activities are crucial to the counseling process, and we highly value them. We will be pleased to provide you with details of any such costs when they arise.

Currently we are a provider in several insurance networks – please contact us to learn the most current information on this topic. If we are not a provider in your insurance network, you may still contact your insurance company to inquire about an individual approval or reimbursement for your session payments. Please call your insurance company to verify your benefits prior to our first session.

- **CONFIDENTIALITY**

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. To release confidential counseling information without your consent would violate both biblical standards and commonly accepted counseling ethics. There are rare situations, however, where it may be necessary for your counselor to share certain information with others (with issues of safety, as a part of counseling with you, and for your benefit). We have described those scenarios in a form called the **Provider Notice of Privacy Practices**. This form discusses the situations where we must disclose confidential information. It is important that you read and understand this form before (or by the end of) your first appointment.

_____ I would like the CCEF- Montana staff to prayer for me during our regular prayer time; in compliance with the above confidentiality statement.

- **Dual relationships**

"Dual relationships" in counseling refer to any situation in which counselors and counselees have another relationship or association in addition to that of counselor-counselee, such as knowing one another from church or in the community.

Not all dual relationships are avoidable or unethical. However, counseling NEVER involves sexual contact or any other dual relationship that is harmful in nature to the counselee or impairs your counselor's judgment.

Your counselor will thoughtfully consider before entering into dual relationships. Billings is a small community in which many counselees know each other and their counselor. As a result:

- You may see someone you know in the waiting room.
- You may run into (or regularly see) your counselor and his/her family out in the community.

Please know that your counselor will NEVER acknowledge counseling you without your express (written) permission.

Many counselees choose their counselors because of knowing him/her before starting counseling and because they are aware of his/her training, background, and faith. This is good and right.

Nevertheless, your counselor will discuss with you the often-existing complexities (potential difficulties & benefits) that may be involved. Dual relationships can improve counseling but also have the capability to detract from it. Often it is impossible to know this ahead of time.

So, it is your responsibility to communicate to your counselor if a dual relationship becomes uncomfortable for you in any way. Your counselor will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if he/she finds it interfering with your counseling or your wellbeing. And, of course, please do the same as well.

I understand that a dual relationship may exist with my counselor and am open to talking about it if necessary: _____

- **LATE CANCELLATIONS/MISSED APPOINTMENTS (PLEASE INITIAL THE FOLLOWING TO INDICATE YOUR AGREEMENT)**

As a counseling ministry we must be a careful stewards of our resources, including time. If you cancel without sufficient time, that means others who could receive counseling cannot. Please help us in these efforts:

_____ I will call (a) giving you **two working days** notice AND (b) before the **time of my appointment**.
Example: *If you have an appointment at 10:00am on a Tuesday morning please let us know before 10:00 am the Friday before.*

_____ If I don't provide sufficient notice, I will pay the Late Fee, which is 50% of the full hourly rate; I will pay the Late Fee by or at my next scheduled appointment; if no appointment is scheduled I will pay immediately upon receiving the Invoice.(_____ _____)

_____ This late cancellation charge **cannot** be billed to your insurance.

_____ If you have a regular appointment slot and you cancel or miss more then once without 2 working days notice, your reserved appointment slot may be given to someone else with a greater counseling need.

Signature_____ Date_____

Print Name_____

By initialing the sections above and signing this form you are agreeing to our cancellation policy in its entirety.

- **HELP BETWEEN SESSIONS**

In emergencies we cannot guarantee that you will quickly reach your counselor. **If you face a medical emergency, please dial 911.** If you have an **urgent** message, call our main number to speak directly with us, or leave a message in our voice mailbox (406-294-5533). Your counselor will contact you as soon as possible.

- **LEGALESE** (the formal and technical language of a Counseling Agreement that is often hard to understand)

This office is an affiliate office of CCEF that is independently owned and operated by CrossWord Counseling, P.C. referred to as CCEF- Montana. Your counselor is a contract counselor for CCEF- Montana which is an independent contractor for CCEF.

- **RESOLVING CONFLICTS AND DISPUTES**

If you have any dispute with (or claim against) us, CCEF- Montana, you agree to participate in a process of conciliation which involves a commitment to settling this dispute/claim by mediation and, if necessary, legally binding arbitration. Each of these steps shall be carried out in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker® Ministries. (A complete text of the Rules is available at http://www.peacemaker.net.) Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Note: Your counselor will provide counseling services under the supervision of Aaron Sironi, Licensed Clinical Professional Counselor (MT #1308).

If you have any questions or concerns about your counseling, please speak directly with your counselor. We invite and treasure your feedback. If you feel that you are unable to speak to your counselor, please contact his supervisor at (406) 294-5533.

If you do not understand any portion of this agreement, please let us know. Otherwise, please sign below indicating your acceptance of this Counseling Agreement.

SIGNED DATE

_____

Signature of both parents (or guardian) is also required if the counselee is a minor.

SIGNED DATE

_____

Signature of Father/Guardian

SIGNED DATE

_____

Signature of Mother/Guardian

This agreement is subject to arbitration pursuant to the Montana Arbitration Act, Title 27, Chapter 5, Montana Code Annotated.