



CHRISTIAN COUNSELING SERVICES

Hello and thank you for enrolling in DSB Ministries' Professional Pastoral Counseling Services.

My name is Dr. Demetria Springfield Banks. I am a professional, licensed Pastoral Counselor (Licensed by the National Christian Counselors Association) with training in individual, group, marriage, substance-abuse and addiction counseling. I am also a *Licensed Temperament Therapist* through the NCCA. I want to share some information about myself and what I do in counseling so you can make a fully informed decision about using my services.

First and foremost, I am a Christian counselor. As a Christian counselor I want you to know what my important values and beliefs are. Like most counselors, I recognize that personal problems can come about because of psychological social-environment influences and psychological pressures. I also believe that many problems can be spiritual in nature, resulting from either not understanding biblical truth or from sinful behavior. I also believe that individuals are created in God's image and can only feel complete and fulfilled through relationship with God through His Son Jesus Christ. Thus, Christian counseling, as opposed to other kinds of counseling, is very concerned with the spiritual as well as the emotional and physical needs of clients. The main goal of Christian counseling is to enable clients to move toward greater emotional and spiritual health by becoming more like Jesus Christ.

As a Christian counselor, I am not limited to psychological techniques or to my own human effort and wisdom. I believe that God is the real authority in counseling and He gives us the resources to change. I believe that counseling should involve praying about the client's difficulties and looking to the authority of the Bible for guidance. In this way, I seek to encourage clients to build a dependency on God. With Him, the client can find forgiveness for the past, strength and comfort for the present, and hope for the future by trusting the Lord to daily meet needs and heal emotional needs.

I try to reflect the character of Jesus Christ and to love my clients as He does. While I do not try to force *religion* on my clients, I do urge them to develop a *RELATIONSHIP* with the only true Healer of body, soul and spirit, JESUS CHRIST.



Enrollment Information

The information asked below is to allow us to more quickly understand you and your reason for requesting counsel and to enable us to help you more expediently. Please fill out all forms as completely as possible. All information is held in the strictest confidence and cannot be divulged to anyone without your written permission.

BIOGRAPHIC DATA

Name _____ Date _____

Address _____ Phones (Wk) _____

(Hm) _____ Date of Birth _____ Age _____

City _____ State _____ Zip _____ SS# _____

Place of Birth _____ Nationality _____ Sex _____

Religion _____ Place of Employment _____

FAMILY BACKGROUND

Do you have children? _____ How many? _____

List Names: _____ How many are living at home? _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

How many children at home are from a previous marriage? _____

Father's Name _____ Where does he live? _____

His occupation _____ Age: _____ Living/Deceased _____

His health? _____ Last saw him when? _____

Mother's Name _____ Where does she live? _____

Her
occupation: _____ Age: _____ Living/Deceased _____

Her health? _____ Last saw her when? _____

Religion raised in, if any: _____

Was your PARENTAL HOME EVER BROKEN BY:

Death _____ Your age then? _____ How did you feel? _____

Divorce _____ Your age then? _____ How did you feel? _____

Separation _____ Your age then? _____ How did you feel? _____

Desertion _____ Your age then? _____ How did you feel? _____

Which parent in the above was lost from the home? _____

Did your mother or father remarry? _____ Your age then? _____

Did you have good or bad relationship with your:

Father _____ Explain: _____

Mother _____ Explain: _____

Brothers or sisters _____ Explain: _____

Was parental family a closely-knit family? _____ Is it close now? _____

Did your family change residences (move) often? _____

Why? _____

How many schools did you attend prior to any college? _____

MARITAL BACKGROUND

Marital Status: (Please check) Single _____ Married _____ Divorced _____

Separated _____ Widow(er) _____ Cohabiting _____

Spouse's Name? _____

Married? _____ How long? _____

Spouse Deceased? _____ How long? _____

Divorced? _____ How long? _____

Annulled? _____ How long? _____

If previously married, please give dates and how dissolved. _____

Describe your relationship with your spouse (if not married, your parents, etc.)

BIRTH ORDER

What is your placement in your family? 1 2 3 4 5 6 7 8 9 10 11 12 (Circle one)

Brothers' ages _____, _____, _____, _____, _____, _____, _____, _____

Sister's ages _____, _____, _____, _____, _____, _____, _____, _____

Are you adopted? _____ Are any brothers or sisters adopted? _____

If yes, what are their ages and how many are there? _____, _____, _____, _____

If a twin, are you identical? _____

MILITARY SERVICE RECORD

Have you ever been in the military service? Yes _____ No _____

If yes, what branch? _____

Were you in combat? Yes _____ No _____ In Vietnam? Yes _____ No _____

Any military honors or medals? _____

Type of discharge? _____

EDUCATION

What is the highest grade you completed in school and in what year? _____

What is the highest degree you have received? (Circle one)

AA BA/BS MA/MS MSW MTh MDiv MBA RN LPN MD DD ThD PhD Other: _____
What was your major? _____ Minor? _____

OCCUPATION

Your occupation: _____

Your employer: _____ How long? _____

Employer's address: _____

What type of work do you do? _____

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

Spouse's occupation: _____

Spouse's work phone number: _____

PERSONAL INFORMATION

1. Presently I believe my spiritual condition is: (circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Presently I believe my physical condition is: (circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Presently I believe my emotional condition is: (circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

2. Circle the items that best describe or relate to the reason you need to receive counseling:

Bereavement

Religious doubts

Relationship with parents

Depression

Marriage problems

Relationship with children

Hatred

Bitterness

Relationship with others

Anxiety

Sexual concerns

Loss of faith in God

Nervousness

Adultery

Loss of faith in self

Fear	Impotency	Loss of faith in others
Self-doubt	Frigidity	Loss of hope
Guilt	Homosexuality	Loss of meaning
Suicidal	Anger with God	Loss of feelings or thoughts
Loneliness	Loss of love	Loss of self-respect

If a female, have you had any discontinued pregnancies? _____

Have you ever been arrested for other than a traffic violation?

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

Have you ever been institutionalized for any problem?

3. Have you sought help previously? (from whom, when, the outcome?)

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Please check any of the following symptoms or conditions you have had or are now experiencing

CONDITION	PAST	PRESENT		Past	Present
Moods highs or lows	_____	_____	can't sleep	_____	_____
Weight loss or gain	_____	_____	excessive worries	_____	_____
Appetite change	_____	_____	hard concentrating	_____	_____
Drug usage	_____	_____	hearing unseen voices	_____	_____
Cigarette usage	_____	_____	frequent loss of temper	_____	_____
Tobacco usage	_____	_____	acting out violence	_____	_____
Irritability	_____	_____	frequent job changes	_____	_____
Excessive stress	_____	_____	frequent residence changes	_____	_____
Crying spells	_____	_____	bed-wetting past 6	_____	_____
Phobias or fears	_____	_____	fire setting past age 6	_____	_____
Hallucinations	_____	_____	blaming others frequently	_____	_____
Confusion	_____	_____	lack of sexuality awareness	_____	_____
Low self-esteem	_____	_____	spiritual confusion	_____	_____
Compulsion	_____	_____	thoughts of suicide	_____	_____
Depression	_____	_____	inability to comprehend reading	_____	_____
Extreme nervousness	_____	_____	inability to comprehend math	_____	_____
Lack of motivation	_____	_____	inability to express self	_____	_____
Excessive drinking	_____	_____	involvement with occult	_____	_____
Indecisiveness	_____	_____	personal sexual abuse	_____	_____
Loss of memory	_____	_____	physical abuse of children	_____	_____
Fantasizing	_____	_____	physical abuse of others	_____	_____



BACKGROUND INFORMATION

1. How long has it been since you had a complete physical examination?

2. Are you currently in counseling or have utilized the services of a counselor?

Dates _____ and _____ counselor's _____ name.

3. What physical disorder do you have if any?

4. How many schools did you attend to college? _____

5. Do you take medications? _____

List their names and purposes:

6. Do you take vitamins? _____ What kind?

7. Your favorite food? _____

8. Your favorite dessert? _____

How often do you eat it? _____

9. Do you snack often? _____ on what? _____

10. Do you use alcoholic beverages? (check one)

None ____ Some ____ Moderately ____ Often ____ Every day ____

11. Is there a family history of alcoholism? ____ Who? _____

12. Do you drink coffee? ____ Decaffeinated ____ Regular ____

How many cups per day?

Less than 3 ____ More than 3 ____ More than 6 ____ (Check one)

13. Do you use tobacco regularly?

NO ____ Some ____ Moderately ____ Heavy ____ (Check one)

14. Describe yourself in a few sentences.

15. Are you a Christian Yes _____ No _____ Not sure _____ (Check one)
a. What church do you now attend, if any? _____
b. Are you a regular _____ frequent _____ occasional _____ infrequent
_____ attendee?

16. What are your favorite two colors? _____ and _____

17. Have you ever thought of committing suicide? _____

If yes, explain: _____

18. Have you ever attempted suicide? _____ When? _____

19. Do you ever think that perhaps you are *going crazy*? _____. If yes, explain: _____

20. Do you ever simply want to run away? _____ If yes, explain: _____

21. Do you look forward to the future? Yes _____ No _____

22. How do you feel about the past?

___ Good ___ OK ___ Guilty ___ Bitter ___ Angry ___ Confused ___ wish you could change it

23. What time period do you think about the most? Past _____ Present _____ Future _____

Number in order of importance: 1, 2, 3 (#1 being most important)

24. Is there a family history of physical or emotional abuse? _____ If yes, please explain: _____

25. Were you ever sexually abused or molested? _____ If yes, by whom? _____

26. Do you believe "*your only problem*" is the behavior of someone else? _____

27. In your own words, complete this sentence. Sex is _____

28.Are vitamins and minerals important? _____ Why? _____

So that we may understand your problems fully, please state in your own words the life area you need answers to and why you chose a Christian mental health professional.

MISCELLANEOUS INFORMATION

If referred here, by whom? _____

You are responsible for any decisions you make regarding your life.

Signed: _____

Date: _____



PASTORAL COUNSELING

SERVICES AGREEMENT

This agreement for pastoral counseling services between Dr. Demetria Springfield Banks and client(s) _____ shall govern all professional relations between the parties. It is agreed that any disputes or modifications of agreement shall be negotiated directly between the parties; if negotiations are not satisfactory, then the parties *agree to mediate any differences with a mutually agreed upon and acceptable third-party mediator.*

- A. THE PASTORAL COUNSELOR** is Dr. Demetria Springfield Banks. She is a Licensed Evangelist and Pastoral Counselor, not a state licensed therapist.
- B. PASTORAL COUNSELING** is confidential, supervised counseling by one trained and experienced in both pastoral and the counseling ministry. Pastoral counseling will be a minimum of 5 -10 sessions with an evaluation at the end of this program. Counseling shall be terminated or referral for further treatment may be made, whichever is in the client's best interest.
- C. FEES AND INSURANCE POLICY.** Client fees are to be determined at the first session. Full payment shall be made prior to each session by the client. Clients understand that a Pastoral Counselor will not be able to receive insurance reimbursement under most policies – clients are responsible to bill their own insurance if they believe a Pastoral Counselor is covered. *Clients are fully responsible for payment of all fees.*
- D. CANCELLATION POLICY.** We agree to and ask clients to maintain responsible relations regarding appointment times. When you schedule an appointment you are not paying for the services provided, but also for the time slot reserved. Appointment cancellation must be made 24 hours prior to the appointment time, otherwise you will be charged for a full session We do understand that an unforeseen emergency can occur, and therefore *if the client does not show will be charged to the client at (1) half the fee rate for the first incident and (2) the full fee rate for any incidents thereafter.* Most insurance companies will not reimburse you for this charge.

If a client arrives late, the counseling session will end at the regularly scheduled time and the client will be charged the full rate. The pastoral counselor is only required to wait 15 minutes past the appointment time for you to arrive. If you arrive later, the counselor may reschedule the appointment for another time and you will be responsible for

payment of the missed session. If counselor is late, the counselor may choose to hold the appointment with you and will be responsible for making up loss time either by prolonging the session or during another scheduled time that is convenient for all parties. If the counselor is later than 15 minutes you have the right to leave and reschedule and will not be charged for the missed appointment. If the counselor cancels the appointment for reasons unrelated to the client, the client will be notified as soon as the conflict has been determined.

- E. Telephone Consultation.** It is most important beneficial to you if communication between you and the pastoral counselor takes place during the scheduled appointments. However, if phone conversation becomes necessary, you will be billed a pro-rated fee for every 10-minute segment past the first ten minutes. You will be responsible to pay for that consultation at your next scheduled session.

We do not provide 24-hour crises service. Therefore, if an emergency and the office is closed, you should contact 911.

- F. CONFIDENTIALITY POLICY.** All therapeutic communications, records, and contacts professional and support staff will be held in strict confidence. Information may be released, in accordance with state law, only when (1) the client signs a written release of information indicating informed consent; (2) the client expresses serious intent to harm himself/herself or some else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elderly person (65 or older) or dependent adult; or (4) a subpoena or other court order is received directing the disclosure of information. It is our policy to assert either (a) privileged communication in the event of #4 or (b) the right to consult with clients, if at all possible barring an emergency, before mandated disclosure in the event of #2 or #3. Although we cannot guarantee it, we will endeavor to apprise clients of all mandated disclosures.

Clients with any concerns or questions about this policy agree to raise them with Dr. Banks at the earliest possible time to resolve them in the client's best interest.

- G. TERMINATION.** Termination of counseling is generally a mutual decision between you and Dr. Banks. However, should you desire to end counseling earlier for some reason, we ask that you schedule a final appointment with your counselor. This allows for a beneficial discussion of issues related to the termination. You may terminate your counseling at any time without consequence. But are responsible for any services you have received, or missed session fees incurred.

- H. WORK AGREEMENT.** It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his or her life. Client gain is most important to us in pastoral counseling. Suspension, termination or referral shall be discussed between counselor and client for a pattern of behavior that reveals disinterest or lack of commitment to counseling or for any unresolved conflict or impasse between counselor and client.

Dr. Demetria Springfield Banks and client further agree that the following needs or problem issues will be addressed in both counseling sessions and in client homework, with future revisions possible as need arises:

I. FEE AGREEMENT.

The agreed fee per 60-minute session is _____ for the base fee rate. We are able to schedule longer sessions upon request for an additional fee.

SERVICE AGREEMENT:

We, the undersigned pastoral counselor and client, have read, discussed together and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. We have also agreed to an initial definition of counseling work and to the fee to be paid by the client.

Client signature _____ Date: _____

Counselor signature _____ Date: _____



CONSENT FOR RELEASE OF INFORMATION

I, _____, do consent and authorize DR. DEMETRIA SPRINGFIELD BANKS to:

☐ Release all records of my (or my dependent's) counseling or other work done by DEMETRIA SPRINGFIELD BANKS to

_____ (person or organization)
(except for the records of _____).

☐ Obtain all records of my (or my dependent's) counseling or other work done by _____ (person organization)

(except for the records of _____).

☐ Exchange all records (except for records _____) as may be necessary between Dr. Demetria Springfield Banks and _____ (person or organization) for the best interest of my (or my dependent's) goals in counseling or other work.

This consent is valid and is to be acted upon receipt of this form regarding the records of:

_____ (client or patient)

This consent will terminate without express written revocation by the client named herein on or when _____.

Client/Guardian Signature _____ Date: _____

Client Address _____

Client Birth Date _____ Client SS# _____

Signature of Staff Member _____ Date _____

NOTE: Federal regulations require ALL blanks to be filled in, including date, event, or condition that terminates consent for release of confidential information.



FINANCIAL MATTERS

Dear Client:

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 for others, we call your attention to the financial matter.

The normal cost for private individual counseling at this level can range from \$150 per session and up. If you have an adequate income, we would appreciate your financial support in that amount of \$125 per session.

For those who have lower incomes, the following sliding scale guide will assist you in determining a reasonable payment to this ministry for each counseling sessions: $.00125 \times \text{Weekly Gross Wages}$

Thank you for helping someone else receive help, too, by sustaining this ministry financially. Please indicate the amount of financial support you will provide during the period of time we helping you with counseling by completing the spaces below.

Your Weekly Gross Wages: _____ Amount of payment: _____

Signed: _____ Date: _____