

1508 E. Airline Street

Victoria, TX 77901

Phone: 361-212-0830   
www.emmauscounselingcenter.org

## **PF**

**Child Intake Assessment Form – Parent Form**

Thank you for choosing The Emmaus Center for your family counseling needs. We are pleased to support you and your family at this challenging time. Please take time to provide us with the following information to allow us to better serve you. Read and answer each question carefully and thoughtfully. We understand that the information you provide below is private, and we will keep it confidential as is in accordance with state regulations. **Please bring your completed form to your first session**. **NOTE: This form takes time to complete.** If you fail to bring the completed form to your first session, we will not have time to get your 45 minute session in and your session will need to be rescheduled.

**I. GENERAL INFORMATION**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Child/Adolescent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**Age:** \_\_\_\_\_\_ **Sex**: M\_\_\_ F \_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

**Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT INFORMATION:**

**Mother’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Father’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**Step-parent (mother) name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**Step-parent (father) name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Legal Guardian’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**Address** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Number:** (\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT (for child/adolescent):**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City, State Zip code

**Phone Number:** (\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**II. REASON FOR SEEKING COUNSELING**

**Please describe below your main reason for seeking counseling for this child/adolescent (please be specific)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**When did this issue begin?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Have there been any significant life changes or stressful events that have impacted this issue?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How is your family currently dealing with this issue?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What would you like your child/adolescent to accomplish through counseling?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**III. PAST TREATMENT**

**Has your child ever had any previous mental health treatment?** Yes\_\_\_\_ No \_\_\_\_

**If so, check which type(s) and his/her age at time of treatment:**

\_\_\_ Psychological Testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Individual/Group/Family Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Psychiatric Hospitalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Residential Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child/adolescent been given any mental health diagnosis?** Yes \_\_\_\_ No \_\_\_\_

**If yes, please list**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child taken any medications to improve his/her mental health (anxiety, depression, ADHD, bi-polar, etc.)?** Yes \_\_\_\_ No \_\_\_\_

**If yes, please list and explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Have any of these medications, past or present, been effective?** Yes \_\_\_ No \_\_\_ **Please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**IV. MEDICAL HISTORY**

**Has your child’s/adolescent’s physical development been normal**? Yes \_\_\_ No \_\_\_ **If no, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child/adolescent had any chronic health problems?** Yes \_\_\_ No \_\_\_ **If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Is your child/adolescent currently taking any medications**? Yes \_\_\_ No \_\_\_ **If yes, please list:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**V. FAMILY HISTORY**

**Who has primarily taken care of your child/adolescent most of his/her life?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who has legal custody of your child?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the environment your child/adolescent is currently living in (example: loving, chaotic, tense):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Who is the primary disciplinarian in your family?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you describe the discipline in your home? Check all that apply:**

\_\_\_ Strict \_\_\_Lenient \_\_\_Harsh \_\_\_ Consistent \_\_\_ Inconsistent \_\_\_ Effective \_\_\_ Shaming \_\_\_ Positive

**Does child/adolescent comply with disciplinary action?**

\_\_\_ Always \_\_\_ Usually \_\_\_ Sometimes \_\_\_ Rarely \_\_\_ Never

**Do parents/guardians agree in parenting, rules, and discipline?**

\_\_\_ Always \_\_\_ Usually \_\_\_ Sometimes \_\_\_ Rarely \_\_\_ Never

Has your **child/adolescent** experienced any stress related to the following circumstances? Check and describe all that apply:

🞎 financial problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
🞎 frequent moves \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
🞎 drinking/drug problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
🞎 frequent arguments in the home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
🞎 separation/divorce of parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
🞎 frequent physical punishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
🞎 mental illness in family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
🞎 death in family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
🞎 other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list 3 of your family’s major strengths:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list 3 of your family’s greatest weaknesses:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. SCHOOL HISTORY**

**What school is your child currently attending**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade level** \_\_\_\_\_

**What kind of grades does your child receive**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any challenges your child/adolescent may have faced in each of the following:**

Preschool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kindergarten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades 1-3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades 4-5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child ever been diagnosed with a learning disability?** Yes \_\_\_ No \_\_\_ **If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Is your child/adolescent currently dealing with any school-related issues?** Yes \_\_\_ No \_\_\_ **If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**VII. SOCIAL HISTORY**

**How does your child/adolescent get along with his /her siblings?**

\_\_\_ Better than average \_\_\_ Average \_\_\_ Worse than average \_\_\_ Doesn’t have any siblings

**How easily does your child/adolescent make friends?**

\_\_\_ Better than average \_\_\_ Average \_\_\_ Worse than average \_\_\_ Doesn’t have any friends

**About how many close friends does your child/adolescent have?**

\_\_\_ None \_\_\_ 1 \_\_\_ 2or3 \_\_\_ 4 or more

**Describe your child/adolescent socially:**

\_\_\_ With-drawn \_\_\_Insecure \_\_\_ Passive \_\_\_ Out-going \_\_\_ Aggressive \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What extracurricular activities is your child/adolescent involved in?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**What jobs/chores does your child/adolescent have?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you aware of any alcohol, tobacco, and/or other drug use by your child/adolescent?** Yes \_\_\_ No \_\_\_ **If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**VIII. Religious/Faith History**

**What is your family’s religious background?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child/adolescent attend religious services?** \_\_\_Yes \_\_\_No **If yes, where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please list any issues (positive or negative) that may have impacted your child in regard to faith**.

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**Is faith important to your child/adolescent**? \_\_\_ Yes \_\_\_ No

**IX. ADDITIONAL INFORMATION**

**What are your child’s/adolescent’s strengths**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**What are your child’s/adolescent’s weaknesses?**

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**Is there anything else about your child/adolescent or family that we should know in order to be more helpful?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**The Emmaus Center partners with local universities to provide graduate students with the opportunity to learn about Christ-centered counseling as part of their internship field experience. Would you be willing to allow a Student Intern or an LPC Intern to observe a counseling session(s) from time to time? (All Student Interns and LPC Interns are bound to maintain confidentiality.) Yes\_\_\_ No\_\_\_**

**Please carefully read the following Consent to Treatment information. If you have any questions regarding the information, please ask your counselor. If you agree to terms of service, sign and date the last page. Thank you.**

**CONSENT TO TREATMENT**

**COUNSELING**

The Emmaus Center offers counseling to families, individuals, couples, children, and adolescents utilizing a variety of therapeutic approaches, which includes counseling in the Catholic tradition. Counseling in the Catholic tradition integrates effective counseling strategies with Biblical truth, sound therapeutic practices, and educational resources to meet family, individual, and marital needs. The Emmaus Center counselors work with clients to establish appropriate therapeutic goals for counseling. Goals may change as counseling progresses. Client input is very important in establishing appropriate goals. Counselors will discuss with the client the recommended frequency of treatment.

Counselors may refer a client to a medical doctor, testing facility, or another counseling agency for maximum care and counseling. The client is responsible for any and all costs incurred in regard to the respective agency. The Emmaus Center cannot authorize or supervise the administration of medicines. However, knowledge of a client’s medication is important for effective counseling.

**RISK and BENEFITS (counseling limitations)**

Counseling is beneficial, but as with any treatment there are possible risks. During counseling your child will discuss personal issues that may bring to the surface uncomfortable emotions such as anger, guilt, or sadness. The benefits of counseling can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. We cannot guarantee these benefits, but it is our desire to work with you and your child to attain personal goals for counseling.

**AVAILABLE SERVICES/COST**

We are staffed by skilled and experienced Licensed Professional Counselors. Our counselors hold a master degree and are licensed by the State of Texas to provide counseling services. Our LPC Interns are also credentialed by the State of Texas, and our Student Interns are completing the final portion of their Master in Counseling Program. Even with our experienced professionals at The Emmaus Center, our fees are substantially lower than our area.  Most therapy services in our area range from $75-$150. In order to provide professional and Catholic-based counseling to as many people as possible, each session at The Emmaus Center is $50, but if your family situation and prayer allow you to contribute more, we welcome your donation.

The payment of fees is expected at the time of service.  In order to eliminate costly processing of insurance or other third-party payments only cash, checks, and debit/credit cards, and online payments through our Theranest portal are accepted. Receipts for services are available so clients may file directly with their own insurance providers.

If you need a sliding scale fee or additional financial assistance for counseling, please complete the appropriate form and bring it with you to the first session.  The form can be found on our website or requested through our receptionists. Please follow directions on each form.

The Emmaus Center is an ministry of the Diocese of Victoria, however; we are not fully funded by the Diocese.  If The Emmaus Center only accepts reduced fees, or no fee clients, The Emmaus Center will not continue to grow and will not be able to serve as many people in the community.  It is our hope that in addition to your own personal growth, you want to see The Emmaus Center continue to grow and serve as many people in the community as possible, therefore Donations are always welcomed and can be made at The Emmaus Center or online at our website [www.emmauscounselingcenter.com](http://www.emmauscounselingcenter.com).

**PHONE CONSULTATION POLICY**

We understand there are times when contact with your counselor between sessions is necessary. In order to set aside time for such consults, while maintaining our schedule for in-office sessions, we have initiated a charge for phone consultations: $10.00 for a phone call lasting up to 15 minutes. Any additional time will be billed at $10.00 per 15 minutes. These charges will be due at your next in-office session. To request a telephone consultation, call our office at 361-212-0830 and the receptionist will schedule the consultation. Email is the preferred way to contact your counselor.

**APPOINTMENTS**

All clients see counselors by making an appointment. Appointments are typically scheduled on a weekly basis and are approximately 45 minutes in length. Regular attendance to counseling sessions will produce the maximum results. However, it is at the counselor’s discretion to discontinue counseling at any time. If a client is **more than** fifteen (15) minutes late for an appointment the counselor will not be able to see the client at that time, but the appointment can be rescheduled for another time.

**APPOINTMENT CANCELLATION POLICY**

A **$25** fee will be required for all no show appointments. **This must be received before the appointment can be rescheduled.** In the event the appointment needs to be canceled or rescheduled, we ask that you please call the office as soon as you can. Please inform your counselor if you decide to end your counseling treatment. Otherwise, if you miss scheduled appointments, or if we have not heard from you within thirty (30) days, we will close out your client file. You may return to counseling at a later date, but may be placed on a Wait List.

**NON-DROP OFF POLICY**

I understand and agree that **I will remain onsite for any persons under sixteen (16) years old**.  If my child is of age to drive and will be present unattended due to their self-transportation to treatment, I understand that if alternative transportation cannot be secured in response to safety concerns, neither the clinician nor the site is responsible for any issues offsite.

**EMERGENCIES**

The Emmaus Center counselors are only available during regular business hours. If you need to talk to your counselor, please call and leave a message or email. Your therapist will respond to you in a timely manner. If you experience a life-threatening emergency at any time during the course of your treatment, please call 911 or have someone take you to the nearest emergency room.

**CONFIDENTIALITY/RECORDS**

The Emmaus Center holds to the highest professional ethics to protect the confidentiality of clients. Discussions between the counselor and client are confidential. No information will be released without the client’s written consent unless mandated by law.

Possible exceptions to confidentiality include: child abuse, elderly abuse, sexual exploitation, situations where the counselor has a duty to warn, a negligence suit brought by the client, or the filing of a complaint with the licensing board.

The Emmaus Center counselors will conduct routine clinical review of case files to insure quality record maintenance. In addition, they may sometimes consult with other professionals about my treatment, who are legally bound to maintain my confidentiality.

You acknowledge and by signing this form agree to allow your counselor to photograph art work and sandtray scenes created by you or your child for the clinical file and to use these photographs at a professional training. There will be no identifying information except for the age and gender of you or your child.

In the event of a counselor’s death, incapacitation, or the counselor is no longer employed with our agency, The Emmaus Center will maintain custody and control of counseling records in accordance with state licensing boards. Counseling records are kept within our agency until date of destruction as mandated by law.

An 18-year-old is considered an adult in regard to mental health issues. Records for any child under 18 years of age MAY be released to parents or legal guardians, or IN JUDICIAL PROCEEDINGS, as specified by state law.

Please ensure that if you are brining your child/children in for services and there has been a divorce in your family, you submit a copy of the divorce decree and/or child custody agreement to keep in the record.

**DUTY TO WARN/PROTECT**

The Emmaus Center has a legal responsibility to protect any client that may threaten with violence, harmful, or dangerous actions, including those to oneself. If my counselor believes that I (or minor client) have become a threat to myself or to any other human placing myself or them in any physical danger, I hereby specifically give consent to my counselor to contact the person listed on the Intake Form to keep myself (or someone else) safe from danger. In addition, I give my counselor permission to contact any medical or law enforcement personnel deemed appropriate.

**ABUSE OF CHILDREN/ELDERLY**

The Emmaus Center, **by law**, must report actual or suspected child or elder physical or sexual abuse. If a client states or suggests that he/she is abusing a child/elderly person, or has recently (or in the past) abused a child/elderly person, or reports that a child/elderly person is in danger of abuse, the counselor is **required by state law** to report this information to the proper social service and/or legal authorities.

**CONSENT TO TREATMENT**

By signing this Consent Form, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I am voluntarily agreeing to receive counseling treatment and services, and I understand that I may stop treatment and services at any time. I understand the policies of The Emmaus Center operate under and agree to counseling under these guidelines.

**I understand that by signing this form, I agree not to call on or use my therapist or his/her professional opinion in a court of law.**

The address for the Texas State Board of Examiners of Professional Counselors is MC 1982, P. O. Box 141369, Austin, TX 78714-1369, phone 800-942-5540.

I certify that I am the \_\_\_Father \_\_\_Mother \_\_\_Legal Guardian, and have legal custody to authorize counseling services to the above named minor. I, herby, give my authorization and consent for The Emmaus Center to provide counseling for my minor child. I will inform any other parent or legal guardian of this minor that he/she is involved in counseling and will attempt to gain their signature.

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_