



New Name Counseling and Teaching Center is a non-profit, non-denominational counseling and teaching organization. New Name employs a method of individualized discipleship utilizing spiritual principles. In this kind of counseling process God, not the counselor is the agent of change, provided the individual cooperates with Him. Our goal is to convey the way of freedom from mental, emotional, and behavioral symptoms.

Because of our unique approach New Name trains its own staff or hires staff with similar training. Therefore, New Name does not look to secular standards to necessarily qualify a person for staff role. New Name staff members are not licensed professional counselors; instead, many are licensed and or ordained ministers, some are not.

Because we are a training center, it is imperative for our trainees to observe the counseling process. Therefore as a rule you can expect to have present in your sessions both staff and trainee.

At New Name, we do not charge for our counseling services rather we function on a donation basis. The recommended donation is \$75.00 per session. If you have a financial need, please discuss it with your counselor during the assessment. Additionally, there is a one time administration fee per person of \$75.00 which includes a Taylor-Johnson Temperament Analysis and materials. Because you are receiving a service, your donations are not tax deductible. However, since New Name is a nonprofit organization other contributions to New Name are tax deductible.

**Appointment times are extremely valuable at New Name. In the event that you absolutely must reschedule we ask that you notify the office 24 hours in advance. If you do not call and do not keep an appointment, we ask that you make a donation for that appointment.**

To insure the highest quality of counseling we reserve the right for your counselor to consult with his or her supervisor regarding your session. This consultation will be held in strict confidence.

By my signature, I affirm that I have read and understand the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Personal Data Inventory

Name \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Marital Status:

Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_  
Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse: \_\_\_\_\_

This is your \_\_\_\_\_ marriage. This is your spouse's \_\_\_\_\_ marriage.  
(no.) (no.)

Number of Children \_\_\_\_\_ Names and ages of children (indicate if by  
previous marriage)

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

Occupation data:

Self: Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of work: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Spouse employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of work: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Referred to New Name by: \_\_\_\_\_



## Medical Information

1. Are you presently under the care of a medical practitioner?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what condition?

\_\_\_\_\_

2. Are you currently taking any prescription or non-prescription drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate type.

\_\_\_\_\_

3. Have you received at any time counseling or been under the care of any mental health professional?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and for what problem?

\_\_\_\_\_

4. Did the service you received help your problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how did it help?

\_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

DATE: \_\_\_\_\_

It is agreed by all parties that meeting with the staff at New Name is for the purpose of counseling and that any statements made by either party to the other in pursuit of counseling will not be used for any purpose in litigation. It is agreed that neither the staff at New Name nor the written documents of the staff at New Name will be subpoenaed or deposed in any subsequent litigation related to divorce, separation, custodial, financial, or other legal issues.

\*\* Exceptions to this confidentiality will include those situations where the discipleship counselor believes that \_\_\_\_\_ is suicidal, homicidal, or if it is in the best clinical judgment of the counselor to report. If the counselor believes that a conversation about such possibility is warranted, the counselor agrees to discuss the situation with:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Counselee Signature: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Co-Counselor Signature: \_\_\_\_\_



**CREDIT CARD INFORMATION**

**Appointment times are extremely valuable at New Name. If you absolutely must reschedule, we ask that you notify the office 24 hours in advance. If you do not call and do not keep an appointment, we ask that you make a \$75.00 donation for the missed appointment.**

**New Name Ministries may use the following information to collect a \$75.00 donation for my missed appointment.**

**Type of Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

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

**Security Code:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address of Card:** \_\_\_\_\_

**I give New Name Ministries permission to use the above card information for appointments that were not canceled 24 hours prior to my scheduled appointment time.**

**I understand I will be notified by email of the charge to my card. Please send the email to:**

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

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