

Any other information you think we should know before we begin: _____

CONSENT TO COUNSELING

I understand and have been advised that TRUTH IN LOVE BIBLICAL COUNSELING CENTER is an auxiliary ministry of TRUTH IN LOVE FELLOWSHIP in Vancouver, Washington, and that as such; the counselors are well trained Biblical Counselors yet have not pursued licensure with any state. I have also been advised and understand that, although the laws of confidentiality do not apply in these circumstances, my privacy and the privacy of the minor child named above will be respected and maintained in keeping with sound Biblical practice. I understand that I am financially responsible for all charges incurred. I am aware that the counseling office requires a 24-hour cancellation notice. I hereby give permission for the above named child to receive Biblical counseling by the staff of TRUTH IN LOVE BIBLICAL COUNSELING CENTER.

Parent / Legal Guardian Signature

Date

Parent / Legal Guardian Name Printed

Contact email address

Counselor Signature

Date

Counselor Name Printed

Contact email address

TRUTH IN LOVE BIBLICAL COUNSELING CENTER

MINOR CHILD INFORMATION FORM

CHILD'S NAME _____
Last First Middle

DATE OF BIRTH _____ () MALE () FEMALE SCHOOL _____ GRADE _____

MOTHER'S NAME _____
Last First Middle

MOTHER'S DATE OF BIRTH _____ PHONE _____ WORK PHONE _____

FATHER'S NAME _____
Last First Middle

FATHER'S DATE OF BIRTH _____ PHONE _____ WORK PHONE _____

THIS CHILD **primarily** LIVES WITH: (please mark)Mother & FatherMother onlyFather onlyFather & Other
.....Mother & StepfatherFather & StepmotherMother & Other50/50 custody
.....**Other Arrangement (Please identify)** _____

ADDRESS AT WHICH CHILD RESIDES _____ ZIP _____

PHONE at this address _____ BEST CONTACT # for guardian if other than parent _____

IF CHILD LIVES IN THE SAME HOUSEHOLD WITH BOTH PARENTS OR IF CHILD LIVES WITH NEITHER PARENT, PLEASE SKIP TO * BELOW, thank you.**

Otherwise, PLEASE RESPOND TO NUMBERS 1-4 WHERE APPLICABLE:

1. IN THE CASE OF 50/50 LIVING ARRANGEMENT, if you have entered the mother's information above, please enter the father's address and home phone number here, and then skip to *** below:

_____ FATHER'S ADDRESS

_____ HOME PHONE NUMBER

2. IF BIOLOGICAL PARENTS ARE NOT LIVING TOGETHER, WHO HAS PRIMARY CUSTODY? _____

3. IF CHILD PRIMARILY LIVES WITH MOTHER & STEPFATHER OR OTHER, please enter the stepfather's/other's name here:

4. IF CHILD PRIMARILY LIVES WITH FATHER & STEPMOTHER OR OTHER, please enter the stepmother's/other's name here:

***PEDIATRICIAN'S OR FAMILY DOCTOR'S NAME _____ PHONE _____

Last medical exam _____ Current medical condition _____

Present medications _____

Nature of problem for which you are seeking help (briefly describe) _____

Since we are unable to accept insurance, who is going to cover the session fees of \$45.00 per session:

Person's name _____ Their phone # _____