

ASPIRE TOTAL LIFE COUNSELING (TLC)

REGISTRATION FORM

(Please Print)

Today's date:		Office Use Only _____			
CLIENT INFORMATION					
Client's legal last name:		First:	Middle:	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," do they live with you? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No	What are your children's ages (if applicable)?		Your birth date: / /	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Home or Cell phone no.: ()	
P.O. box:	City:	State:	ZIP Code:		
Occupation:	Employer:			Work phone no.: ()	
I found out about TLC through... (please include names / details): <input type="checkbox"/> Therapist <input type="checkbox"/> Workshop <input type="checkbox"/> Family / Friend / Client <input type="checkbox"/> Newspaper / Radio <input type="checkbox"/> Other					
E-mail Address:					

REASONS FOR COUNSELING	
What brings you to TLC?	
What do you hope to get out of your visits?	
Are you currently under the care of a physician, psychiatrist, psychologist, or other licensed medical or counseling professional for any condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," list the condition(s) you are being treated for and any prescribed medications you currently take (Use back of form if necessary):
Doctor's Name:	Doctor's phone no.: ()

IN CASE OF EMERGENCY			
Name of local friend or relative (NOT living at same address):	Relationship to client:	Home phone no.: ()	Work phone no.: ()
<p>The above information is true to the best of my knowledge. I understand that the services at TLC are NOT conducted by a Licensed Professional Counselor, Therapist, Psychologist, or Psychiatrist as defined by Oregon State law and governed by the respective State Boards, and that TLC cannot engage in the diagnosis or treatment of specific psychological or medical conditions. I understand that all counseling and instruction I receive at TLC is conducted by a private counselor who practices, as allowed and protected by ORS § 675.090 (f) and ORS § 675.825 (4)(a), both in a ministerial capacity and under the educational exclusion provisions therein. I acknowledge and am satisfied with the educational and ecclesiastical qualifications, as well as the authority of ordination, of my counselor at TLC. I am aware of my rights to self-directed care, am responsible for my own emotional, spiritual, and philosophic wellness, and I choose to avail myself of TLC's services of my own free and informed choice. I have received a copy of, and do understand and agree to, TLC's Privacy and Confidentiality Policies and Reporting Responsibilities. I understand that I am financially responsible for payments at the time services are rendered unless otherwise agreed upon in writing. I agree to provide at least 24 business hours' notice if I need to cancel a scheduled appointment.</p>			
_____ <i>Client signature</i>		_____ <i>Date</i>	