*Vine Life Ministries, Inc.*

## 6800 NW 23rd St., Bethany, OK 73008

P.O. Box 42295, Oklahoma City, OK 73123

405.787.8890

405.787.8892 Fax

**Information Concerning Fees and Policies**

*Office Copy*

*Please read our policies as stated below:*

1. The charge for each visit is based upon your financial resources. In accordance with this policy your fee will be established by the Director prior to your first appointment. \*fees are due at the time of check-in before your scheduled appointment time\* Your Fee has been assessed to be $ . Per Session. Based on your or your combined gross income.

1. Individual appointments will last 50 minutes. If appointments go past the cut off time more than 10 minutes you will be billed for the additional time.
2. Appointments MUST be cancelled at least 24 hours in advance (unless an emergency situation arises). If you do not cancel 24 hours prior to your appointment, YOU WILL BE CHARGED for that appointment. The Voice Mail is available 24/7 to leave messages for cancellation, scheduling or problems. Messages are checked daily including weekends. 405-787-8890.
3. Due to the extensive work schedule of the counselors they cannot receive phone calls or texts at home. A fee will be charged for unauthorized calls or excessive texts. If you have an emergency, call 9-1-1.
4. After three consecutive cancellations we will exercise the right to evaluate your case to determine if further counseling should continue. If fees are not paid for 2 consecutive appointments the counselee cannot schedule a third appointment until the account is current.
5. Please try to be prompt for your appointments in consideration for the other counselees and for the counselor. \*If you are more than 15 minutes late you will be charged for your appointment time and you will be rescheduled.
6. You will be required to sign a Disclaimer at your first session. Disclaimers for minor children must be signed by custodial parent or legal guardian. \*legal documents may be requested\*
7. All information pertaining to your case is strictly confidential.
8. No Children under the age of 10 are allowed to be left alone in the waiting area.

 Signature Date

*Vine Life Ministries, Inc.*

## 6800 NW 23rd St., Bethany, OK 73008

P.O. Box 42295, Oklahoma City, OK 73123

405.787.8890

405.787.8892 Fax

**Information Concerning Fees and Policies**

*Client Copy*

*Please read our policies as stated below:*

1. The charge for each visit is based upon your financial resources. In accordance with this policy your fee will be established by the Director prior to your first appointment. \*fees are due at the time of check-in before your scheduled appointment time\* Your Fee has been assessed to be $ . Per Session. Based on your or your combined gross income.

1. Individual appointments will last 50 minutes. If appointments go past the cut off time more than 10 minutes you will be billed for the additional time.
2. Appointments MUST be cancelled at least 24 hours in advance (unless an emergency situation arises). If you do not cancel 24 hours prior to your appointment, YOU WILL BE CHARGED for that appointment. The Voice Mail is available 24/7 to leave messages for cancellation, scheduling or problems. Messages are checked daily including weekends. 405-787-8890.
3. Due to the extensive work schedule of the counselors they cannot receive phone calls or texts at home. A fee will be charged for unauthorized calls or excessive texts. If you have an emergency, call 9-1-1.
4. After three consecutive cancellations we will exercise the right to evaluate your case to determine if further counseling should continue. If fees are not paid for 2 consecutive appointments the counselee cannot schedule a third appointment until the account is current.
5. Please try to be prompt for your appointments in consideration for the other counselees and for the counselor. \*If you are more than 15 minutes late you will be charged for your appointment time and you will be rescheduled.
6. You will be required to sign a Disclaimer at your first session. Disclaimers for minor children must be signed by custodial parent or legal guardian. \*legal documents may be requested\*
7. All information pertaining to your case is strictly confidential.
8. No Children under the age of 10 are allowed to be left alone in the waiting area.

Confidential Personal Data

(To be filled out by Parent)

Your Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Your Child’s General Physical Heath: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Describe Any Serious Illness or Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Recent Weight Change: lbs. gained \_\_\_\_\_\_\_\_\_\_\_ lbs. lost \_\_\_\_\_\_\_\_\_\_\_\_ N/A \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examining Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Your Child Currently Taking Medication?: \_\_\_\_\_\_ What Medication?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why Is Your Child Taking This Medication?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Therapist or Counselor, Current or Past: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Counseling/Therapy & Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are You Willing to Sign a Release of Information Form so that Your Present Counselor May Write for Social, Psychological, Psychiatric, or Medical Reports? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Has Your Child Ever Had a Severe Emotional Upset?: Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Any of the Following Words that Seem to Describe Your Child:

Active Self-confident Nervous Ambitious Worried Hardworking Impulsive Likeable Impatient Moody Attractive Calm Serious Lonely Sensitive Shy Submissive Capable Introverted Short-tempered Excitable Good-natured Quiet Extroverted Affectionate Tired Self-conscious Leader Friendly Blue Energetic Distracted Hard-boiled Hopeful Annoyed Daydreamer Frustrated Rejected Fearful Guilty Depressed Useless Suicidal Desperate Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious Information

Church You Attend Now: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member?: Yes \_\_\_ No \_\_\_

How Often Do You Attend Church Now? \_\_\_\_\_ times per month

How Often Do You Have Family Devotions?: Never \_\_ Occasionally\_\_ Often\_\_ Regularly \_\_

Have You Had Religious Changes In Your Life?: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidential Personal Data

(To be filled out by Child)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Family Information

Who Do You Live With?: Mother \_\_\_\_\_ Father \_\_\_\_\_ Step-Mother \_\_\_\_\_ Step-Father \_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How well do you get along with: Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Step-Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Step-Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Older Bothers: \_\_\_\_\_\_\_\_\_\_\_ Number of Younger Brothers: \_\_\_\_\_\_\_\_\_\_\_

Number of Older Sisters: \_\_\_\_\_\_\_\_\_\_\_ Number of Younger Sisters: \_\_\_\_\_\_\_\_\_\_\_

School Information

What School do You Attend?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

Do You Enjoy School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Are Your Grades Like? (circle): A’s B’s C’s D’s F’s

Religious Information

Do You Attend Church? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

What Church do You Attend?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Often do You Attend Church?: \_\_\_\_\_\_\_\_ times per month

Do You Believe in God? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Uncertain \_\_\_\_\_\_

Do You Pray to God?: Never \_\_\_\_\_\_ Occasionally\_\_\_\_\_\_ Often\_\_\_\_\_\_ Regularly \_\_\_\_\_\_

Are You Saved?: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Uncertain \_\_\_\_\_\_

Do You Read The Bible?: Never \_\_\_\_\_\_ Occasionally\_\_\_\_\_\_ Often\_\_\_\_\_\_ Regularly \_\_\_\_\_\_

How Often Do You Have Family Devotions?: Never \_\_ Occasionally\_\_ Often\_\_ Regularly \_\_

Have You Had Religious Changes In Your Life?: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Attend a Youth Group at Church?: Never \_\_ Occasionally\_\_ Often\_\_ Regularly \_\_

Other Information

Do You Have a Job? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ How Many Hours a Week? \_\_\_\_\_\_\_\_\_

What is Your Favorite Type of Music? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Three of Your Favorite Music Artists/Groups: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Many Hours a Day do You Listen to Music? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Three of Your Favorite TV Shows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Have a Boyfriend or Girlfriend? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

Are You Sexually Active? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

Have You Ever Used Drugs? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ How Often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the Problem(s) You Need Help With:

What Steps Have You Taken to Solve The Problem(s)?:

Circle Any of the Following Words that Seem to Describe You:

Active Self-confident Nervous Ambitious Worried Hardworking Impulsive Likeable Impatient Moody Attractive Calm Serious Lonely Sensitive Shy Submissive Capable Introverted Short-tempered Excitable Good-natured Quiet Extroverted Affectionate Tired Self-conscious Leader Friendly Blue Energetic Distracted Hard-boiled Hopeful Annoyed Daydreamer Frustrated Rejected Fearful Guilty Depressed Useless Suicidal Desperate Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did Your Parents Recommend You Coming Here for Counseling? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Do You Agree That You Need Counseling? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

Do You Have Any Concerns About Getting Counseling: Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

If Yes, What Are Your Concerns?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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