



Mourning Dove Ministries, Inc.

Informed Consent

Training and learning new skills is a cooperative effort between the instructor and the trainee with responsibilities resting with both the counselor and the client. In order to enable you and the trainer to work most effectively together, we ask that you carefully read the information below. If you have any questions, your counselor/coach will be happy to discuss them with you.

Mourning Dove Ministries, Inc. is a counseling and teaching ministry dedicated to providing individuals with the tools to understand and improve relationships. The ministry exists to provide these services from a Christian perspective for individuals, couples, families, and groups. Mourning Dove Ministries' services are available to residents of the community regardless of religious affiliation. Gary W. Delaplane, the lead counselor, holds a Master's Degree in Professional Counseling and provides services as a pastoral counselor through the state registered non-profit of Mourning Dove Counseling. Mr. Delaplane holds memberships, in good standing, in the American Association of Christian Counselors (AACC) and the Georgia Christian Counselors Association (GCCA). Mr. Delaplane is **not** licensed, however, by the State of Georgia, choosing rather to provide counsel and guidance using our unique model of couple with couple coaching. If your situation is deemed inappropriate for the type of assistance provided by this ministry, we will direct you to the level of professional counseling or medical assistance that is appropriate.

CONFIDENTIALITY:

Communications between the client and the staff of Mourning Dove Ministries are confidential and will not be revealed unless required by law such as in situations of child abuse, elder abuse, threats of physical harm to self or others or subpoena of a court. Your counselor or coach will be discreet if it is necessary to contact you at home or work.

INSURANCE:

We regret that Mourning Dove Ministries, Inc. does not take insurance payments. However, upon request, we will provide you with a master bill that can be submitted to your insurance company as an "out of network" provider.

ASSESSMENT:

Your counselor may ask you to complete a personality inventory or some other inventory relevant to the counseling and training process. The cost usually ranges from \$50 to \$100 depending on the cost of processing that inventory.

CANCELLATION OF APPOINTMENTS:

If you must cancel your appointment, please call the ministry and leave a message on the counselor's voicemail (678-596-9594) at least 24 hours in advance of your scheduled appointment. If you miss a scheduled appointment, you will be billed at the full, agreed-upon session rate.

TELEPHONE CALLS:

Should you need to contact your counselor, you may leave a message in our voicemail (678-596-9594) 7 days a week, 24 hours a day. Your call will be returned as soon as possible.

EMERGENCY PROCEDURES:

The counselors or coaches are not available to handle emergencies. If you have an emergency, you will need to contact either a hospital emergency room or the police depending on the situation. Call 911.

I have read the above information and voluntarily request counseling, training and skill enhancement at Mourning Dove Ministries, Inc. and I agree with these terms and conditions. *

Signature: _____ Date: _____

** The signature of the custodial parent or guardian is required for clients under 18 years of age.*



Mourning Dove Ministries, Inc.
870 Doe Hill Lane, Roswell, GA 30075
(678) 596-9594

**PRE-COUNSELING PROFILE
(CONFIDENTIAL)**

Identifying/Contact Information:

Today's Date: _____

Name: _____

Date of Birth: _____ Age: _____ Age of Spouse: _____

Address: _____

Telephone(s): Home: _____ Work: _____

Cell: _____ Other: _____

E-mail Address: _____

Contact in emergency: _____ Phone: _____

Marital Status (Check One):

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

If married, how long? _____ Wedding Date: _____ Spouse's Name: _____

If separated, divorced, or widowed, when did that occur? _____

Previous marriages? _____

Children's Names and Birth Dates:

_____	_____
_____	_____
_____	_____
_____	_____

Occupation (where do you work and the nature of that work):

Do you find this work satisfying? _____

Background Information:

Education (circle the last year that you completed):

Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5 6 +

Other Training: _____

Family of Origin:

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Grade in School Completed.</u>	<u>Occupation if out of school</u>
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____
Brother(s):	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Sister(s):	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Other noteworthy childhood relationships: _____

Significant childhood events (divorce, deaths, sickness, traumas, etc.): _____

Spiritual Background:

Do you regularly attend a church? Yes: ____ No: ____ Are you active? Yes: ____ No: ____

If attending, what is the name of the church? _____

How would you characterize your current relationship with God? _____

Current Situation

Briefly describe the problem which prompted you to seek counseling at this time: _____

Have there been times when the problem got better or disappeared? Yes: ____ No: ____

If yes, when? _____

What do you think helped? _____

Were there times when the problems were especially bad? Yes: ____ No: ____

If yes, when? _____

What made it bad? _____

Are there other people who play a major role in causing your problems or in helping you cope with your problems? Yes: ____ No: ____ Explain briefly: _____

Is there anything else that you believe might be important for your counselor to know at this time?

Describe any physical problems that require medication or physical care: _____

Are you currently receiving medical treatment? Yes: ____ No: ____

When did you last consult with your primary care physician? _____

Are you currently taking any prescription medications? Yes: ____ No: ____

If yes, please list by name and dosage: _____

Previous counseling/therapy? Yes: ____ No: ____ If yes, when? _____

With whom (name/address)? _____

Current Concerns:

Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate each item.

0	1	2	3	4	5	6	7	8	9	10
No Concern					Moderate Concern		Extreme Concern			

_____	Abused as a child	_____	Problems with Parents
_____	Anger/Temper	_____	Resentment
_____	Aggression	_____	Spiritual Concerns
_____	Bitterness	_____	Sexual Concerns
_____	Depression	_____	Stress/Anxiety
_____	Difficulty in Communication	_____	Thoughts of Suicide
_____	Eating Difficulties	_____	Trouble making Decisions
_____	Education	_____	Unhappy most of the Time
_____	Family Problems	_____	Use of Alcohol by Self
_____	Fearfulness	_____	Use of Alcohol by Family Member
_____	Financial Problems	_____	Use of Drugs by Self
_____	Grief/Loss	_____	Use of Drugs by Family Member
_____	Marital Problems	_____	Other Addiction
_____	Personality Conflicts	_____	Work
_____	Physical Problems	_____	Worry
_____	Problems with Relationships	_____	Other (specify): _____
_____	Problems with Children	_____	_____

What are the goals that you hope to reach through counseling? _____

Signature: _____ Date: _____

Additional Information

Please use this page to write any additional information that would be helpful for the counselor to know about your current situation or significant events in your past.

Background Information

Client: _____ Date: _____

Your Mother's Family

Your Mother's Father: _____ DOB: _____

If deceased, DOD: _____

Your Mother's Mother: _____ DOB: _____

If deceased, DOD: _____

Date of Your Mother's Parent's Marriage: _____

Did they separate or divorce? If so, please indicate date: _____

Were either of your mother's parents in other marriages? If so, please elaborate: _____

Your Mother's Name: _____ DOB: _____

Your Mother's Siblings:

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

Your Mother's Marital History:

Please list all significant relationships (from which children resulted), marriages and divorces – with dates:

Please elaborate on other significant situations, events or details that impacted Mother's life (abuse, alcoholism in family, trauma, step-siblings, etc.): _____

Your Father's Family

Your Father's Father: _____ DOB: _____

If deceased, DOD: _____

Your Father's Mother: _____ DOB: _____

If deceased, DOD: _____

Date of Your Father's Parent's Marriage: _____

Did they separate or divorce? If so, please indicate date: _____

Were either of your father's parents in other marriages? If so, please elaborate: _____

Your Father's Name: _____ DOB: _____

Your Father's Siblings:

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

_____ DOB: _____ DOD: _____

Your Father's Marital History:

Please list all significant relationships (from which children resulted), marriages and divorces – with dates:

Please elaborate on other significant situations, events or details that impacted Father's life (abuse, alcoholism in family, trauma, step-siblings, etc.): _____

Other Significant Relationships in the Client's Life:

Your Siblings (please list all client sibling relationships – natural, half, step, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How would you characterize your relationship with God as a teenager and/or young adult?

Other significant relationships in the client's life (please elaborate on other significant relationships that may have impacted the client's life, e.g., a teacher, coach, neighbor, a special uncle or aunt, etc.): _____

Additional thoughts or comments that may provide the counselor with further insights into the family dynamics: _____

