

Personal Data Intake Form
Darryl K. Moore, PhD
Psychologist

Welcome to the Counseling practice of Dr. Moore in association with Christian Counseling Services. Dr. Moore's practice seeks to offer professional counseling to all who seek counseling service and offers a biblically based, Christ-centered approach for all with spiritual beliefs.

Qualifications:

Dr. Moore is a licensed clinical psychologist in the state of California. The license number is PSY 22459. Status of license can be verified at the Board of Psychology website.

Training Program:

Dr. Moore also provides supervision for Psychological Assistants accruing required hours of licensure. If you are receiving services from a Psychological assistant His/Her name will be included here. _____ . If you have any questions or concerns about your counseling services you can contact Dr. Moore independently our through your counselor. Dr. Moore's number is 619 251-8821. _____
Client's initials

Limitations of Confidentiality:

It is understood (and agreed) that all statements, whether written or verbal, with your counselor/lay counselor are of a confidential nature and ethically cannot be disclosed without written consent. The following exceptions will result in confidentiality being waived.

1. We reserve the right to report child abuse or suspicion of child abuse of any type to the proper authorities and/or the right to cause a report of child abuse to occur.
2. We reserve the right to disclose to the appropriate person, agency or civil authorities any harm that a person may attempt or desire to do to one's self or to others.
3. To insure the highest quality process, as a rule your counselor, if under supervision, will consult with their supervisor, regarding your therapy.

Resolution of Disagreements:

If a dispute should arise between the person receiving counseling and the counselor regarding the counseling, one should bring this dispute to the attention of the Dr. Moore.

Fees:

Regular session fees are \$120.00 per session and sessions run for 50 minutes. Fee adjustments or sliding scales feels are available and should be discussed as soon and is feasible. Approximately ten percent (10%) of practice is reserved for low income individuals in order to maximize the availability of services to all.

Late Policy:

If you expect to be late for your appointment please call your counselor. Clients more than 15 minutes late to their scheduled appointment will not be seen. It is the client's responsibility to be on time and get full use of their scheduled appointment.

Cancellations or Reschedules:

In the event you need to reschedule or cancel an appointment please call 24 hours in advance to avoid being charged for the session. This also allows us to reschedule others who are waiting.

Client's initials

Third Party Reimbursements:

Insurance verification and billing may be possible. Please provide all insurance information and copy of insurance card. Please note that every effort will be made to verify and bill insurances. However, you are responsible for all fees if, for any reason, reimbursement is denied by your insurance.

Client's initials

The information contained herein and the following data sheets are true and complete to the best of my knowledge. I have carefully read, understand, and agree to all of the above terms and conditions.

Signature **Date**

PERSONAL DATA FORM

Name _____ HomePhone _____

Address _____ WorkPhone _____

City _____ State _____ Zip _____

Cell phone _____

If you need to be contacted by your counselor may we contact you and at what number can you be reached. Please choose a contact method which provides you with the level of confidentiality you need. Yes _____ Number _____

Gender _____ M _____ F Birth Date _____ Age _____

3

Occupation _____ Employer _____

Marital Status _____ Single _____ Engaged _____ Married _____ Divorced _____ Widowed

Name of Spouse _____ Age _____ Years married _____

Spouse's Occupation _____ Employer _____

This is your _____ marriage. This is your spouse's _____ marriage.

Names and ages of children (indicate children from previous marriage with “*”)

Who referred you to the Counseling Ministry?

Name _____

Relationship _____

INSURANCE

Name of insurance company _____

Name of insured if different then client _____

Address _____

Phone number _____

Policy Number _____ Group Number _____

HEALTH / COUNSELING / LEGAL DATA

1. Are you presently under the care of any medical doctor / practitioner? _____yes _____no

If yes, for what condition?: _____

Doctor's name: _____ Phone: _____

2. Are you currently taking any prescription or non-prescription medications? _____yes _____no

If yes, please indicate type and dosage _____

Prescribed by whom: _____

3. Are you aware of any physical problems that impair your functioning? _____yes _____no

If yes, please explain _____

4. Are you currently receiving or have you in the last 3 years received counseling, individual or marital therapy, or been under the care of any mental health provider or addiction recovery provider?

Provider's Name _____ Phone: _____

Address _____

For what issue _____

5. May we contact this provider for additional information? _____yes _____no

6. Have you ever been hospitalized or been in an outpatient program for emotional or substance abuse? _____yes _____no If yes, please list when, where and for what issue.

7. Are you currently involved in, or anticipate being involved in any litigation or legal action?
___yes___no. If yes, please explain _____

CHURCH BACKGROUND

What church do you currently attend? _____
Attendance Regularly ___ Sometimes ___ Rarely ___
Have there been any recent changes in your spiritual life?

PRESENTING PROBLEM

1. Please state in your own words the problem you are experiencing:

2. What is your goal in seeking help?

3. Are you open to biblical and spiritual guidance for this issue? _____

4. Is the use/abuse of drugs and/or alcohol related to this problem in any way? If yes, please explain _____

5. Is there any other behavior that is related to this problem?

6. Have you experienced any significant loss / crisis / life change recently? _____

7. Do you have any thoughts of hurting yourself or others?
If yes explain:

8. Have u ever attempted to commit suicide?
If yes, explain:

Place a check mark beside any descriptions of what you are currently experiencing.

- ___ Anxiousness ___ Depression ___ Anger ___ Confusion ___ Fear ___ Loneliness
___ Despair ___ Thoughts of suicide ___ Hurt ___ Guilt / Shame ___ Withdrawing from others
___ Distance from God ___ Marital distress ___ Parenting struggles ___ Relational stress