





**Physical Health History**

I think my general health is: good\_\_\_\_\_ average\_\_\_\_\_ poor\_\_\_\_\_

Are you presently under medical care or are you taking any prescribed medications? If yes, please list:

Any other physical health history that would be important to mention?

**Mental Health History**

Are you in treatment with another counselor at this time? \_\_\_ Yes \_\_\_ No

If yes, with whom? \_\_\_\_\_

Have you (or your family members) ever been involved in counseling? \_\_\_ Yes \_\_\_ No

If yes, with whom? \_\_\_\_\_ When? \_\_\_\_\_

Reason(s):

Any other mental health history you believe is important to mention?

**Spiritual History**

Do you attend a church? Y / N Name of church:\_\_\_\_\_

How would you describe your relationship with God?

How have your faith experiences helped or hindered your ability to deal with your struggles?

**Client Notification of Privacy Rights**

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy Law”, HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA also applies to mental health client care. While we do not provide mental health counseling, we will comply with HIPAA regulations regarding the protection of your records. Your signature below indicates that you understand this Client Notification of Privacy Rights document. If you have any questions about any of the matters discussed above, please do not hesitate to ask us for further clarification.

I have read and understood the Pastoral Care and Counseling Informed Consent Form, including the Client Notification of Privacy Rights section.

Name (Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Date