

Barnabas Center

1831 N. Knoxville Ave. Peoria, IL 61603

Ph: 309.688.9282



Peoria Rescue Ministries

Informed Consent

Child Intake Form

You should feel free to:

- Actively set your goals for counseling.
- Contribute to and refine the treatment plan used by your counselor.
- Ask any questions about your mental health condition and the counseling techniques being used to address it.
- Express your opinions (both positive and negative) about your counselor's suggestions.
- Ask about all treatment choices that are available to you.
- Give or withhold your permission, in writing, for your counselor to communicate with anyone outside the therapy relationship (including your physician).
- Ask for a referral if, at any time, you do not believe you're getting the help you need.

You have the right to:

- Be treated with dignity and respect.
- Choose among various treatment options that can be used to deal with your issues.
- Know the risks and benefits of any counseling techniques used in your treatment.
- Know the clinical guidelines used in providing and managing your care.
- Know your counselor's education/training, licensure, and clinical specialties.

We, in turn, expect:

- You will treat Barnabas Center staff members with dignity and respect.
- You will be in charge of scheduling your own appointments and keeping them scheduled into the future appropriately.
- You will arrive for your appointments on time.
- You will, whenever possible, give us at least 24-hour notice if you need to miss an appointment. Repeated missed appointments ("no-shows") will be grounds for termination of counseling.
- You will be open and candid with your counselor. You have a responsibility to give your counselor information needed so you can receive the best possible care.
- You will let your counselor know when you have concerns with the treatment plan.
- You will ask questions about your care so you can better understand your counselor's role in that care.
- You will follow the plan and instructions for care, as agreed upon between you and your counselor.

BY ENTERING INTO THIS COUNSELING ARRANGEMENT, YOU GIVE CONSENT TO BE TREATED BY YOUR COUNSELOR. FAILURE TO FOLLOW THE GUIDELINES STATED ABOVE WILL COMPROMISE YOUR TREATMENT AT BARNABAS CENTER AND MAY MEAN WE WILL RECOMMEND A REFERRAL TO A COUNSELOR OUTSIDE OF BARNABAS CENTER.

Signature of Client or Parent/Guardian

Date

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Confidentiality and Emergency Situations:

Your verbal communication and clinical records are strictly confidential except for:

1. Information you and /or your child or children report about physical or sexual abuse; then, by Illinois State Law, I am obligated to report this to the Department of Children and Family Services.
2. When you sign a release of information to have specific information shared.
3. If you provide information that informs me that you are in danger of harming yourself or others.
4. Barnabas Center is not an emergency provider. If any emergency situation occurs, the client or guardian understands they are to contact emergency services in the community. Barnabas Center will follow those emergency services with standard counseling and support of the client or the client's family.

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Personal Information

(Please print)

Parent/Guardian Name (First, Middle, Last)

Address

Apt#

City

State

Zip

Cell #

-

-

May we leave a message?

Email

Daytime #

-

-

May we leave a message?

Gender M F

Date of Birth

Marital Status Single Married Separated Divorced Widowed

Employed at

Homemaker Unemployed Full-time Student Part-time Student

Relationship to the Child

Do you have joint custody of the child with another adult? Yes No

If yes, individual's name

Cell #

-

-

Does your child have regular visitation with this parent?

Child's Name (First, Middle, Last)

Child's Birthdate:

Child's Gender Male Female

Rate the Child's Health Very Good Good Fair Poor

List any serious medical problems

Current Medications

Allergies

What school does your child attend?

Grade

What concerns do you have about your child's performance in school?

What do you view your child's strengths to be?

What are your main areas of concern for your child?

What have you done to help the situation up to this point?

Does your family attend church together Yes No

If so, what church do you attend?

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Family

Other family members who live in the child's home

Name

Age

Relationship

Parent Agreement

1. It is important for the counselor to meet with the child's primary caregiver prior to making an appointment for the child. After the initial visit with the parent, the counselor will be better able to determine if counseling will fit your family's needs. At times it may be beneficial for the primary caregiver to be invited into the child's session or to meet with the counselor individually.
2. It should be understood that a child needs guidance and encouragement in a loving home. If the home environment is not providing healthy ways of meeting the child's physical, emotional, mental, social, or spiritual needs then the counselor will have very little, if any, affect toward change in the child's life. Adults of the family should seek a means to help accomplish this in their home.
3. The counselor will, at times, assign tasks for the child to accomplish at home. The child, with their parent's encouragement, is asked to complete the tasks in a thoughtful manner. If there is a pattern of incomplete work the counselor will postpone making future appointments with the child until they and their parents can be more invested in the counseling process.
4. As the primary caregiver of this child, I agree to be an active participant in making sure my child is on time for scheduled appointments, completes all tasks assigned by the counselor and I agree to remain in the building during my child's counseling appointment.
5. It is understood the parent must be an active partner toward the solution they seek in the home.
6. The parent must remain on site while the child is in counseling if the child is unable to drive to their own appointments.
7. I have read the Barnabas center policy regarding counseling children and understand my responsibility in the process.

Signed

Date
