



Christian Life Counseling of SWVA, LLC
602 Radford Street
Christiansburg, VA 24073
540-382-1751 (phone)
540-382-1740 (fax)
www.christiancounselingswva.com

Thank you for choosing us to serve you. Your initial appointment will take approximately an hour. There is a lot to accomplish during this appointment. We realize that seeking counseling is a big step towards making positive changes in your life. If you have not been in counseling before, you might not know what to expect and have some anxiety. It is our intent to make you feel comfortable and safe to share whatever issues you are experiencing. There are some business and professional aspects that we complete with you before counseling can begin. It is important for you to complete this packet prior to your appointment for a thorough assessment and productive session. Your counselor will review the packet with you and answer any questions or concerns you may have.

Our practice consists of the following counselors:

- Lisa F. Pugh, LPC
- Tiffany McCann-Vaught, LPC
- Kimberly D. Price, LPC
- Stephanie Whited, LCSW

We are a group of independent counselors that have joined together to meet a need in the area for faith-based counseling. The name of our practice was chosen to make us easy to find for people wanting Christian counseling. We all have earned graduate degrees from accredited universities. All of us are licensed to practice counseling in the Virginia Department of Health Professions. We have a desire to help others heal and grow using their faith using a Biblical World view. However, not all our clients desire Christian counseling. We are trained and willing to provide secular based counseling. Our goal for all our clients is to provide a safe, caring and nonjudgmental environment. Your counselor will only practice within her training and experience. You are encouraged to view your counselor's bio on our website and choose a counselor that you feel can best help you. Your counselor may refer you to someone else if she cannot meet your needs.

Office hours are by appointment only. Counselors have limited hours. Counselors have only part-time hours.

Once you have talked with your counselor, you will be given a direct cell phone number to reach her. You will no longer call the office number. You will be able to reach her directly. You will also have her email address. Please feel free to leave a message if it is not a crisis. Your counselor will return your call as soon as possible. However please note, we do not provide emergency or crisis services. Do not leave a message if you are having a psychiatric emergency. **In the event of a psychiatric emergency, please call ACCESS at 540-961-8300, call 911 or go to the Emergency Room.**

Your counselor is _____. Her cell number is _____. (You can save in your contacts). Her email is _____ (Your counselor will complete this section and return it to you for future reference.)

ADOLESCENT SELF-REPORT

(AGES 13-17)

PLEASE COMPLETE THIS FORM AS WELL AS YOU CAN. IT WILL HELP YOUR COUNSELOR TO UNDERSTAND--IN YOUR OWN WORDS--WHY YOU ARE HERE AND WHAT DIFFICULTIES YOU MIGHT BE HAVING. TAKE YOUR TIME AND DO THE BEST YOU CAN. IF YOU HAVE ANY QUESTIONS, YOUR COUNSELOR WILL GO OVER THE FORM LATER WITH YOU.

Today's Date: _____

Your Name: _____ Age: _____ Grade: _____

Phone Number: _____ (the best number to reach you at)

May we leave voicemails? Yes No If cell phone, may we text? Yes No

If we can email you, please list your email address: _____

By giving us your email, you agree and understand that there is a risk that the transmission could be disrupted or interrupted by unauthorized persons.

Name of Parent or Guardian who brought you: _____

Was it your idea to come? _____ If not, whose idea was it? _____

Why do you think you are coming here? _____

How do you feel about coming here? _____

What do you think they will say the problem is? _____

What do you think the problem is? _____

Name three things in your life that upset or bother you the most:

1. _____

2. _____

3. _____

Have you ever seen a counselor outside of school? _____ When: _____

Why were you seeing the counselor? _____

Was it helpful? _____ If not, why not? _____

Have you ever seen a counselor in school? _____

Was it helpful? _____ If not, why not? _____

What do you like to do (circle the number for each thing that you enjoy):

- | | | |
|----------------------------|-------------------------------------|----------------------|
| 1. Be with my friends | 11. Be with boyfriend or girlfriend | 21. Get high |
| 2. Watch television | 12. Stay to myself | 22. Drink |
| 3. Listen to music | 13. Eat | 23. Play instrument |
| 4. Sing or dance | 14. Diet | 24. Play video games |
| 5. Play sports or exercise | 15. Nothing | 25. Skate |
| 6. Sleep a lot | 16. Just about anything | 26. Roller blade |
| 7. Read | 17. Talk on the telephone | 27. Go shopping |
| 8. Write | 18. Baby-sit | 28. Go to school |
| 9. Draw | 19. Build or fix things | 29. Prayer/Church |
| 10. Get into trouble | 20. Do things with family | 30. _____ |

What else do you enjoy? _____

Are there things you used to enjoy but you don't enjoy now? _____

Name some things: _____

Name some things that you'd like to do but are afraid to do: _____

What do you hate doing _____

What chores or responsibilities do you have at home? _____

How well do you do in school? _____

Favorite classes: _____

Classes you don't like: _____

Are you doing as well as you can in school? _____

If not, why not? _____

Are you popular with classmates? _____

If not, why not? _____

Do you have a job? _____ Where: _____ Total hours a week: _____

Do you have spiritual beliefs? _____ Pray? _____ Go to Church? _____

Have you ever been in trouble with the law? _____ How many times: _____

How did you get in trouble with the law? _____

Have you ever been on Probation? _____ When: _____

Have you ever thought of running away or actually ran away? _____ If yes, why? _____

Have you ever wished you were dead? _____ When: _____

What made you feel that way? _____

Did you ever have a plan to hurt yourself? _____

Did you ever actually hurt yourself on purpose? _____ When? _____

What did you do? _____

Have you felt like dying or hurting yourself in the last few weeks? _____ If yes, why? _____

Do you ever think of hurting other people or animals? _____

Have you ever actually hurt other people or animals? _____

What did you do? _____

Have you ever had sex? _____ Having sex now? _____ Do you use protection? _____

Do you smoke cigarettes? _____ How many a day: _____

Have you ever gotten high? _____ When: _____

Do you drink or get high now? _____ How many days a week: _____

What do you get high on? _____

What did you get high on in the past? _____

What do your parents think about you getting high? _____

Name some things you like about yourself: _____

Name some things you don't like about yourself: _____

Name some things you worry about: _____

What makes you feel happy? _____

What makes you feel sad? _____

What makes you feel angry? _____

Who are you closest to in your family? _____

Who don't you get along with in your family? _____

Why don't you get along? _____

Trauma

Abuse: Yes No Decline to answer

Sexual Abuse: Yes No Decline to answer

Neglect: Yes No Decline to answer

Domestic Violence: Yes No Decline to answer

Other Trauma: Yes No Decline to answer

If you answered "yes", would you like or can you say what happened?

Is there anything we should know or you would like to share that has not been asked or mentioned in this questionnaire?

Client signature: _____ Date: _____

Reviewed by:

Counselor Signature: _____ Date: _____