

# Teaology

## NEW CLIENT INFORMATION

DATE: \_\_\_\_\_

Before we meet, complete this information sheet and either email it (kris@Teaology) or bring it with you.

Be sure to think in terms of your body, mind, emotions, and spirit **and** don't forget to take your personal, public, & professional roles into consideration

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

MAY WE LEAVE A MESSAGE HERE? YES NO

Phone Number for texts: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

BEST WAY TO CONTACT YOU: PHONE EMAIL TEXT OTHER: \_\_\_\_\_

Current Address: \_\_\_\_\_  
STREET / APARTMENT NO. PO BOX CITY STATE ZIP

Home Address: \_\_\_\_\_

Age: \_\_\_\_\_ 18-19 20s 30s 40s 50s 60s 70s 80s 90+  
IF UNDER 18

Relationships: SINGLE DATING COMMITTED YOUNG YOUTH GROWN PETS STRESSFUL PEACEFUL  
CHILDREN MY HOME IS

Employment Status \_\_\_\_\_ Type of work you do: \_\_\_\_\_

2. How did you hear about Teaology?

3. What's going on in your life that you've decided it's the right time to contact us?

4. What do you hope to achieve with our support?

5. What do you think is important for us to know about you?

6. What questions do you have for us?

7. I'd rate the care of my \_\_\_\_\_ UGH! \_\_\_\_\_ WHEW-HOOO!

Body:	1	2	3	4	5	6
Mind:	1	2	3	4	5	6
Emotions:	1	2	3	4	5	6
Relationship with God:	1	2	3	4	5	6
Family relationships	1	2	3	4	5	6
Friend relationships	1	2	3	4	5	6
Work relationships	1	2	3	4	5	6

Please circle all of the following issues that currently concern you.

The Future	Suspicious of others	Hurting others
Work	Sense of "I-Don't-Care"	Compulsions
Career Choices	Avoiding people	Obsessions
Finances	Withdrawal from activities	Obsessive/Compulsive
Retirement	Lying	Current abusive relationship
Legal Matters	Risk-taking behavior	Childhood abuse
Unusual experiences	Lack of contentment	Sexual abuse
Stress	Dissatisfaction	Fear of abuse
Anxiety	Sleep problems	Stomach Trouble
Nervousness	Nightmares	Muscle Tension
Fear	Recurring dreams	Chronic Pain
Guilt	Flashbacks	Nervous Tics
Shame	Anger	Chest Pains
Low self-esteem	Temper outbursts	Palpitations
Feelings of inferiority	Aggressive behavior	Vomiting
Low self-worth	Loss of control	Binging
Relationship stress	Memory	Purging
Relationship difficulties	Concentration	Delusions
Loneliness	Depression	Dissociation
Parenting difficulties	Drug/Alcohol use	Hallucinations
Gender issues	Drug/Alcohol addiction	Hearing things
Problems with intimacy	Suicidal Thoughts	Other: _____
Sexual problems	Suicidal Plans	Other: _____
Jealousy	Hurting self	Other: _____

1. If you could choose two changes you would like to make possible after three months of working together, what would they be?

2. If you have a learning disability or an attention deficit disorder, please tell us a little about it:

3. Do you consider yourself to be (*choose all that apply*):

a. RELIGIOUS    SPIRITUALLY MATURE    CURIOUS    STAGNANT    GROWING    WANTING "MORE"

b. CHRISTIAN    JEWISH    BUDDHIST    HINDU    MUSLIM    PAGAN    ATHEIST

OTHER: \_\_\_\_\_

## POLICIES & DISCLAIMERS

### APPOINTMENTS

If you need to cancel an appointment, a minimum 24-hour notice is required; otherwise you are subject to the full charge for the missed appointment. Either leave a message on our voicemail, which will accurately report the date and time you called, or send an email to Schedule@Teaology.Life. In turn, we will call and leave a message if you are unable to answer, *and* we'll follow-up with an email should we have an emergency situation and have to reschedule.

We ask that you be punctual as well. We use a Timer Chime to mark our time and set it to *start* at the time scheduled for your appointment (unless we are the one delayed). If you are late for any reason, you will receive the remainder of your scheduled time. This is necessary so we can see clients at their scheduled times.

### EMERGENCIES

Please contact 911, your physician, or go to the nearest emergency room for emergencies. We do not provide any type of emergency or crisis care.

### FINANCIAL RESPONSIBILITY

You are fully responsible for all services rendered. Full payment is expected at or before the time of your service. We accept cash, checks, money orders, and PayPal. Please make checks and money orders payable to *kris tenny-brittian*; you can make PayPal arrangements through the PayPal link on the Teaology.Life site. There will be a \$25 fee for checks returned by your bank. We will provide you with a receipt via email if you'd like.

### CONFIDENTIALITY & PRIVACY

Your client records are the property of Teaology and shall be treated as confidential: we neither discuss nor share client information with any third party unless you have given us a properly signed written consent form. Everything about your care is held in strictest of confidence with the exception of those situations which we are required by law to report (such as suspected or reported child abuse, etc.); however, we will never make those official reports until we have first asked you to be a part of that reporting process together with us.

### CLIENT CONTACT

This *New Client Worksheet* asks if we may leave a message at the number you provide. To maintain confidentiality and avoid awkward and potentially unsafe situations for you, we need to know whether or not we can leave messages for you. If it is not okay for anyone answering your phone to know that we are calling from Teaology, please provide us with an alternate number where we can leave a message or a number we can text.

### DISCLAIMER

Neither Spiritual Counseling nor Coaching is a substitute for medical, emotional, or and/or mental health care by a licensed health care professional. If you are receiving treatment for a mental or emotional disorder, please consult with your healthcare professional before making an appointment with us.

A Spiritual Counselor is a mentor, an advisor, a counselor, a facilitator, and a companion along your spiritual journey. We listen, observe, intuit, reflect, teach, and provide tools and resources. Above all, our work is always *about you* ... we work in partnership with you to help you discover and live out who you have been created to be so you can do what you are meant to do.

We are mindful that what we offer you are options. Please take note: we want you to know you are always the one who gets to choose what you do and do not do. You can choose to act or not to act on something (or anything, for that matter) we suggest. You always have the right – and the responsibility – to say “yes,” “no,” “no thank you,” “not at this time,” “stop,” “we’re done,” “this isn’t for me,” etc. You will not offend us ... we promise. We will always respect your choices. And anytime you feel our professional relationship is not helping or benefitting you, please tell us so we can bring our relationship to a healthy close.

**To document that you have read these Policies & Disclaimers and that you understand and agree with them, please sign and date below (*and make a copy to keep in your records*):**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

**If you are under the age of 18, your Parent or Guardian must sign:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship