

NEGCS

N.E. Georgia Counseling Services, LLC
6221 West Ave.
Lavonia, Georgia 30053
(800) 590-5015 (Call Center)
(770) 490-5015 (cell)

AN INTRODUCTION

Dr. Bud Wohlhueter, NCCA LCCC - Advanced, earned his undergraduate degree in Mechanical Engineering from Southern Polytechnic State University. He earned his Master and Doctorate degree at Andersonville Theological Seminary in Theology. Bud has spent the last 20 years offering Christian Counseling in the local Church. He is currently working on his Doctorate in Christian Counseling at Andersonville Theological Seminary in partnership with the National Christian Counseling Association (NCCA). This Doctoral program deals with integrating Christian theology and Marriage and Family Therapy. Dr. Wohlhueter is a clinical member of the National Christian Counseling Association for Marriage and Family Therapy. He is licensed by the NCCA as a Licensed Clinical Christian Counselor (LCCC) - Advanced (*Doctoral emphasis*). He is the Executive Director and Founder of N.E. Georgia Counseling Services, LLC

The fee for each 50-minute counseling session is as follows:

Initial	\$75.00
Individual/Couple	\$65.00

A sliding scale is available if criteria are met based on income. If you are unsure if you can afford a session, PLEASE ASK! We are more than glad to work out financial arrangements so proper help can be obtained.

Please make checks payable to NEGCS (N.E. Georgia Counseling Services, LLC). All credit and debit cards are accepted. In an effort to keep costs down, NEGCS does NOT accept insurance for counseling sessions. Our desire is to keep sessions affordable and available to all who need help. All accounts past due over 90 days will be charged a 20 % APR on the outstanding balance and may be reported to a collection agency.

Cancellations must be given 24 hours in advance or a \$75.00 fee will be charged. If you call less than 24 hours in advance to cancel your appointment and the appointment cannot be filled, there will be a \$75.00 charge.

Believing that all relationships are better when there is a clear understanding of expectations; this information is submitted to you.

If you have any questions regarding the above, feel free to discuss them with Dr. Bud Wohlhueter or his Office Manager at our office, or call (770) 490-5015.

CONSULTATION INFORMATION SHEET

The purpose of the following questionnaire is to help your counselor understand some important things about you and how you can be helped most efficiently.

If you come across questions that do not apply to you, disregard them. If you do not understand a question, place a question mark (?) near the question.

NAME _____ TODAYS DATE _____

ADDRESS _____

CITY _____ ZIP _____

PHONE: HOME Area Code (____) _____ WORK (____) _____

CELL (____) _____ PAGER (____) _____

Would you like for us to contact you via e-mail? _____

Address: E-mail _____

DATE OF BIRTH _____ AGE _____ SEX _____

MARITAL STATUS _____ SS# _____

NAME OF SPOUSE _____ DATE OF BIRTH _____

YEARS MARRIED _____ NUMBER OF CHILDREN _____

IS THIS YOUR FIRST MARRIAGE? _____

PLEASE LIST YOUR CHILDREN:

NAMES	DOB/AGE
_____	_____
_____	_____
_____	_____

WHO REFERRED YOU TO US? _____

PLEASE LIST YOUR BROTHERS AND SISTERS, STARTING WITH THE OLDEST.

GIVE THEIR AGES. BE SURE TO INCLUDE YOURSELF BY INDICATING ME.

NAMES	AGE
_____	_____
_____	_____
_____	_____

OCCUPATION _____

PLACE OF EMPLOYMENT _____ YEARS _____

RELIGIOUS BACKGROUND _____ SPOUSE _____

PRESENT CHURCH AFFILIATION _____

HOW WOULD YOU RATE YOUR HEALTH?

____ Excellent ____ Good ____ Average ____ Poor

DATE OF LAST MEDICAL EXAM _____

ARE YOU PRESENTLY TAKING MEDICATION? _____

IF YES, WHAT TYPE? _____ DOSAGE _____

NAME OF DOCTOR WHO PRESCRIBED MEDS _____

HOW MUCH ALCOHOL DO YOU CONSUME WEEKLY? _____

HAVE YOU EVER RECEIVED COUNSELING OR PSYCHOTHERAPY BEFORE?

____ YES ____ NO

IF SO, LIST COUNSELORS AND DATES SEEN:

WAS COUNSELING HELPFUL? ____ IN WHAT WAYS WAS IT HELPFUL OR NOT?

WHAT EVENT OR CRISIS LED YOU TO SEEK COUNSELING AT THIS TIME

PLEASE COMPLETE THE FOLLOWING. (SIMPLY RECORD THE FIRST THOUGHT THAT COMES TO MIND THERE IS NO RIGHT OR WRONG ANSWERS.)

1. The most important thing to me is
2. I worry about
3. I am happiest when
4. What I do best is
5. I have been criticized for
6. I often feel that God
7. I sometimes felt guilty about
8. It makes me angry when
9. My biggest mistake was
10. My job
11. It makes me nervous when
12. My experience with religion
13. My personality would be better if
14. I often felt mother was
15. Jesus Christ is
16. My childhood was
17. My biggest disappointment
18. I would be better liked if
19. To me sex is
20. Men are
21. I often felt my father was
22. My children
23. Women are
24. What hurts me most is
25. My biggest problem in life is
26. In relationships, I don't seem to be able to
27. To me intimacy is
28. I have the biggest problem trusting

CONFIDENTIALITY: Please be assured that any information on this form or in therapy will be kept confidential. At times, your Counselor may record the session, or discuss issues of treatment for supervision purposes only. All information will be held in strict confidence.

EXCEPTIONS TO CONFIDENTIALITY

1. If you report suicidal or homicidal thoughts.
2. If you report abuse of a minor/elderly (physical, emotional or sexual).

I, the undersigned, have read and understood the above information:

Client Signature _____ Date _____

**Notice of Privacy Practices
Receipt and Acknowledgment of Notice**

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of N.E. Georgia Counseling Services, LLC Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Bud Wohlhueter @ (770) 490-5015.

Signature of Patient/Client

Date

Signature of Parent, Guardian or Personal Representative

Date

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date