REFERRALS

# Counselor Profile

## Personal Information:

Name: _____

Birthdate: _____

Gender: _____

Title: _____

Degree: _____

Professional Agency Name: _____

Agency Address: _____

_____

Business Phone #: _____

Business Hours: _____

Website: _____

Email (NPMI use only): _____

Cell Phone (NPMI use only): _____

Marital Status: _____

Children's Ages (if applicable): _____

NORTH POINT MINISTRIES

## Counseling Preferences

What type of clients do you counsel? Please check all that apply.

___Males ___Females ___Adults ___Teens ___Children
___College ___Single ___Married ___Divorced
___Family Unit ___Blended Families

**Specialties:** In which areas do you feel ESPECIALLY qualified?

___ ADHD
___ Addiction
___ Adjustment
___ Adoption
___ Affair Recovery
___ Alcohol Abuse
___ Alzheimer's
___ Anger Management
___ Antisocial Personality
___ Anxiety
___ Asperger's Syndrome
___ Autism
___ Bipolar Disorder
___ Blended Family
___ Body Image
___ Borderline Personality
___ Boundaries
___ Cancer
___ Career
___ Chronic Illness
___ Chronic Pain
___ Codependency
___ College and Student Affairs
___ Court Ordered Evaluations
___ Crisis Pregnancy
___ Dating
___ Depression
___ Developmental Disorders
___ Dev/Intellectual Disability
___ Divorce Recovery
___ Drug Abuse
___ Dual Diagnosis
___ Eating Disorders
___ Emotional Abuse
___ Emotional Disturbance
___ Family Conflict
___ Gambling Addiction
___ Gender Identity/Transgender
___ Grief
___ HIV/AIDS
___ Hoarding
___ Infertility
___ Infidelity
___ Insomnia
___ Internet Addiction
___ LGBTQ+
___ Leadership
___ Learning Disabilities
___ Life Coaching
___ Life Transitions
___ Marital and Premarital
___ Marriage
___ Medical Detox
___ Medication Management
___ Men's Issues
___ Mental Illness
___ Mid-life Crisis
___ Miscarriage
___ Missionary Re-entry
___ Mood Disorders

**Specialties:** Continued

___ Narcissistic Personality Dis.
___ OCD
___ Oppositional Defiance
___ PTSD
___ Parenting
___ Pastor's Family
___ Personality Disorders
___ Physical Abuse
___ Post Abortion
___ Postpartum Dep/Anxiety
___ Premarital
___ Prepare-Enrich
___ Psychological Testing/Eval
___ Racial Identity
___ Rape Recovery
___ Relationship Issues
___ Retirement
___ School Counseling
___ Self Harm
___ Sex Therapy
___ Sexual Abuse
___ Sexual Addiction
___ Sexual Concerns
___ Single's Issues
___ Social Anxiety
___ Spiritual Warfare
___ Spirituality
___ Sports Performance
___ Stress
___ Substance Abuse
___ Suicidal Ideation
___ Suicide
___ Teen Violence
___ Trauma
___ Traumatic Brain Injury
___ Treatment Resistant Depression
___ Video Game Addiction
___ Weight Loss
___ Women's Issues

## Counseling Preferences

What problems do you prefer not to treat? _____

_____

_____

## Charges for Services

Basic Fee Schedule: _____

Sliding fee/scale policy: _____

Do you offer additional financial assistance? _____

Do you accept insurance? If so, which providers: _____

Do you accept Medicare? _____

Do you accept Medicaid? _____

## Professional Information

Give a brief overview of your professional experience, including places, dates, and scope of activities. (or attach resume)

With which professional organization are you currently affiliated?

Does your state offer licensure/certification/registration? _____

Are you licensed/certified/registered in your state? _____

*Please attach a copy of your license*.

If not licensed, are you currently pursuing licensing? _____

Estimated completion date: _____

Do you have any other certificates/trainings not listed above? (i.e. CBT, BDT, EMDR

Prepare/Enrich, etc.) _____

_____

_____

## Education

Please list your background education, starting with the most recent.

*School* *Dates attended* *Major/Degree*

_____

_____

Other educational experiences (workshops, seminars, etc.) - please include dates

_____

_____

## Liability/Malpractice

Do you carry malpractice insurance? _____

If not, why? _____

Name of Carrier/Amount: _____

Is it current? If not, why? _____

Have you ever had a malpractice claim/suit filed against you? _____

If yes, what where the results of the findings and were there any disciplinary actions taken?

_____

_____

_____

The following questions are to gauge your personal beliefs, not your spiritual practice as a counselor

Church: _____ Denomination: _____

List ministry responsibilities (i.e. pastor, youth director, Sunday school teacher, elder)

_____

_____

Do you have any way to have regular accountability of your work & ministry? Please explain.

_____

_____

Do you integrate theological with psychological in your counseling? If so, how?

What is your definition of a Christian?

Are you a Christian based on that definition?

How would you describe your relationship with Jesus Christ?

What is your basic view of scripture?

## Spiritual

What are your personal convictions on the following topics and how would they (if in any way) affect your approach with your clients?

Marriage:

Divorce:

Remarriage:

Premarital Sexual Activity:

Extramarital Sexual Activity:

Abortion:

## Spiritual

What are your personal convictions on the following topics and how would they (if in any way) affect your approach with your clients?

Cohabitation:

LGBTQ+:

Pornography:

Addiction (Gambling, Alcohol, Substance):

Financial Debt:

## Professional Associates & Colleagues

Please provide the names, email addresses, and contact numbers of two professional and two personal references.

_____

_____

_____

_____

## Feedback

Please use this space for any feedback or comments which you would like to give us. What are your ideas on ways we can work together to improve the service and care we want to give to those in need?

_____

_____

_____

_____

_____

_____