

NAME

National Association of Marriage Enhancement

Request for Counseling Appointment

Date of request ____/____/____ Time of request _____ am \ pm Receptionist _____

Name _____

Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone(s): Day _____ Evening _____

Age _____ Spouse's Age _____

Type of Counseling Desired (check one) _____ Husband/Wife _____ Premarital _____

Is this *his* first marriage? _____ Yes _____ No *Her* first marriage? _____ Yes _____ No

How long have you been married? _____

If pre-marital, how long have you been dating? _____ What is your wedding date? _____

Have you contacted our wedding coordinator? _____

How did you hear about NAME? _____

Nature of your counseling need: _____

Are you presently seeking any other counsel? _____

What is the best day and time for you? _____

For use by NAME Center Director

Care Couple _____ Phone Number _____

Alternate Care Couple _____ Phone Number _____

Date/Time Assigned _____ Initials _____

Suggested Appointment _____

Date/Time of Appointment _____ Room _____

Date Appointment Set _____ Initials _____

Comments/Follow-up _____

NAME

National Association of Marriage Enhancement

Name _____ Type of Counseling Desired
Spouse's Name _____ (circle one)
Address _____
City _____ State _____ Zip _____ Husband/Wife
Phones: Day _____ Evening _____ Premarital
E-mail Address _____
Age _____ Spouse's Age _____ # of Children _____

List Names and Ages of Children

Is this your first marriage? Yes _____ No _____ Pre-Marital _____ (check one)
How long have you been married? _____ If pre-marital, how long have you been dating? _____
How did you hear about NAME? _____

State the nature of your counseling need. _____

Are you presently seeking any other counsel? _____

NOUTHETIC COUNSELING ACKNOWLEDGMENT AND CONSENT

I voluntarily agree to the nouthetic counseling provided by _____. I understand and recognize that such nouthetic counsel consists of guidance pertaining to ideals, beliefs and scripture as interpreted and ministered by the above named, who has completed the training established by NAME (National Association of Marriage Enhancement) and received the association's designation of certified marriage specialist (CMS).

I recognize and understand I am not receiving secular or psychiatric, psychometric, or psychological counseling. I understand and recognize that the above named nouthetic counselor is not a licensed mental health care provider, and the above named nouthetic counselor is not holding himself out as a "psychiatrist," "psychometrist," or "psychologist" nor is his guidance considered "psychiatry," "psychometry," or "psychology."

I acknowledge and understand that this acknowledgment and consent has the same force and effect regardless of whether the nouthetic counseling activities are free instead of a fee being charged for consultation.

I acknowledge and understand that the nouthetic counseling received from the above named nouthetic counselor does not and will not assess, diagnose, correct, treat or counsel in a professional relationship to assist in, among other things, the following: (a) alleviating mental or emotional illness, symptoms, conditions, or disorders, including alcohol or drug addiction; (b) understanding conscious or subconscious motivations; (c) resolving emotional, attitudinal, or relationship conflicts; or (d) modifying feelings, attitudes, or behaviors that interfere with effective emotional, social or intellectual functioning, and in the event such advice is given concerning these or problems of the like, such advice is not given in a professional capacity, but is given by the above named only in his recognized capacity as a biblically-based nouthetic counselor, without any further representation of professionalism.

I acknowledge and understand it is my obligation to inform the above named nouthetic counselor, prior to a nouthetic counseling session, that I do not desire to participate in nouthetic counseling, but rather, I am seeking to establish a professional relationship with a mental health service provider.

I acknowledge and understand that I take full responsibility for decisions made by me after this counseling session. I understand that NAME acts as a training association and designations are for the purpose of identifying completed training, without further responsibility.

I have fully informed myself of this Nouthetic Counseling Acknowledgment and Consent by reading and understanding it before signing it.

Signature _____ Date _____

Spouse's Signature _____

Print Name(s) _____