

# Directions

## Kanawha Pastoral Counseling

KPCC offices are located in Church facilities

### **First Presby Church, Charleston - for Sky, Andy, Rosie, Sabrina, Ric, Bob, Lori**

Take the Leon Sullivan exit from I-64. Go straight on Leon Sullivan Way, the Clay Center will be on your left. Stay on Leon Sullivan and go straight through four traffic lights, and cross straight through at Virginia. First Presby is the last Church on the left, across from the Charleston Catholic High School. There are no outdoor signs for KPCC. Click here to go to a street map: [Map of 16 Leon Sullivan Way Charleston, WV 25301-2402, US](#)

First Presby takes up the whole block on the left side of Leon Sullivan Way, between Virginia and Kanawha Boulevard, in Charleston. The driveway entrance into the Church parking lot is half-way down this last block, on the left. As you pull into the driveway you will see a double glass door on the building on your left (the bigger building), come in through those doors and take the elevator up to the 3rd or 4th Floor.

Sabrina, Rosie, Ric, and Bob are on the 3rd floor. Go down the hall to the waiting area. Sky and Andy are on the 4th floor, the waiting area is in the hallway. If you are not sure if you are at the right place or the right time, please feel free to check in at the KPCC main office on the 3rd floor. Call us if you are lost, 304-346-9689.

### **Directions to Ann Martin's office at Christ Church United Methodist in Charleston**

Take the Leon Sullivan exit from I-64. Go straight on Leon Sullivan Way to Virginia St. Turn left, go two blocks and left again on Morris St, one block and left on Quarrier St. then immediately left again into the church parking lot. If the first lot is full go across the alley for more parking. When you enter the church from the parking lot you will be in a wide hallway. About half-way down the hallway there is an elevator. Take the elevator to the second floor, Room 230.

### **Directions to Jack Stringfellow's office at Trinity Lutheran Church in Charleston**

Trinity is at 1600 Kanawha Blvd East. From I-64 take the Greenbrier St exit and head towards the river, the capitol will be on your left. Go all the way to the end at Kanawha Blvd (by the river), take a right, Trinity Lutheran will be on one block at Elizabeth Street. It is a red brick building. Turn Right onto Elizabeth and another quick right into the parking lot. Come to the double doors off the parking lot. I'll meet here at your appointment time. If, by chance, the door is open and you get into the building, turn to your right, go up the short steps, and go right into the lounge area till I come out of my office for you at the appointment time.

### **Directions to Andy Counts' Friday office in Hurricane in the Reese Building**

The Reese Building is located at 3520 Teays Valley Rd. (Rt.34) in Hurricane, right across from the Hurricane City park; next door to the Family Practice of Drs. Yeager and Smith, in the office of King's River Worship Center.

## Client Information and Consent Form

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address (useful for scheduling - please print clearly) \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ SS # \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex (M/F) \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent, Guardian or Family Member: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information: (Please give your insurance card to the receptionist so we can make a copy of it for our records.)

Name of Insurance Co: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Holder's SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

Group / Policy #: \_\_\_\_\_ Insurance ID# (if different than SS#) \_\_\_\_\_

### Authorization and Consent for Treatment and HIPAA Notification

I hereby give my consent to KPCC to provide evaluation, treatment and/or other services that we may mutually determine to be appropriate.

I authorize KPCC to directly bill and receive payment from my insurance company and/or other persons liable to pay my bill. I assign my right to receive payment directly from any available source to KPCC. I will get authorization from my insurance company for any of KPCC's services if it is required by my policy. I will personally pay all charges not paid by my insurance company or anyone else.

I am aware of the KPCC "Notice of Privacy Practices" and understand a hard copy can be provided at my request and via [www.kpcc.com/counseling/forms/](http://www.kpcc.com/counseling/forms/). I understand that KPCC may make verbal summaries or send summaries or records of my evaluation and/or treatment to my insurance/managed care company for clinical review as part of its responsibility to manage my care. I further understand that these services are confidential and that information about me will not be disclosed or released to anyone other than authorized KPCC staff without my written consent, with the following exceptions: 1. Information necessary to authorize services or pay claims will be communicated to the insurer/claims payor when required. 2. If I disclose information in the course of evaluation or treatment which indicates I present a clear and present danger to myself or others. 3. As mandated by state or federal law.

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If signed by guardian, guardian's authority is based on \_\_\_\_\_

## Client/Therapist Agreement

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_


I agree to abide by the following policies in my relationship with my therapist and Kanawha Pastoral Counseling

1. I agree to keep any appointment made between me and my therapist. I understand that any change or cancellation must be made 24 hours in advance of the appointment time or the Missed Session Fee will be charged. Messages can be left on KPCC voice mail when the office is closed. If my Insurance does not pay for a late cancellation, I will be responsible for the full fee. Sessions are considered cancelled due to inclement weather if there is a county school closing. Missed group sessions will be charged full group fee, even with advance notice. KPCC may use a billing agency if I have an overdue or outstanding balance.
2. I may be asked to have a psychiatric examination, a medical checkup, and/or psychological testing. I will be responsible for these fees. Appointments with the KPCC Medical Director require advance payment of the full fee and payment is expected before an appointment is scheduled.
3. My confidentiality will be carefully protected by the KPCC staff. I am aware of specific situations in which WV law sets limits on my privilege of confidentiality: These are if I disclose to my therapist or a staff member any of the following: a) my intent to harm myself; b) my intent to harm other persons; c) my involvement in abuse or neglect of children or of elders. I will be honest and candid with my therapist about any of the above impulses or actions. I understand that KPCC will take action to protect me or others; such as notifying the Department of Human Services and/or other appropriate persons or agencies.
4. KPCC may offer me a fee subsidy based on my financial circumstances. This subsidy will not apply for missed sessions, for psychiatric services, or for case management services, such as letters or conferences related to my therapy or for offering legal testimony, etc.
5. Telephone contacts for purposes other than setting appointment times will be billed on a prorated basis. Long distance conferences will be initiated by the client.
6. KPCC office hours are Monday through Friday, 9 am through 5 pm. My therapist will be available to meet with me by appointment only. Emergency services are not available at KPCC. If I am in crisis I agree to seek help through the Emergency Room services of the hospital closest to me, or by calling 911. If I anticipate a crisis I will make arrangements with my therapist for appropriate support.
7. If I receive a benefit for therapy costs through a health insurance plan, I may elect to pay my share at the time of the session and to sign over insurance payments to the Center. Statements not honored by the insurance company remain my responsibility. I will reimburse KPCC for any insurance benefit incorrectly paid to me.
8. Fees: \$ 165 per 55 minute session; \$75 per group ses; \$135 case managnt; \$200 per first session
  - a. My payment: \$ \_\_\_\_\_; Insurance payment: \$ \_\_\_\_\_; Other 3rd Party \$ \_\_\_\_\_
  - b. Fee Subsidy: \$ \_\_\_\_\_; Missed Session / Late Cancellation Fee: \$ \_\_\_\_\_
  - c. I understand that payment is expected and due at the time of each session.
9. I understand and agree to follow the KPCC policies stated above:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## Medical History Form

 Kanawha Pastoral Counseling Center  
16 Leon Sullivan Way, Suite 300  
Charleston, WV 25301  
304-346-9689

Client Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Family History:**

Where were you born? \_\_\_\_\_ Where did you grow up? \_\_\_\_\_

Number of siblings \_\_\_\_\_ Your birth order \_\_\_\_\_ (youngest, oldest, etc.)

Do you have any family members who have been in counseling or hospitalized for psychiatric reasons?

Do you have any family members who have struggled with addictions?

Do you have any family members who have struggled with hurting themselves or others?

### **Medical/Surgical History:**

Do you have a regular Doctor? \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last checkup \_\_\_\_\_

KPCC encourages its clients to have a regular medical exam at least once a year. Medical issues can sometimes cause mental, emotional or relational distress, and so it is important to rule these out as not being a factor in what has brought you to counseling.

If you do not have a regular doctor, we urge you to get one. If you do not have insurance or a medical card, you may qualify for free medical service at WV HealthRight.

Please check any illness you currently have or had in the past.

<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Sex Trans Disease
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Cancer	
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Kidney Disorder
<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Head Injuries
<input type="checkbox"/> Anemia	<input type="checkbox"/> TB	<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Injuries
<input type="checkbox"/> Ulcer	<input type="checkbox"/> Colitis	<input type="checkbox"/> Bone Disorder	<input type="checkbox"/> Muscular Disorder
<input type="checkbox"/> Nerve Disorder	<input type="checkbox"/> Seizures		

Other: \_\_\_\_\_

**(over please)**

Please list any medications you are currently taking.

Medication	Dosage	Reason	Start Date	Doctor

Any drug sensitivities or allergies: \_\_\_\_\_

Daily consumption of coffee, tea, or soft drinks containing caffeine: \_\_\_\_\_

Estimated consumption of tobacco: \_\_\_\_\_ per day per week. Type: \_\_\_\_\_

Estimated consumption of alcohol: \_\_\_\_\_ per day per week. Type: \_\_\_\_\_

Estimated use of "recreational drugs": \_\_\_\_\_ per day per week Type: \_\_\_\_\_

Do you have easy access to a firearm? \_\_\_\_\_ Is it loaded? \_\_\_\_\_ Is it locked? \_\_\_\_\_

KPCC recommends that clients who have access to firearms take precautions that the firearms be locked and stored unloaded. If there is anyone in your household, including yourself, who may be depressed or angry, we urge you to remove the firearms completely from the house.

Traumatic Life Experiences \_\_\_\_\_

\_\_\_\_\_

Have you had counseling before? When? \_\_\_\_\_

With Whom? Was it helpful? \_\_\_\_\_


Have you ever thought about hurting yourself? \_\_\_\_\_ How recently? \_\_\_\_\_

Have you ever tried to hurt yourself? \_\_\_\_\_ How recently? \_\_\_\_\_

Have you ever thought about hurting someone else? \_\_\_\_\_ How recently? \_\_\_\_\_

Have you ever tried to hurt someone else? \_\_\_\_\_ How recently? \_\_\_\_\_

## Symptom Checklist

 Kanawha Pastoral Counseling Center  
 16 Leon Sullivan Way, Suite 300  
 Charleston, WV 25301  
 304-346-9689 www.kpcc.com

Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Listed below are a number of categories in which persons commonly find some difficulties. Please indicate how you are affected by each by circling the appropriate number. Circle a number for every item. Please use the number scale outlined below.

Not a Problem	A Slight Problem	Moderate Problem	Serious Problem	Severe Problem
1	2	3	4	5

	<b>Your Physical Functions</b>	
1	Sleep Pattern	1 2 3 4 5
2	Eating Pattern	1 2 3 4 5
3	Bladder Control	1 2 3 4 5
4	Bowel Control	1 2 3 4 5
5	Seizures or Convulsions	1 2 3 4 5
6	Speech (stuttering or stammering)	1 2 3 4 5
7	Weight Problem	1 2 3 4 5
8	Sexual Functioning	1 2 3 4 5
9	Other	1 2 3 4 5
<b>Your Experience at Work</b>		
10	General Performance	1 2 3 4 5
11	General Satisfaction	1 2 3 4 5
12	Lateness	1 2 3 4 5
13	Absenteeism	1 2 3 4 5
14	Negative Feelings about Work	1 2 3 4 5
15	Relating to Supervisors	1 2 3 4 5
16	Relating to Co-Workers	1 2 3 4 5
17	Relating to Supervisees	1 2 3 4 5
18	Other	1 2 3 4 5
<b>Your Behavior</b>		
19	Difficulty with Daily Routine	1 2 3 4 5
20	Letting Others Take Advantage of You	1 2 3 4 5
21	Hyperactivity (Can't sit still)	1 2 3 4 5
22	Repeating Certain Acts, Again and Again	1 2 3 4 5
23	Physically Abusing Others	1 2 3 4 5
24	Using Alcohol to Cope with Problems	1 2 3 4 5
25	Using Drugs to Cope with Problems	1 2 3 4 5
26	Lying	1 2 3 4 5
27	Stealing	1 2 3 4 5
28	Withdrawal from Others Socially	1 2 3 4 5
29	Dependency (Relying on others too much)	1 2 3 4 5

30	Suspiciousness (questioning other's motives)	1 2 3 4 5
31	Hostility (feeling angry towards others)	1 2 3 4 5
32	Other	1 2 3 4 5
<b>Your Feelings &amp; Moods</b>		
33	Depression (sadness)	1 2 3 4 5
34	Euphoria (feeling "high")	1 2 3 4 5
35	Sudden Changes in Mood for No Apparent Reason)	1 2 3 4 5
36	Anxiety (nervousness)	1 2 3 4 5
37	Lack of Energy	1 2 3 4 5
38	Feeling Angry	1 2 3 4 5
39	Not Liking Self	1 2 3 4 5
40	Not Liking Others	1 2 3 4 5
41	Other	1 2 3 4 5
<b>Your Inner Thoughts &amp; Ideas</b>		
42	Thoughts about Hurting Yourself	1 2 3 4 5
43	Thoughts about Hurting Others	1 2 3 4 5
44	Having Unwanted Thoughts, Again & Again	1 2 3 4 5
45	Worrying about Your Health	1 2 3 4 5
46	Believing You Are Inferior to Others	1 2 3 4 5
47	Believing You Are Better Than Others	1 2 3 4 5
48	Seeing Things Without Apparent Cause	1 2 3 4 5
49	Hearing Things Without Apparent Cause	1 2 3 4 5
50	Experiencing Confusion	1 2 3 4 5
51	Memory	1 2 3 4 5
52	Other	1 2 3 4 5

Please list any particular worries you have about the symptoms you have listed:

What do you think is causing your symptoms?

Have any of the symptoms affected your daily life and activities? How?

What are your goals for therapy here at KPCC?

Would you like prayer to be a part of your sessions?

yes / no / maybe / sometime

---

*Client Signature*

---

*Date*