

**CONFIDENTIAL**  
Intake Information

Today's date \_\_\_\_\_.

**About You Personally:**

Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(number & street) (city & state) (ZIP code)

Phone: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Cell \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Occupation/Profession \_\_\_\_\_ Place of Employment \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender (please circle) Male Female

Relationship status: \_\_\_Single \_\_\_Separated \_\_\_Married \_\_\_Divorced \_\_\_Widowed \_\_\_Other

If you have served in the armed forces, please provide the following information:

Branch \_\_\_\_\_ Years of service \_\_\_\_\_ Rank \_\_\_\_\_

**About Your Family:**

Spouse's name \_\_\_\_\_ Age \_\_\_\_\_ Years married \_\_\_\_\_

Occupation/Profession \_\_\_\_\_ Place of Employment \_\_\_\_\_

Please provide the following information about any children you may have from oldest to youngest:

Name \_\_\_\_\_ Age \_\_\_\_\_ Are you the birth parent? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Are you the birth parent? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Are you the birth parent? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Are you the birth parent? \_\_\_\_\_

Regarding your parents, are they (please circle one)

married/separated/divorced mother: living/deceased father: living/deceased

How would you describe your relationship with them? \_\_\_\_\_

\_\_\_\_\_

**About Your Medical History:**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please provide the following information about any prescription medications you are taking:

Rx name \_\_\_\_\_ for \_\_\_\_\_ dose \_\_\_\_\_ x/per day \_\_\_\_\_ since \_\_\_\_\_

Rx name \_\_\_\_\_ for \_\_\_\_\_ dose \_\_\_\_\_ x/per day \_\_\_\_\_ since \_\_\_\_\_

Rx name \_\_\_\_\_ for \_\_\_\_\_ dose \_\_\_\_\_ x/per day \_\_\_\_\_ since \_\_\_\_\_

Rx name \_\_\_\_\_ for \_\_\_\_\_ dose \_\_\_\_\_ x/per day \_\_\_\_\_ since \_\_\_\_\_

Height \_\_\_\_' \_\_\_\_" Weight (opt.) \_\_\_\_lbs. Date of past physical exam \_\_\_\_\_

General physical condition \_\_\_\_\_ Current physical problems \_\_\_\_\_

Person to contact in emergency \_\_\_\_\_ Relationship to you \_\_\_\_\_

Their contact numbers: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Have you ever been hospitalized for psychological reasons? \_\_\_\_yes \_\_\_\_no

Have you ever attempted suicide? \_\_\_\_yes \_\_\_\_no

**About Your Spiritual Life:**

Please indicate with which, if any, church or religion you identify or are affiliated. \_\_\_\_\_

If you are affiliated with a specific congregation, please give the name. \_\_\_\_\_

Are you actively involved in the life of this group? \_\_\_\_yes \_\_\_\_no

Please circle all the words or phrases below that describe your current spiritual experience:

not a spiritual person	curious but skeptical	curious and hopeful	seeking God
born again	charismatic	stagnant	growing
closed toward God	open towards God	God is a friend	God is distant
God is a good Father	God is an angry Father	God knows me	God loves me
angry with God	God is punishing me	God likes me	confused about God

**About Your Desire for Counseling:**

By whom were you referred? \_\_\_\_\_ Relationship to you \_\_\_\_\_

Reason you are seeking counseling today \_\_\_\_\_

Have you sought counseling for this reason before? \_\_\_\_\_yes \_\_\_\_\_no

If so, what was the name of the counselor? \_\_\_\_\_

What was the outcome of that counseling? \_\_\_\_\_

What is the desired outcome of the counseling you are pursuing today? \_\_\_\_\_

*I certify that the information contained herein is complete and accurate, to the best of my knowledge. I voluntarily consent to the counseling I receive from Dr. Walley.*

\_\_\_\_\_  
(signature)

\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_  
(date)

**Welcome! I look forward to our work together and enter this process with an expectancy that God will use these times for your best and His good purposes.**

The Office of  
**David Miller Walley, Ph.D., M. Div.**  
 109 Neals Private Court, Gallatin, Tennessee 37066

**COUNSELING GOALS**

Please look over the items in the following list and circle the number by each that represents a goal that you would like to work on.

01	reducing fear in my life	26	improving my ability to sleep
02	increasing pleasure in normal activities	27	Responding more effectively to criticism
03	improving communication with spouse/children/ friends/coworkers/others [circle choice(s)]	28	Help with my marriage (specify) _____
04	expressing myself more assertively	29	learning problem-solving/decision-making skills
05	learning how to relax	30	reducing family difficulties
06	better managing my mental/emotional health	31	reducing on-the-job difficulties
07	better tolerating my mistakes	32	better managing my temper
08	better tolerating others' mistakes	33	taking initiative more often
09	feeling less guilty	34	increasing my assertiveness
10	feeling less depressed	35	procrastinating less
11	better acceptance of losses	36	better managing my time
12	learning how I am perceived by others	37	decreasing my attempts to be perfect
13	improving my communication skills	38	not reacting too emotionally
14	not taking disappointments so hard	39	expressing my feelings more healthily
15	doubting who I am less	40	feeling more confident
16	thinking less negatively	41	discussing my thoughts of harming myself
17	changing habits that reduce quality of life	42	discussing my thoughts of harming others
18	adjusting better to a recent change/incident: _____	43	adopting a healthier attitude toward: _____
19	reducing uncomfortable thoughts about: _____	44	Dealing more effectively with things about my past
20	changing my use of alcohol	45	becoming more hopeful
21	changing my use of drugs	46	improving my self-awareness; decreasing self- consciousness
22	better managing my emotional pain	47	improving my sexual relationship with my spouse
23	learning how to improve relationships	48	worrying less
24	discussing my relationship with food/weight	49	better understanding my relationship with God
25	learning more effecting parenting skills	50	overcoming specific sinful temptations
51		52	

Now, please select the three most important goals from your choices above and list them here:

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

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## **GENERAL COUNSELING INFORMATION**

### **Credentials**

I hold a Master of Divinity degree (with a major in Counseling and Psychology) and a Doctor of Philosophy degree in Counseling in Psychology, both from The New Orleans Baptist Theological Seminary, in 1986 and 1993 respectively. From June of 1996 – December of 2010, I served as the clinical director of The **Babb**Center in Hendersonville, Tennessee, where I also served on the executive staff leadership team. Afterward, I was for eighteen months a co-pastor of a church plant in west Nashville. Currently, my wife and I attend Sacrament Church in Nashville. I hold licensure and ordination as a minister.

### **Risks in Counseling**

Counseling may be tremendously beneficial; at the same time, there are some risks. These risks include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt, or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the counseling process. Other risks may include recalling unpleasant life events; facing unpleasant thoughts and beliefs; increased awareness of feelings, values and experiences; alteration of an individual's thinking; and calling into question some or many of your beliefs and values. I will be available to discuss any of your assumptions, problems or these possible side effects of your work together.

### **Client Rights**

You have the right to ask questions about any part of the counseling session.

You have the right to end the counseling process at any time without moral, legal, or financial obligations other than those already accrued.

You have the right to request a release of the information in your counseling files to any person or agency you designate.

### **Grievances/Complaints**

I am aware that, in the experience of some client(s), dissatisfaction with my services may occur, and I will work to reach the best possible outcome for all involved. I want to resolve concerns to the client's satisfaction, if possible.

### **Termination**

Termination of counseling may occur at any time and may be initiated by either the client or the counselor. If a client makes the decision to terminate our sessions, I request that a minimum of seven (7) days notice be given in order that a final termination session may be scheduled to try and help develop a plan for moving forward.

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Fee

My fee for a one-hour session is \$125. If that poses a financial hardship for you, please let me know. I can make temporary adjustments in unique situations.

Payment Policy

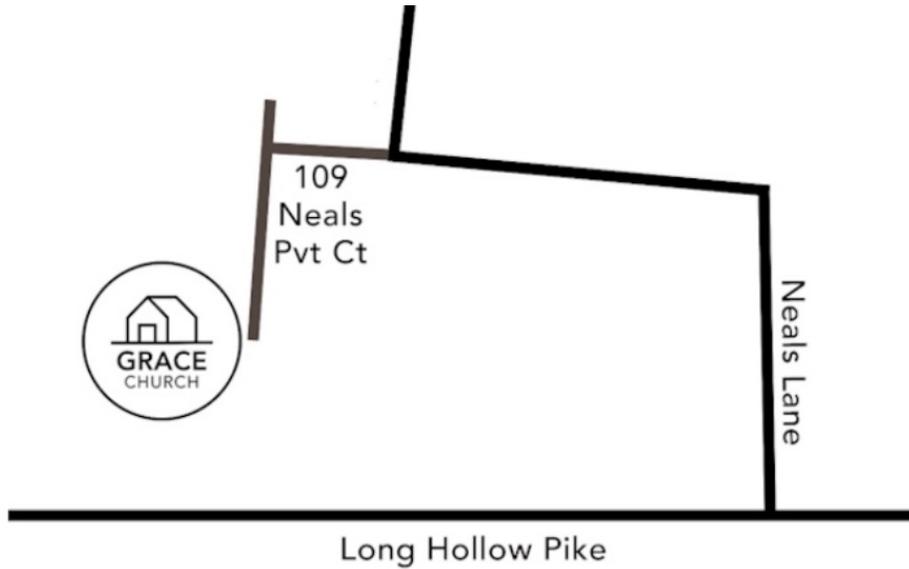
1. Payment is due at the beginning of each session. You may make payment by check, cash, or debit/credit card. There will be a fee of \$25 for returned checks.
2. Scheduled appointments not kept or not cancelled at least twenty-four (24) hours in advance (except in cases of emergency) are considered billable appointments, and payment is a reasonable expectation. When fairness governs decisions on both sides of this policy, rarely do offenses of any kind interfere with the professional, therapeutic relationship.
3. If the appointment must be rescheduled due illness or emergency situation on my part, you will receive notice as soon as is reasonably possible. Of course, there will be no financial penalty to you.
4. In the event that inclement weather prevents either of us from keeping the appointment, again there would be no financial liability to either party. If the inability to get to the appointment is on your part, I do request that you call me (615.319.3297) to notify me at your earliest convenience.

These policies are designed to assist me in the success of my practice and to assist you in receiving the services that you need in the most fair, most reasonable manner possible. If you have any questions or concerns about any policy outlined here, please ask for clarification. The clearer our communication and understanding on these administrative matters, the freer our communication can be in the conversations that bring you to counseling. I want this to be an experience that brings the meaningful change to your life that you desire.

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Office Location

My office is located Grace Church at 109 Neals Private Court, in Gallatin, Tennessee. Once in the parking lot, signs will direct you to my office.



I am glad you are here.

David Miller Walley, Ph.D.  
Counselor – Coach