



THE THOMAS C. PENNELL  
CHRISTIAN COUNSELING CENTER  
CLIENT INFORMATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Date of Birth

Spouse  
Name: \_\_\_\_\_  
First Middle Last Date of Birth

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

May we contact you by email? ☐ Yes ☐ No

Do you know for certain that you have Eternal Life when you die? ☐ Yes ☐ No ☐ Don't know

Phone:  
Primary ( ) - Secondary ( ) -

May we leave a message? ☐ Yes ☐ No

Child's  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you active in a local church? ☐ Yes ☐ No If Yes, name church: \_\_\_\_\_

Married? ☐ Yes ☐ No Number of Marriages: \_\_\_\_\_ Length of Last/Current Marriage: \_\_\_\_\_

Divorced? ☐ Yes ☐ No Number of Divorces: \_\_\_\_\_ Time Since Last Divorce: \_\_\_\_\_

Widowed? ☐ Yes ☐ No Time Since Spouse's Death: \_\_\_\_\_

Separated? ☐ Yes ☐ No If Yes, how long? \_\_\_\_\_

Employed? ☐ Yes ☐ No If Yes, Where? \_\_\_\_\_ Job Title: \_\_\_\_\_

What are your goals for your meetings? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Are you currently on any prescribed medication(s)? ☐ Yes ☐ No

If Yes, please list medication(s): \_\_\_\_\_

When were you last seen by a physician for a physical examination? \_\_\_\_\_

*There may be times when prior medical and psychological records may be requested.  
Please make sure that all information given below is correct.*

Are You Now Under a Doctor's Care? \_\_\_\_\_ If yes, Doctor's name: \_\_\_\_\_

Reason for Doctor's Care: \_\_\_\_\_

Do You Smoke? \_\_\_\_\_ How Much? \_\_\_\_\_ Do You Drink? \_\_\_\_\_ How Much? \_\_\_\_\_

Do You Take Drugs? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_ How often? \_\_\_\_\_

Have You Ever Been Hospitalized for a Physical Illness? Describe: \_\_\_\_\_

Have you ever been Hospitalized for a Mental Illness, Personality Disorder, Anxiety Disorder, etc?

Describe: \_\_\_\_\_

Any Previous Therapy/Counseling? \_\_\_\_\_ If Yes, Name and Phone Numbers of Therapists: \_\_\_\_\_

When and Number of Sessions: \_\_\_\_\_

Type of Therapy/Counseling: \_\_\_\_\_

*Upon my signature below, I hereby attest that all the information furnished is true and correct.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

1. In general, would you say your health is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
2. Please indicate if you have a serious or chronic medical condition:  
☐ Asthma ☐ Diabetes ☐ Heart Disease ☐ Back Pain or Other Chronic Pain ☐ Other Condition
3. In the past 6 months, how many times did you visit a medical doctor ? \_\_\_\_\_
4. In the past month, how many days were you unable to work because of your physical or mental health?
5. In the past month how many days were you able to work but had to cut back on how much you got done because of your physical or mental health ? \_\_\_\_\_
6. In the past month have you ever felt you ought to cut down on your drinking or drug use ? \_\_\_\_\_
7. In the past month have you ever felt annoyed by people criticizing your drinking or drug use ? \_\_\_\_\_
8. In the past month have you ever felt bad or guilty about your drinking or drug use ? \_\_\_\_\_

**Over the last two weeks, how often have you been bothered by any of the following problems ?**

	Not at all	Several Days	More than half the days	Nearly Every day
1. Little interest or pleasure in doing things.	1	2	3	4
2. Feeling down, depressed, or hopeless.	1	2	3	4
3. Trouble falling or staying asleep, or sleeping too much.	1	2	3	4
4. Feeling tired or having little energy.	1	2	3	4
5. Poor appetite or overeating.	1	2	3	4
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	1	2	3	4
7. Trouble concentrating on things, such as reading the newspaper or watching television.	1	2	3	4
8. Moving or speaking so slowly that other people could have noticed Or the opposite being so fidgety or restless that you have been moving around a lot more than usual.	1	2	3	4
9. Thoughts that you would be better off dead or of hurting yourself.	1	2	3	4

If you checked off any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people ?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

1. Have you ever thought about or attempted to kill yourself ?

- ☐ 1. Never
- ☐ 2. It was just a brief passing thought
- ☐ 3a. I have had a plan at least once to kill myself, but did not try to do it
- ☐ 3b. I have had a plan at least once to kill myself, and really wanted to die
- ☐ 4a. I have attempted to kill myself, but did not want to die
- ☐ 4b. I have attempted to kill myself, and really hoped to die

2. How often have you thought about killing yourself in the past year ?

- ☐ 1. Never
- ☐ 2. Rarely (1 time)
- ☐ 3. Sometimes (2 times)
- ☐ 4. Often (3 times)
- ☐ 5. Very Often (4-5 times)

3. Have you ever told someone you were going to commit suicide, or that you might do it?

- ☐ 1. No
- ☐ 2a. Yes, at one time, but did not really want to die
- ☐ 2b. Yes, at one time, and really wanted to die
- ☐ 3a. Yes, more than once, but did not want to do it
- ☐ 3b. Yes, more than once, and really wanted to do it

4. How likely is it that you will attempt suicide someday ?

- |   |  |
|---|--|
| <input type="radio"/> 0. Never            | <input type="radio"/> 4. Likely        |
| <input type="radio"/> 1. No chance at all | <input type="radio"/> 5. Rather Likely |
| <input type="radio"/> 2. Rather unlikely  | <input type="radio"/> 6. Very Likely   |
| <input type="radio"/> 3. Unlikely         |  |

# Client Agreement & Informed Consent for Coaching, Christian Counseling, and Cross-Cultural Resilience Support

## 1. Professional Background

I am a Licensed Professional Counselor (LPC) in the United States, holding active licenses in Texas and Louisiana, and I also hold a Doctor of Philosophy (Ph.D.) in Christian Counseling. My training and experience include professional counseling, stress management, Christian counseling, and cross-cultural adjustment support. In my work with clients residing outside the United States, I offer three distinct but complementary services:

- Coaching and Resilience Support — focused on stress management, transitions, and personal growth;
- Christian Counseling and Spiritual Guidance — focused on integrating biblical principles and faith-based insight to promote emotional and spiritual well-being;
- Peer and Cross-Cultural Support — focused on adjustment, belonging, and relational resilience.

When working internationally, all services are provided in a non-clinical framework. These services do not include mental health diagnosis, psychotherapy, or medical treatment, and they are not a substitute for professional mental health care provided by a licensed clinician in your country of residence.

## 2. Scope and Nature of Services

Services are provided as coaching, Christian counseling, and support, helping you clarify goals, develop coping strategies, deepen faith integration, and strengthen resilience;

- Christian counseling draws upon biblical principles, spiritual formation, and faith-based wisdom. It is not 'mental health counseling' as defined by health authorities and does not constitute diagnosis or treatment of mental disorders.
- Coaching and peer support may address areas such as life transitions, cultural adjustment, relationship stress, purpose, and personal well-being.

If at any time your needs appear to require clinical mental health services, I will help you locate appropriate referrals to licensed providers within your region.

## 3A. Faith Integration and Christian Counseling

For clients seeking a faith-based perspective, sessions may include Christian spiritual principles, prayer (upon request), and biblical reflection as part of the coaching or counseling process. Christian counseling in this context emphasizes spiritual growth, values alignment, forgiveness, and resilience. It does not involve clinical mental health diagnosis or treatment. Clients may choose the degree of faith integration that fits their beliefs and comfort level. This approach is always voluntary and respectful of personal faith traditions.

## 3. Relationship and Boundaries

The coaching/support relationship is collaborative but not clinical. It is not a therapist-patient or doctor-patient relationship. Coaching focuses on growth, skill-building, and accountability rather than mental health treatment. You are always responsible for your own decisions, actions, and well-being.

#### 4. Confidentiality and Data Protection

All sessions are confidential, except as required by law (e.g., risk of harm to self or others, child or elder abuse, or court order). Electronic communication (video, email, messaging) involves some privacy risk. I take reasonable precautions to protect confidentiality through secure, encrypted platforms whenever possible. Because our work may cross national borders, your data could be subject to different privacy laws than in the United States or your country of residence. By agreeing to these services, you consent to the use of secure digital communication and understand its potential limitations.

#### 5. Session Structure and Communication

Sessions are typically held online via secure video platform, or by phone if agreed upon. You may contact me between sessions by email for scheduling or brief check-ins. Extended communication or emergency response cannot be guaranteed. Sessions are generally 50–60 minutes unless otherwise arranged.

#### 6. Fees and Payment

- There is no fee for Coaching, Christian counseling, and support sessions for Cross Cultural Workers.
- If payment is required it will be due prior to each session or as otherwise arranged.
- Cancellations require at least 24 hours' notice to allow other individuals to take advantage of the time slot.

#### 7. Emergencies and Crisis Situations

These services are not designed for emergency mental health support. If you are in crisis or experiencing thoughts of self-harm, please contact local emergency services or crisis hotlines in your country.

#### 8. Ethical Standards

I adhere to the ethical principles of the American Counseling Association (ACA), the American Association of Christian Counselors (AACC), and accepted Coaching standards, principles. These principles emphasize respect, competence, integrity, cultural humility, and informed consent. My practice honors the integration of faith and professional ethics. Christian counseling sessions are guided by biblical values and compassion while maintaining professional boundaries and confidentiality.

#### 9. Acknowledgment and Consent

By signing below, you confirm that you:

- Have read and understood this document;
- Understand the scope and limits of coaching, Christian counseling, and resilience services;
- Understand that services are not psychotherapy, medical treatment, or diagnosis;
- Consent to participate voluntarily in these coaching/support sessions;
- Acknowledge your responsibility for your own well-being and decisions;
- Understand that Christian counseling services offered here are spiritual and faith-based in nature, not psychological or medical treatment.

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: Russell Semon, LPC-S, PhD

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Country: \_\_\_\_\_

## Consent to Electronic Communication

Coaching, Christian counseling, and support sessions may involve communication via video conferencing, email, or other electronic means. While every effort is made to protect your privacy, electronic communication has inherent risks, including possible interception, unauthorized access, or loss of data.

By signing this consent, you acknowledge and accept these potential risks and agree to communicate electronically for the purposes of scheduling, session delivery, and related correspondence.

You may withdraw this consent at any time by notifying the provider in writing.

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: Russell Semon, LPC-S, PhD

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Country: \_\_\_\_\_