

**James Allen & Associates**

26205 Oak Ridge Dr., Suite 117  
The Woodlands, TX 77380  
Phone: (281) 419-3166

M.ED. (Counseling)  
Licensed Professional Counselor  
Licensed Marriage & Family Therapist  
Licensed Chemical Dependency Counselor  
Certified Sex Addictions Specialist

**Welcome to Our Office**

In order for your counselor to give you maximum assistance, it is necessary for him to have accurate and thorough information. You are therefore requested to fill out the following questionnaire completely and accurately. After completing this form, you will have a 50-minute session where you will be given an adequate opportunity to discuss your issues in detail. You will also be encouraged to ask any questions, which may be troubling you.

**REGISTRATION FORM**

Date \_\_\_\_\_

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

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

Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

The best time to contact me is \_\_\_\_ A.M. P.M. on my Home phone Work phone Cell phone

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Number of years \_\_\_\_\_

Employer \_\_\_\_\_

Check Appropriate Box: Minor Single Married Widowed Separated Divorced

Previously Married?  Yes  No Number of years \_\_\_\_\_

Name of spouse \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Number of years \_\_\_\_\_

Employer \_\_\_\_\_

Business Telephone \_\_\_\_\_

Persons living in your home (besides yourself and spouse)

Name	Sex	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Education \_\_\_\_\_ years High School \_\_\_\_\_ years College \_\_\_\_\_ Post Graduate

Physical Problems \_\_\_\_\_

Date of Last Physical Examination \_\_\_\_\_

Are you presently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which type \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which type \_\_\_\_\_

Who referred you to this office \_\_\_\_\_

A. **Underline** any of the following words which you feel apply to you:

a "nobody", "life is empty", a "somebody", life is fun, stupid, bright, incompetent, competent, naïve, sophisticated, guilty, at peace \with self, horrible thoughts, pleasant thoughts, hostile, kind, full of hate, anxious, panicky, relaxed, cowardly, confident, unassertive, assertive, friendly, ugly, beautiful, deformed, shapely, attractive, unattractive, pleasant, repulsive,depressed, happy, lonely, wanted, needed, unloved, loved, misunderstood, bored, active, restless, confused, full of pleasant thoughts about past events, worthwhile, sympathetic, intelligent, considerate.

B. **Underline** any of the following that apply to you:

Headaches	Tremors	<b>Others:</b> _____
In Love	Dizziness	_____
Nightmares	Alcoholism	_____
Elated	Insomnia	_____
Depressed	No appetite	
Unable to relax	Fainting Spells	
Inferiority feelings	Can't keep a job	
Can't make friends	Happy	
Feel Loved	Over-ambitious	
Feel Panicky	Can't make decisions	
Suicidal ideas	Concentration difficulties	
Fatigue	Unable to have a good time	
Take drugs	Separated from God	
Satisfied	Pornography issues	

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C. Do you attend church Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Frequency Weekly \_\_\_\_\_ Occasionally \_\_\_\_\_ Rarely \_\_\_\_\_

### APPOINTMENTS

1. To schedule an appointment, call James Allen at 281-419-3166. He will schedule you at the earliest time available. He does require 24 hours' notice of any cancellations or to reschedule. If you do not give 24 hours' notice to cancel or reschedule your appointment, you will be charged the full price of an appointment. Please be sure to let him know as soon as possible if you will not be able to keep your appointment.

2. I understand that all information revealed within the counseling session will be held in confidence with only a few exceptions. Those exceptions include, but are not limited to, duty to warn and protect, abuse of children and vulnerable adults, court orders, and professional misconduct.

3. I have read and understand the policy as stated above and I understand that the counselor, James Allen, assumes NO responsibility for my physical, emotional, mental, or spiritual condition. I voluntarily accept the help offered by James Allen. I will not hold James Allen or any organization he is affiliated with liable or responsible in any way for my health, behavior, or mental and emotional well-being.

4. I further state that I have voluntarily sought counseling on my own initiative and that I am under no obligation to accept counsel that I may receive from James Allen.

**FEES - \$140.00** per session. Sessions are **50 minutes** in length beginning at the scheduled time of your appointment.

**Insurance** - A diagnosis will be given for each client. You may submit your receipt for a partial reimbursement to your insurance company, but each client is required to pay for his/her session at the end of each session. Some insurance companies may pay a partial reimbursement for counseling fees, but James Allen cannot guarantee that any portion of your insurance claim will be reimbursed.

### Credentials

Bachelor of Arts, Theology and Sociology, Hou. Bpt Univ., Master of Education, Counseling, Stephen F. Austin St. Univ., Exec. Mgmt. Program, Harvard Univ.

### Professional Affiliations

Licensed Professional Counselor, State of Texas  
Licensed Marriage and Family Therapist, State of Texas  
Licensed Chemical Dependency Counselor, State of Texas  
Licensed and Ordained Minister  
Certified Sex Addictions Specialist  
American Assoc of Christian Counselors

**James Allen** has been a practicing therapist for more than 20 years. He has been featured on several Christian radio programs, has been a presenter at the Houston Association of Christian Counselors, Texas

State Assoc. of Christian Counselors, is a conference speaker, and workshop presenter for churches and civic organizations. He received the Governor's Award for Outstanding Community Service.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**\*\*I grant my permission for James Allen to counsel my child who is under 18 years of age.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Map

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