

AFC Counseling Service First Session Checklist

Client: _____

Date: _____

Information & Informed Consent

___ Review Scope of Counseling: short term pastoral, problem & solution focused; set goals for mentally healing; Not typical practice to Dx or write assessment or do testing; Don't prescribed meds (can refer to Psychiatrist)

Have you been in counseling before? How was the experience?

___ Fees: Suggested donation of \$40 per session

___ Session length- 50 minutes.

___ Confidentiality/ Limits to confidentiality

- Nothing released to anyone else such as School, Employers
- Seeing each other outside of session; I will not acknowledge you. You can choose to acknowledge me, but only if you are ok of taking action to explain our relationship.

Limits:

- Harm to self or others including death
- Elder or Child Abuse
- Court order to provide information
- Client consents in writing (i.e. medical or mental Drs.)
- Consultation
- Supervision

___ Records/Files: Locked in a file cabinet

___ Emergencies: NA 24/7. Call 911 or National Suicide Prevention Lifeline 800-273-8255

___ Contacting me: Use email to schedule or change appointment; no counseling occurs through contacting method

___ Leaving/Death: In the event CR terminates position or dies, the AFC counseling Service will reassign you to another counselor or make referrals as needed.

___ Supervisor Contact Info: 215-317-0488 Tsun-En Lu