



In the Name of Allah (SWT), the Most Gracious, the Most Merciful

Muslim Family Services

ICNA

ISLAMIC CIRCLE
of NORTH AMERICA

Information / Registration Form

For Office Use Only:

Client # _____

Client Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State #: _____ Zipcode: _____

Home Number: _____ Cell #: _____

Email: _____

Preferred Method to Contact:

Home Phone Cell Phone Other Number Email

Best Time to Contact:

During Daytime Evenings

Requested Services

Pre-Marital Marriage Divorce Arbitration

Youth Crisis Parental Matrimonial

Reporting Party

For Marriage / Divorce Counseling Only:

Husband Wife Husband's Parents Wife's Parents

For Youth Counseling Only:

Parents Siblings

For Arbitration Only:

Partner Other (Please Specify): _____

Case Court Information

Is this case in the court? Yes No

Is there any other Counseling Services or Counselor Involved? Yes No

If yes to any of the above then give details about Court / Counseling Services / Counselor:

Date of Case Registration: _____ Case #: _____

Case Status: _____

Contact Information of Other Related Parties

Relationship: _____
First Name: _____ Last Name: _____
Home Number: _____ Cell #: _____
Email: _____

Relationship: _____
First Name: _____ Last Name: _____
Home Number: _____ Cell #: _____
Email: _____

Relationship: _____
First Name: _____ Last Name: _____
Home Number: _____ Cell #: _____
Email: _____

Any other information you may want to share:

COUNSELLING AGREEMENT - INFORMED CONSENT

Nature of Counseling

As the client, I understand that the counseling process will involve learning to understand myself and assist in clarifying problems, goals and objectives. ICNA Muslim Family Services only counsel those whom they believe have the capacity to resolve their own challenges/situations/problems with the provided assistance under Islamic guidance.

The counseling process will follow a specific model, and although eclectic in nature, incorporates the concept of our assumptions and beliefs driving our self-talk, which in turn drives our emotions and then actions. Objectively examining the assumptions we have formed throughout life will allow clients to see whether these assumptions and beliefs are accurate or not. Changing negative thought patterns then impacts on every other area of our life.

The process of self-awareness, problem-solving and cognitive restructuring can, for certain clients, take some time to achieve. Some clients need only a couple of counseling sessions to achieve their goals, while others may require sessions over an extended period of time. Most clients would need a minimum of 2-3 sessions to work through their issues/concerns. As a client, you are in complete control and may end the counseling relationship at any point. ICNA Muslim Family Services will be supportive of your decision. If counseling is successful, you should feel that you are able to face life's challenges in the future without further support or intervention. ICNA Muslim Family Services believes that clients should feel change by at latest the third session. If not, we will happily refer you to another professional, if possible.

Although the sessions may be very emotionally and psychologically intimate, it is important for you to realize that the counseling relationship is strictly professional in nature. You will be best served during counseling to remember this and concentrate exclusively on your issues, concerns, problems and circumstances. You explicitly agree and understand that anything your counselor says to you is to be taken as merely a suggestion, which you are free to accept or reject.

If at any time you are dissatisfied with the services of ICNA Muslim Family Services, please discuss it with your counselor. Should you require a referral to another professional, your counselor will discuss this with you.

Legal & Confidentiality Notice

Neither Islamic Circle of North America or any of its affiliates and partners nor any of its officers, directors, employees or other representatives will be liable for damages arising out of or in connection with the use of this service. By signing below you explicitly agree to waive any legal action against Islamic Circle of North America.

All proceedings and discussions will be confidential. Privacy of clients will be respected with highest priority.

Fees and Cancellations

In return for a fee of \$75 per session (payable on conclusion of each counseling session), ICNA Muslim Family Services agree to provide counseling services to you. You cannot have more than one session's payment outstanding. In the event that you are unable to keep an appointment, please provide 24 hours advance notice. If this is not done you will incur a cancellation fee of \$75. Counseling sessions are 60 minutes in duration.

Client Name: _____ (Please Type)

Client Signature: _____

Counselor Name: _____ (Please Type)

Client Signature: _____

Client Case Number: _____

Follow-Up Information (For ICNA Use Only)

Follow-up Date:

Contacted By:

Contact Format: In-Person Phone Email

Contact Outcome: Contact Established Contact Declined No Contact Not Interested

Summary of Results:

Comments of Follow-up Person:

Next Steps:

Form Completed By: _____