



FIRST COUNSELING

BIBLICAL COUNSELING OF FIRST BAPTIST CHURCH JACKSONVILLE

Personal Data Inventory

Please complete this inventory carefully

Personal Identification

Today's Date: _____

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Gender: _____ Referred By: _____

Marital Status: Single: _____ Engaged: _____ Married: _____
 Separated: _____ Divorced: _____ Widowed: _____

Education (highest level completed): _____

Preferred Phone: _____ Is this home, cell, or work? _____

Email: _____

Employer: _____ Position: _____

Years: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Age: _____ Occupation: _____ How Long Employed: _____

Preferred Phone: _____ Is this home, cell, or work? _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: _____ To whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Is your spouse willing to come for counseling: _____

Is your spouse in favor of your coming: _____ If no, please explain:

Information about Children:

Name: Age: Gender: Living: Year Ed.: Step-Child:

Describe relationship to your father:

Describe relationship to your mother:

Number of sibling(s): _____ Your sibling order: _____

Did you live with anyone other than parents?

Are your parents living? _____

Health

Describe your health:

Do you have any chronic conditions? _____ What?

List important illnesses and injuries or handicaps:

Date of last medical exam: _____ Report: _____

Physician’s name and contact information:

Current medication(s) and dosage:

Have you ever-used drugs for anything other than medical purposes? _____

If yes, please explain:

Have you ever been arrested? _____

Do you drink alcoholic beverages? _____ If so, how frequently and how much?

Do you drink coffee? _____ How much? _____

Other caffeine drinks? _____ How much? _____

Do you smoke cigarettes or use tobacco products? _____ Frequency: _____

Have you ever had interpersonal problems on the job? _____ If yes, please explain:

Have you ever had a severe emotional upset? _____ If yes, please explain:

Have you ever seen a psychiatrist or counselor? _____ If yes, please explain:

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Do you believe in God: _____ Do you pray: _____

Would you say you are a Christian? _____

or still in the process of becoming a Christian? _____

Have you ever been baptized? _____

How often do you read the Bible? Never: ___ Occasionally: ___ Often: ___ Daily: ___

Explain any recent changes in your religious life:

Financial

Approximate yearly family income: _____

Do you own your home? _____ yes _____ no

Do you have significant debt in any of the following areas?

_____ home _____ car _____ school _____ credit cards

Are you saving money? _____ yes _____ no

Do you give money to your church or other charities? _____ yes _____ no

Is money a source of struggle or discomfort in your life? _____ yes _____ no

Are you involved in or anticipate being involved in legal actions? _____ yes _____ no

Women Only

Have you had any menstrual difficulties? _____ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: _____

YOUR INFORMATION

We are grateful to the LORD for the opportunity to meet with you and sincerely desire to understand what is happening in your life. The below checklist and questions are a way for us to gather more information about what is going on. You can check as many boxes as you need, and your answers can be as long as you like, but please write at least a few sentences for each question. **(If additional space is needed, please feel free to answer the questions in a separate document.)** Thank you for your help, and we will be prayerfully anticipating our meeting.

Problem Check List

- | | | |
|--|--|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Drunkenness | <input type="checkbox"/> Loss of Loved One |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eating problems | <input type="checkbox"/> Lust |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Envy | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Appetite | <input type="checkbox"/> Fear | <input type="checkbox"/> Moodiness |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Finances | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Gluttony | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Children | <input type="checkbox"/> Guilt | <input type="checkbox"/> Rebellion |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Health | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Conflict (fights) | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Deception | <input type="checkbox"/> Impotence | <input type="checkbox"/> Spousal Abuse |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> In-laws | <input type="checkbox"/> A Vice |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Other |

Please Tell Us Your "STOREE."

*It will be helpful to have at least a few sentences or short paragraph for each letter of STOREE.
(If additional space is needed, please feel free to answer the questions in a separate document.)*

Thank you for your help, and we will be prayerfully anticipating our meeting.

Situation: What seems to be the main problem?

Thinking: What do you think or wonder about yourself in relation to the situation?
What do you think of others in relation to the situation?

Others: How are others involved? How does this issue impact others? What have others done to compound or alleviate the problem?

Response: What are you doing about this issue? What have you done to try to address this issue in the past? What are your typical actions or reactions to this problem (e.g., "I get angry and go for a drive")? In general, when you are feeling pressure in life, how does it come out? What do you do? How are you sleeping?

Emotions: What do you fear? What would give you peace, related to this situation? What is the emotion you are struggling with the most?

Desires/Expectations: How do you hope we can help you? What do you want the most related to this situation?

Is there anything else we should know?



INFORMED CONSENT AGREEMENT

Our Goal - Our goal in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ (1 Corinthians 10:31) and in a way that will bring you the greatest joy and satisfaction (John 15:11).

Biblical Basis - As ministers of the gospel of Jesus Christ our counseling stems from our sincerely held religious beliefs based upon the Bible, including our understanding of sexuality. This is part of our practice of religion. We believe that the Bible provides thorough guidance and instruction for faith and life (2 Timothy 3:16-17; 2 Peter 1:3). Therefore, our counseling is based upon scriptural principles. *Our counselors are not trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.*

All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. However, our counselors do not know all there is to know about biblical teaching and its application to life. Therefore, when necessary, they will seek help, input, or advice from pastors, mentors, or colleagues.

Biblical Counsel - If you have significant legal, financial, medical or other technical questions you should seek advice from an independent professional. Our counselors will cooperate with such advisors and help you to consider their counsel in light of scriptural principles. Our counselors are certified through the ACBC (Association of Certified Biblical Counselors) and approved by First Counseling or are in the supervision process for their ACBC certification.

Counseling Observers - Because we are a training facility, our counselors often "team counsel." You will meet with a biblical counselor, who will lead the session, and a counseling trainee(s), who will observe as part of his/her certification requirement.

Confidentiality - Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are situations, however, in which the counselors may believe that it is wise or mandated (biblically or legally) for them to share certain information with others. It is not possible to list every possible circumstance, but some examples would include (please initial you understand and accept each example):

1. When a counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor. _____
2. When there is concern that someone may be harmed unless others intervene. _____
3. When abuse or another crime may have occurred. _____
4. When a person refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation or to begin the process of church discipline (Proverbs 15:22, 24:11; Matthew 18:15-20). _____
5. When observers sit in on counseling sessions to assist the counselor or for training purposes (including audio & video recordings-only with permission). _____

6. When the counselee's pastor, staff and/or church leadership is needed to provide pastoral assistance. _____
7. When the counselor is legally required to provide information or testimony in a legal proceeding. _____

Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Biblical Counseling and Psychotropic Medication - While we hold to the sufficiency of Scripture for counseling problems, we know that many who will come to us will have been prescribed medications by a physician. The biblical teaching on the importance of the body affirms the use of medication for physical problems. As biblical counselors, we do not offer medical advice including advice on withdrawing from medications. Our care for counselees may lead us to ask questions about the side-effects of medication, or whether the counselees have allowed the medication to take the place of the Lord as a refuge in their life. We will always encourage counselees with questions regarding medications, or who wish to discontinue using medications, to seek the advice of competent medical professionals before changing or discontinuing any medication. Please initial you understand/accept this. _____

Our Fee - Though it may be necessary for you to purchase materials for your own use, the actual discipleship counseling is done *free of charge* as a ministry to our church and community.

Parental Involvement - When counselees are under the age of 18, we require parents to be involved in the counseling process; this includes the following: counseling sessions, homework, and/or accountability for their child.

Church Involvement: Because we believe the local church has a vital role in the lives of believers (Hebrews 3:13-13; 10:24-25), counselees are asked to commit to attending faithfully their Sunday School class and worship services while receiving counseling.

Church Advocates for Non-members: Because we believe counseling should be the primary responsibility of your home church, you will need to bring a church leader or someone in spiritual leadership as your Advocate; for women, it would be a woman who is in a place of spiritual leadership at your church; for couples, it would be a man or couple (husband and wife) in spiritual leadership at your church. This is beneficial for every person involved in the counseling process (Hebrews 13:17; 1 Peter 5:1-2). Please see the Church/Pastor Recommendation form for additional information.

Resolution of Conflicts (Arbitration) - On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor, First Counseling, or our certifying agencies, as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the Institute for Christian Conciliation (www.aorhope.org/icc-rules); judgment upon an arbitration award may be entered in any court having jurisdiction. *It is expressly understood that by agreeing in advance to arbitrate that the counselee is giving up his right to a trial in the civil courts.*

Conclusion & Signature - Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines or conditions, please speak with your counselor or someone at First Counseling.

Having read the foregoing information and conditions fully and completely, my signature below indicates that I understand all the material presented and fully agree to comply with the foregoing, and I consent to the disclosure of certain communications as provided above and waive any legal privileges that may apply.

Name (please print): _____

Parent/Guardian Name*: _____

Signature: _____

Parent/Guardian Signature: _____

Date: _____

* only required if counselee is under 18 years of age