

Personality Information

Have you had any psychotherapy or other counseling before? Yes ___ No ___

Counselor/Therapist Names	Dates To/From	Medication Prescribed	Outcome and Diagnosis
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Circle any of the following words that you believe best describe you:

Active	Impulsive	Easy-going	Leader	Other
Ambitious	Moody	Shy	Hard-boiled	_____
Self-confident	Often-blue	Good natured	Submissive	_____
Persistent	Excitable	Introvert	Sensitive	_____
Nervous	Imaginative	Extrovert	Self-conscious	_____
Hardworking	Calm	Likable	Lonely	_____
Impatient	Serious	Quiet		

Health Information

Rate your health: Very Good ___ Good ___ Average ___ Declining ___ Other ___

Your approximate weight: _____ lbs. Recent weight changes _____

List all important present or past illnesses, injuries or handicaps: _____

Do any of the above illnesses or handicaps limit you in any way? Yes ___ No ___ Please Describe _____

Date of last medical examination: _____ Report _____

Your Physician: _____ Address _____

Do you drink alcoholic beverages? Yes ___ No ___ When _____ How much _____

Are you presently taking medication? Yes ___ No ___ What _____ Dosage _____

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

When _____ What _____ Amount/Dosages _____

Have you ever had a severe emotional upset? No ___ Yes ___ When _____

If yes please describe briefly _____

Consent to Counseling

Our Goal – Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy His love and plans for your life.

Biblical Basis – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals.

Confidentiality – Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, there are five situations when it may be necessary for us to share certain information with others: when a counselor is uncertain of how to address a particular problem needs to seek advice from another pastor or elder in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone may be harmed unless other intervene; when a person persistently 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 when a crime has been committed (see Proverbs 15:22; Proverbs 24:11; Matthew 18:15-20; Deut.13:6-8). 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.

Resolution of Conflicts – 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 biblical and faithful manner, we require all of our counsees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration.

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, please talk with a pastor or elder before your counseling appointment. If these guidelines are acceptable to you, please sign below.

Signed _____ Date _____

Reasons for Requesting Counseling

What would be the top reason for you requesting counseling?

On a scale from 1 to 10 how would you rate your relationship with your mom and or step mom?
(Ten meaning that you are very satisfied with your relationship) Why?

On a scale from 1 to 10 how would you rate your relationship with your dad and or step dad?
(Ten meaning that you are very satisfied with your relationship) Why?

On a scale from 1 to 10 how would you rate your relationship with your siblings?
(Ten meaning that you are very satisfied with your relationship(s). (Rate each one) Why?

On a scale from 1 to 10 how would you rate your relationships with friends at school?
(Ten meaning that you are very satisfied with your relationships) Why?

Is there any other information that you think we should know about you?

I agree that I am a willing participant in this counseling process.

Name

Date