

PERSONAL DATA INVENTORY

Please complete this inventory carefully
(Question marks have been eliminated)

PERSONAL IDENTIFICATION

Name _____ Birth Date _____

Address _____ Zip _____

Age _____ Sex _____ Referred By _____

Marital Status: Single _____ Engaged _____ Married _____ Separated _____

Divorced _____ Widowed _____

Education (last year completed) _____

Email address: _____ Cell Phone _____

Home Phone _____ Business Phone _____

Employer _____ Position _____ Years _____

In case of an emergency, please contact: _____ (name)

_____ (phone number)

The counselor has my permission to call the person(s) above for any emergency.

Signature _____ Date _____

MARRIAGE AND FAMILY

Spouse _____ Birth Date _____

Age _____ Occupation _____ How Long Employed _____

Home Phone _____ Business Phone _____

Date of Marriage _____ Length of Dating _____

Will your spouse come in with you if needed? Yes / No (circle)

Does your spouse know that you are coming? Yes / No (circle)

Have either of you been previously married? _____ Who _____

Have you ever been separated? _____ Filed for divorce _____

Have you ever been arrested? _____

Information about Children:

Name _____ Age _____ Sex _____ Living _____ Yr. Ed. _____ Step-Child _____ Adopted _____

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 address _____

Current medication(s) and dosage _____

Have you ever used drugs for other than medical purposes _____

If yes, please explain _____

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 _____ What _____ Frequency _____

Have you ever had interpersonal problems on the job due to health issues? _____

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

Have you ever seen a psychiatrist or counselor _____ If yes, explain what the problem was _____

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

WOMEN ONLY

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

Is your husband willing to come for counseling? _____

Is he in favor of your coming _____ If no, explain _____

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 been baptized _____

How often do you read the Bible _____ Never _____ Occasionally _____ Often _____ Daily

Explain any recent changes in your religious life _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem (what brings you here)?
2. What have you done about this problem?
3. What are your expectations from counseling?
4. Is there any other information we should know?

SPIRITUAL CONVICTIONS QUESTIONNAIRE¹

Finish the following sentences with two or three answers each.

1. God is _____

2. Jesus Christ is (describe who you think He is, what He has done, what He is doing now, what place He has in your life, what He means to you, etc.) _____

3. My relationship to God and His Son Jesus Christ is (describe the kind of relationship you have with God and how important that relationship is - be specific) _____

4. A Christian is _____

¹ Taken from Wayne A. Mack, *Preparing for Marriage: God's Way*.

5. I know that I am (or am not) a Christian because_____

6. The Bible is (describe what you think it is, what it means to you, what place it has in your life, how you use it, etc.)_____

7. Sin is_____

8. My chief sins are_____

9. When I sin, I (describe how you handle sin, what you feel when you sin, what you do after you sin)_____

10. I feel guilty when _____

11. I pray (when, how, why, what for, etc.) _____

12. My chief goals in life are _____

13. I want (or do not want) to attend and be involved in church (answer the questions "how" and "why") _____

14. I believe fellowship with other Christians is (define what it is, what it involves, how important it is, and how it can be developed) _____

15. I am promoting my spiritual growth and the spiritual growth of my partner by _____

16. My partner and I differ in spiritual matters (when, how, over what, etc.) _____

17. The changes I would like to make in my own spiritual life are _____

18. The changes I would like my partner to make spiritually are _____

Review your answers. Are there any that you would like change? Which ones? Why? Are there any to which you do not know the answer? Which ones? Compare and discuss your answers with your partner. Write down your impressions of this study. What have you learned about yourself and what have you learned about your partner? What changes do you need to make in light of this study?

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 enjoy fully His love for you and His 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.

Not Professional Advice — Some of our counselors work in professional fields outside the church. When serving as counselors within this church, however, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore, if you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

Confidentiality — Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four exceptions, however, 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 and 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 (such as: homicidal or suicidal threats and abusive situations) unless others intervene; or 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 (see Proverbs 15:22; 24:11; Matthew 18:15-20). 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 biblically 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 in accordance with the *Rules of Procedure* of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court having jurisdiction. (We will be happy to provide you with booklets that explain the Christian conciliation process and describe its benefits and procedures.)

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 your counselor.

If these guidelines are acceptable to you, please sign below.

Signed _____ Date _____

The section below is for members and/or frequent visitors of The Bible Church of Little Rock (BCLR) Only:

To be involved in counseling at BCLR, you must agree to do the following:

1. Agree to attend Sunday morning worship service and one of our equipping hour classes each week (we understand that sickness and being out of town will affect your attendance, but we expect you to attend a high percentage of these services).
2. Each week you are required to send your counselor an email (If you do not have email, you can call your counselor.) stating which equipping hour class you attended and what two things you learned. You are also required to include what two things you learned from the Sunday morning worship service.
3. You are also required to do all homework assignments. If you have not done the homework by the day before your counseling session, then you should call your counselor and tell him how much of the homework you have completed. He has the right to tell you that he will not meet with you until you have completed X% of the homework or until you have completed the assignments he specifies.
4. It is highly recommend that you join a care group. If the counselor desires, he can require that also.

If these guidelines are acceptable to you, please sign below.

Signed _____ Date _____