



A Ministry of Shawnee Bible Church, Shawnee, KS

Initial Contact Information

DATE: _____

PERSONAL INFORMATION

Name: _____ Spouse's Name _____

Age/s: His _____ Her _____

CONTACT INFORMATION

Phone Number/s: Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

RELIGIOUS AFFILIATION

Are you a Shawnee Bible Church Member? YES NO

Are you a member of another church? YES NO If so, where? _____

HOW DID YOU HEAR ABOUT US?

Pastor

Court

Internet

Friend

Past Counselor

Other _____

PLEASE CHECK ALL THAT APPLY:

I am here because of:

- ☐ Marital Issues
- ☐ Family Interactions
- ☐ Parenting
- ☐ In-Law Relations
- ☐ Addictions
- ☐ Anger
- ☐ Abuse
- ☐ Grief
- ☐ Forgiveness
- ☐ Suicidal Thoughts
- ☐ Depression
- ☐ Religion
- ☐ Other: _____

COMMENTS:

OFFICE USE ONLY

Received Materials: YES NO

Filled Out PDI: YES NO

APPOINTMENT: Date: ____/____/____ Day: M TU W TH F Time: _____
Month Day Year

COUNSELOR:

STAFF - JG _____ Other _____

LAY - _____

PERSONAL DATA INVENTORY

(The information you provide is confidential)

PERSONAL IDENTIFICATION

Name _____ Birth Date _____ Sex _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____ Work Phone _____

Education: (last year completed) _____

Email address _____

Employer _____ Position _____ Years _____

HEALTH CONCERNS

Describe your health: Very Good _____ Good _____ Average _____ Poor _____

Do you have any chronic conditions (if so, what?) _____

List important illnesses and injuries or disabilities _____

Date of last medical exam _____ Report _____

Physician's name & address _____

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 smoke? _____ How long? _____ Have you tried to stop? _____

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

Have you ever seen a psychiatrist or counselor: _____

If yes, who? _____

For what? _____

What medications are you presently taking? _____

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

MARRIAGE & FAMILY RELATIONSHIPS

Marital Status: Single ____ Steady Dating ____ Engaged ____ Married ____
 Separated ____ Divorced ____ Widowed ____

Spouse _____ Birth Date _____
Age _____ Occupation _____ How Long Employed _____

Cell: _____ Work Phone _____

Date of marriage _____ Length of dating _____

Give a brief statement of circumstances of meeting and dating

Have either of you been previously married? _____ Who _____

Date married _____ Date marriage ended _____

Information about children: Name Age Sex Living Yr Ed Step child

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Describe relationship to your father _____

Describe relationship to your mother _____

Number of siblings _____ Your sibling order _____

Did you live with anyone other than parents (if so, who?) _____

Are your parents living? _____ Do they live locally? _____

What kind of home did you grow up in?

_____ Traditional (Father, Mother, Children)

_____ Divorced (With whom did you live? ____ Mom; ____ Dad; Other _____)

_____ Step-family (Which parents remarried? _____; did you have to live with
step-brothers or step-sisters? ____)

_____ Authoritarian (Father or Mother made all the rules without discussion. Would not allow
other opinions.)

_____ Substance Affected (____ Alcohol; ____ Cocaine; ____ Heroin; ____ Marijuana; Other _____)

_____ Religious (____ In name only; ____ Strict; ____ Hypocritical; ____ Happy Experience)

_____ Affectionate (____ Demonstrated with hugs, kisses, etc.; ____ Affection present but not openly
demonstrated)

_____ Perfectionist (Everything had to be done just right to please ____ Mom; ____ Dad; ____ Both)

_____ Emotional (Expressed: ____ Crying allowed but controlled; ____ Anger, screaming allowed)
(Repressed: ____ Not shown; ____ Parents showed emotion, but not allowed in kids)

_____ Critical (Parent/s remarked only about the negatives. Little praise for good things)

_____ Abusive (____ Physically; ____ Emotionally; ____ Sexually)

_____ Other: _____

Nearest relative/friend in case of emergency:

Name: _____ Address _____

Phone (____) ____ - _____

SPIRITUAL MATTERS

Denominational preference _____

Church attending _____ Member _____

Do you believe in God? _____ Do you pray? _____

Do you believe Satan exists? Yes ____ No ____ Uncertain ____

Would you say you are a Christian? Yes ____ No ____ Uncertain ____

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

Explain any recent changes in your religious life _____

SELF ANALYSIS

Circle any of the following words which best describe you now:

| | | | | |
|------------|--------------|-----------|----------------|------------|
| active | extrovert | introvert | nervous | sensitive |
| ambitious | good natured | kind | often-blue | serious |
| calm | hardworking | leader | persistent | shy |
| cranky | imaginative | likable | quiet | spiritual |
| easy-going | impatient | lonely | self-confident | submissive |
| excitable | impulsive | moody | self-conscious | |

other _____.

PROBLEM CHECK LIST

| | | |
|---------------------------|---------------------|---------------------|
| _____ Addiction/s | _____ Deception | _____ Memory |
| _____ Anger | _____ Envy | _____ Moodiness |
| _____ Anxiety | _____ Fear | _____ Rebellion |
| _____ Apathy | _____ Finances | _____ Religious |
| _____ Appetite | _____ Forgiveness | _____ Sex |
| _____ Bitterness | _____ Guilt | _____ Sleep |
| _____ Change in lifestyle | _____ Health | _____ Spousal Abuse |
| _____ Children | _____ Homosexuality | _____ Vice/s |
| _____ Depression | _____ In-laws | |

Please describe in a nut shell what you believe the problem is _____

Besides coming for counseling, please describe what else you have tried to do in addressing this/these issues _____

What are your expectations in coming here for counseling? _____

Other information that may be relevant _____

TERMS OF COUNSELING FOR ALL COUNSELEES

The counseling ministry at Shawnee Bible Church is committed to a biblical counseling philosophy. Lay and Staff Counselors are actively involved in this ministry. All counselors who participate in this service have completed or are completing training in Biblical Counseling. We are confident in the level of commitment and compassion of all those who serve in this ministry. For appropriate accountability and leadership, Lay Counselors are supervised by Staff Counselors and Staff Counselors are supervised by the Director of Counseling. Because of our commitment to training Biblical Counselors, Lay Counselors in Training or Counseling Interns may observe and participate in your counseling sessions as deemed appropriate by your Counselor.

Charges:

Counseling services are provided without charge to Shawnee Bible Church members, and a fee of \$25 per counseling session is charged for members of the community at large. Reimbursements and fees are received to assist in defraying actual expenses for various resources, assessments, profiles, seminars, and workshops.

Confidentiality:

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share certain information with others: 1) when a counselor is uncertain how to address a particular problem and needs to seek advice from another professional, pastor or elder in this church; 2) when a counselee attends another church and it is necessary to talk with his or her pastor or elders; 3) when there is a clear indication that someone may be harmed unless others intervene; 4) 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.

Counselors refer any counselee who appears to be in a suicidal condition to a Staff Counselor trained to provide appropriate care and protection. All counselors report any incident of suspected child abuse, domestic violence, destructive threats, or subpoenas to the Director of Counseling to be reported to the appropriate authorities as required by law. The Director of Counseling will review mediation agreements administered by counselors. Certain laws require that counselors warn the appropriate individuals if any counselee expresses an intention to (or appears likely to) take harmful, dangerous or criminal action against a counselor/s or any other person.

Appointment Cancellation Policy: Please notify the counseling ministry at least 24 hours in advance if you cannot keep a scheduled appointment so that we may serve others.

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 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.

Waiver of Liability:

THE UNDERSIGNED, having sought biblical counseling such as offered by Shawnee Bible Church, a non-profit religious organization, hereby acknowledges his/her understanding of the above and the following conditions:

1. It is understood by the participant counselee that all biblical counseling will be provided by seminary-trained counselors, not licensed therapists;
2. That all counseling provided in the biblical counseling ministry is provided in accordance with the biblical principles adhered to by Shawnee Bible Church and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. That no representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above-mentioned lay or staff counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;
4. That certain statements may not be protected as privileged communications under law;
5. I agree that any dispute with a counselor or with this church arising from or related to 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, a division of Peacemaker Ministries;
6. By signing this consent, I agree that I will not attempt to subpoena or require any counselor to appear in any legal proceeding related to any matters discussed during counseling; nor will I attempt to subpoena any notes or records related to this counseling. Furthermore, I release Shawnee Bible Church, its agents, counselors and employees, from any liability or claim arising from the counselee's participation in the above mentioned biblical counseling program:

COUNSELEE SIGNATURE

DATE

(If minor)

PARENT/LEGAL GUARDIAN SIGNATURE (consent to counsel)

DATE

STAFF OR LAY COUNSELOR

DATE

REVIEWED BY DIRECTOR OF COUNSELING MINISTRY

DATE