

IDENTIFICATION DATA

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone _____ Business Phone _____

Occupation _____

Sex _____ Date of Birth _____ Age _____ Height _____

Nationality or Ethnic Background _____

Marital Status: Single _____ Separated _____

Going Steady _____ Divorced _____

Married _____ Widowed _____

Education (circle last year completed);

Grade School 1 2 3 4 5 6 7 8 9 10 11 12

College, 1 2 3 4 5 6+

Other training (list type and years) _____

Referred here by (name) _____ (address) _____

HEALTH INFORMATION

Rate your physical health: Very Good _____ Good _____ Average _____ Declining _____

Other _____

Your approximate weight: _____ lbs.

Recent weight changes: Lost _____ Gained _____

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

Date of last medical examination _____ Report: _____

Physician _____ Address _____

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

What drug(s)? _____

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

Prescribing Physician: _____ Address _____

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

Have you ever had any psychotherapy or counseling? Yes _____ No _____ If yes, list name(s) of counselor(s) and dates: _____

(continued on next page)

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes _____ No _____
Have you ever been arrested? Yes _____ No _____

RELIGIOUS BACKGROUND

Denominational preference: _____

Name of the church currently attending: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attendance in childhood: _____

Have you ever been baptized? Yes _____ No _____

Religious background of spouse (if married): _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you pray to God? Never _____ Occasionally _____ Often _____

Are you saved? Yes _____ No _____ Not sure what you mean _____

How much do you read the Bible? Never _____ Occasionally _____ Often _____

Explain recent changes in your religious life, if any: _____

PERSONALITY INFORMATION

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

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

Have you ever felt people were watching you? Yes _____ No _____

Do people's faces ever seem distorted? Yes _____ No _____

Do colors seem too bright? _____ Too dull? _____

Are you able to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

Are you afraid of being in a car? Yes _____ No _____

What difficulties do you have in hearing (if any)?

(continued on next page)

MARRIAGE INFORMATION (If never married, check _____ and omit this section)

Name of spouse _____ Address _____
 _____ Phone _____

Business Phone _____ Occupation _____

Is spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes _____ No _____

Have either of you ever filed for divorce? Yes _____ No _____ If so, when? _____

Date of this marriage: _____

Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse? _____

Length of engagement? _____

Give brief information about any previous marriages: _____

Broken by divorce: _____ Death _____

Information about children:

pm*	Name	Age	Sex	Living? yes/no	Education – years	Marital Status

*Check this column if child is by previous marriage.

Your spouse's age _____ Education (years) _____ Religion _____

PARENTAL FAMILY HISTORY

If you were reared by anyone other than your own parents, briefly explain: _____

Answer this section describing your own parents or parent substitute:

Still living? (yes/no) Father _____ Mother _____

Religious affiliation: Father _____ Mother _____

Church attendance per month: Father 1 2 3 4 Mother 1 2 3 4

(continued on next page)

THIS INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE ACCORDING TO BIBLICAL GUIDELINES.

Occupation: Father _____ Mother _____

Are your parents still living together? Yes _____ No _____

If not, cause of separation: _____

When separated: _____

Rate your parents' marriage:

Unhappy _____ Average _____ Happy _____ Very Happy _____

As a child, did you feel closest to your: Father _____ Mother _____ Another _____

Rate your childhood life:

Unhappy _____ Average _____ Happy _____ Very Happy _____

How many brothers and sisters do you have? _____

How many *older* brothers and sisters do you have? Brothers _____ Sisters _____

Name _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? What brings you here?
2. What have you done about it?
3. What can we do? What are your expectations in coming here?
4. As you see yourself, what kind of person are you? Describe yourself.
5. Is there any other information we should know?
6. Please list previous-counseling you have had and "approximate"-dates, including hospitalizations.
7. Please list any medications you are presently taking, purpose of each medication, and dosage.

Counseling Waiver of Confidentiality Wheelersburg Baptist Church

Statement about Counseling: At the heart of our counseling ministry at Wheelersburg Baptist Church is the conviction that the Scriptures are authoritative and sufficient. The Bible is the Word of God, and is the foundation for what we believe concerning such key areas as God, man, sin, man's relationship with God, and man's relationships with his fellow man (II Timothy 3:16-17; Psalm 19:7-11). We believe that the gospel of Jesus Christ is the message which reveals how sinful people can be reconciled to their Creator through the Person and Work of Jesus Christ. All ministry in the church, including the ministry of counseling, is designed to help people experience a meaningful relationship with Jesus Christ. Stated concisely in Colossians 1:28-29, our aim is as follows: "We proclaim Him (Christ), admonishing and teaching everyone with all wisdom, so that we may present everyone perfect in Christ, striving according to His working which works in us mightily."

Counseling Waiver:

I, _____ the undersigned, hereby understand and acknowledge that I have been advised to my satisfaction concerning the following issues about receiving counseling and spiritual guidance at Wheelersburg Baptist Church:

1. All of the counseling provided by the church is biblically based rather than psychologically based. As such, the type of counseling I will receive is not clinical counseling, but biblical and spiritual counseling (the essence of which is summarized above).
2. I recognize that all people have strengths and limitations when it comes to helping others. Thus, I understand that it may become necessary at some point for the church staff to refer me to another counselor/discipler, or to a professionally trained counselor, who is more specifically qualified to provide the help I need.
3. I understand that the church staff is committed to purity. This means (based on Titus 2) that spiritually mature men are to counsel men, and spiritually mature women are to counsel women. I am aware that in situations where this is not possible, the following parameters will be followed:
 - a. No counseling of the opposite sex shall take place without the presence of another person in the building.
 - b. Individual counseling of the opposite sex shall be limited to three sessions. After the third session, if further help is needed, it must be approved by the deacon board, with specific parameters stated.
4. While a degree of confidentiality exists with the particular pastor with whom I seek counseling and the church staff, I recognize that only limited rights of confidentiality exist within the laws of the, State of Ohio. I am aware of the following:

- a. I understand that my pastor will keep records of our counseling sessions which will be held confidential.
 - b. I understand that there are situations in which the law requires my pastor to divulge what has been said to him in confidence. I realize that certain information revealed in the counseling process may need to be divulged at some future date under state law.
 - c. I understand that the pastor will seek to consult with me first regarding matters where disclosure is necessary.
5. The church staff and the particular pastor from whom I receive counseling, and any volunteer to whom he refers me to further assist in spiritual guidance, shall not be liable under any circumstances, and I hereby waive all rights against the church, its staff, the particular pastor from whom I seek help, and any volunteer as mentioned, for any claims and damages arising directly or indirectly from any physical, emotional, or mental illness or psychological problem I now have or may develop in the future.
6. Should a dispute arise between myself and my counselor (or any volunteer to whom he refers me), I will submit the controversy to Christian arbitration rather than pursuing legal court action (1 Corinthians 6: 1-6).

Signed: _____

Date: _____