

# 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 \_\_\_\_\_



## **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: \_\_\_\_\_