

## Personal Data Inventory

**Today's Date:**

**Personal:**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Home Phone: \_\_\_\_\_

4. Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

5. Occupation: \_\_\_\_\_

6. Sex: M        F

7. Birth Date: \_\_\_\_\_

8. Age: \_\_\_\_\_

9. Marital Status: (single, dating, married, separated, divorced, widowed)

10. Education (last year completed): \_\_\_\_\_

11. Other training (list type and years): \_\_\_\_\_  
\_\_\_\_\_

Referred here by: \_\_\_\_\_

a. Address: \_\_\_\_\_

b. Phone: \_\_\_\_\_

**Health Information:**

1. Rate your health (Very Good, Good, Average, Declining, Other):

2. Height: \_\_\_\_\_

3. Approximate weight: \_\_\_\_\_

4. Weight changes recently? \_\_\_\_\_

5. List all important present or past illnesses, injuries or handicaps:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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6. Date of last medical examination:

1. Report: \_\_\_\_\_
2. Your physician: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone: \_\_\_\_\_

7. Are you presently taking medication? What medication(s)?

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8. Have you used drugs for other than medical purposes?

1. What drug? \_\_\_\_\_

9. Have you ever had a severe emotional upset?

1. Explain: \_\_\_\_\_

10. Have you ever been arrested?

11. Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? \_\_\_\_\_

**Religious Background:**

12. Denominational preference: \_\_\_\_\_

- Member? Yes No

13. Church attendance per month: \_\_\_\_\_

14. Church attended in childhood: \_\_\_\_\_

15. Have you been baptized? \_\_\_\_\_

16. Religious background of spouse (if married): \_\_\_\_\_

17. Do you consider yourself a religious person? (Yes, No, Uncertain)

18. Do you believe in God? (Yes, No, Uncertain)

19. Do you pray to God? (Never, Occasionally, Often)

20. How often? (Never, Occasionally, Often)

21. Are you saved? (Yes, No, Not sure what you mean)

22. How much do you read the Bible? (Never, Occasionally, Often)

23. Do you have regular family devotions? Yes No

24. Explain recent changes in your religious life, if any: \_\_\_\_\_

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**Personality Information:**

1. Have you ever had any psychotherapy or counseling before?
2. If yes, list counselor or therapist and dates:
3. What was the outcome?
4. Which if any of the following words best describe you now? (*circle or highlight*)  
(active, ambitious, self-confident, persistent, nervous, hardworking, impatient, impulsive, moody, often-blue, excitable, imaginative, calm, serious, easy-going, shy, good-natured, introvert, extrovert, likable, leader, quiet, hard-boiled, submissive, self-conscious, lonely, sensitive, other)
5. Have you ever felt people were watching you?
6. Do people's faces ever seem distorted?
7. Do you ever have difficulty distinguishing faces?
8. Do colors ever seem too bright? Or too dull?
9. Are you sometimes unable to judge distance?
10. Have you ever had hallucinations?
11. Are you afraid of being in a car?
12. Is your hearing exceptionally good?
13. Do you have problems sleeping?

**Marriage and Family Information:**

1. Name of spouse: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Occupation: \_\_\_\_\_
5. Your spouse's age: \_\_\_\_\_
6. Education (in years): \_\_\_\_\_
7. Religion: \_\_\_\_\_
8. Is your spouse willing to come for counseling? \_\_\_\_\_
9. Have you ever been separated? \_\_\_\_\_

- When? \_\_\_\_\_
10. Has either of you ever filed for divorce? Yes No
- When? \_\_\_\_\_
11. Date of Marriage: \_\_\_\_\_
12. Your ages when married:
- a. Husband \_\_\_\_\_
  - b. Wife \_\_\_\_\_
13. How long did you know your spouse before marriage? \_\_\_\_\_
14. Length of steady dating with spouse \_\_\_\_\_
15. Give brief information about any previous marriages: \_\_\_\_\_
- \_\_\_\_\_

**Information about children:**

1. Name:
  - a. Age
  - b. Sex
  - c. Live with you?
  - d. From previous marriage?
2. Name:
  - a. Age
  - b. Sex
  - c. Live with you?
  - d. From previous marriage?
3. Name:
  - a. Age
  - b. Sex
  - c. Live with you?
  - d. From previous marriage?
4. Name:
  - a. Age
  - b. Sex

- c. Live with you?
  - d. From previous marriage?
5. Name:
- a. Age
  - b. Sex
  - c. Live with you?
  - d. From previous marriage?
6. Name:
- a. Age
  - b. Sex
  - c. Live with you?
  - d. From previous marriage?
7. If you were raised by anyone other than your own parents, briefly explain:
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8. How many older siblings do you have?
- a. Brothers:
  - b. Sisters:
9. How many younger siblings do you have?
- a. Brothers:
  - b. Sisters:

## Basic Summary

*(answer on separate page for each person if couple or family)*

**Name:**

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What is the main problem, as you see it? What brings you to us?

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2. What have you done about it?

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3. What can we do? What are your expectations in coming to us?

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4. As you see yourself, what kind of person are you? Describe yourself.

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5. Is there any other information we should know?

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## **INFORMED CONSENT**

### **BIBLICAL COUNSELING AGREEMENT**

In order to be fully informed about the biblical counseling you will be receiving, please read through this following agreement, sign and date it at the bottom. This form must be signed and the intake form must be completed and returned to the church office before the first session.

(Note to couples: Each individual should fill out his/her own set of forms.)

### **DESCRIPTION OF BIBLICAL COUNSELING:**

The goal of biblical counseling is to help an individual think biblically about his/her current struggles in the context of a confidential, caring environment. A biblical counselor relies on Scripture as the sole authority for faith and conduct and recognizes that lasting change is the result of the power of God, the grace of Christ and the indwelling ministry of the Holy Spirit.

Guided by biblical principles, the Counselor's role is to utilize guided questioning, empathetic support, problem definition, reflection/reading assignments, encouragement, and prayer to provide wise, biblical and faithful counsel to those who are hurting and in need.

### **REFERRAL POLICY/DISCLAIMER**

After reviewing the intake form, we will determine whether or not we feel we can provide you with the appropriate services and level of care needed. Clients will be referred outside of FBC Biblical Counseling Center when treatment required is beyond the scope of care available here.

### **BIBLICAL COUNSELING FEES**

We typically provide counseling free of charge for people in our church and or local community. A refundable \$25 "no-show" fee will be collected at your first session. If unused, this fee will be returned at the completion of your counseling. You will also pay for any books or resources that are recommended.

### **COUNSELEE EXPECTATIONS**

Please plan to arrive 5-10 minutes prior to your appointment so the session can begin on time. You will be asked to complete homework assignments, or purchase a book to be read in conjunction with your counseling. In addition, prayer, Scripture reading, and memorization may be utilized as part of the counseling process. You will be expected to attend church (ours or yours) on a weekly basis. Your commitment to the counseling process will greatly determine the outcome of your experience.

### **CONFIDENTIALITY**

Your biblical counselor will adhere to commonly accepted codes of privacy and confidentiality in counseling ethics. There are situations, however, in which the law requires that certain information can be revealed without your consent. Under the discretion of the pastoral counselor, if there is any indication that you may be a danger to yourself or others, or are involved in the abusing of a minor, your information may be disclosed to appropriate mental health services or law enforcement. Also, an issue may occasionally arise that would benefit from the counsel or involvement of a pastor or another counselor at First Baptist Church. If deemed appropriate, your biblical counselor may decide that a pastor be consulted to insure the quality of care you are receiving.

### **RIGHTS AS A CLIENT**

1. You are entitled to information about any procedures, methods of counseling, techniques and possible duration of therapy.
2. You have the right to end counseling at any time without any moral, legal or financial obligations other than those already accrued.
3. You have the right to expect confidentiality within the limits described.
4. You have the right to authorize your counselor to consult with another professional about your therapy in writing.

### **CANCELLATION POLICY**

We request that you notify your counselor at least 24 hours before your scheduled appointment time if you need to cancel a session. Exceptions may be allowed for sudden illnesses and emergencies only.

### **CONTACTING FIRST BAPTIST CHURCH BIBLICAL COUNSELING CENTER**

To schedule an appointment, please email the church office at [info@dunkirkbaptist.org](mailto:info@dunkirkbaptist.org). If you need to cancel or reschedule your appointment, please call the church office at 716-366-6634 and leave a message. For emergencies, please call 911, or go to your local emergency room.

By signing below, you are acknowledging that you understand and accept the guidelines stated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_