

Grace Church

3001 Elm Swamp Rd.
Lebanon, Indiana, 46052
Phone: 765-482-7104
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Counseling Ministry

Biblical Counseling Confidentiality Protocol Statement

I understand that the counseling I receive at Grace Baptist Church Counseling Ministry is based upon the counselor's understanding of the Bible. All counseling is kept confidential but may be discussed with the Senior Pastor and Counseling Staff of Grace Baptist Church.

Signed: _____

Date: _____

I understand that the counselor is obligated to notify the proper authorities regarding the reporting of child sexual abuse. Please put your initials in the following box to show that you have read and understand this statement.

I understand that the counselor is obligated to notify the proper authorities regarding the reporting of criminal confessions. Please put your initials in the following box to show that you have read and understand this statement.

Personal Data Inventory

IDENTIFICATION DATA

Name _____ Phone _____

Address _____

Occupation _____ Work Phone _____

Sex _____ Birth Date _____ Age _____

Marital status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Education (last year completed): _____ (grade) Other training (list type and years) _____

Referred here by _____ Phone _____

HEALTH INFORMATION

Rate your health (check): Very Good _____ Good _____ Average _____ Declining _____

Your approximate weight _____ lbs Weight changes recently: Lost _____ Gained _____

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

Date of last medical examination _____ Report: _____

Your physician _____ Address _____

Are you presently taking medication? Yes _____ No _____

If yes, list names: _____

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

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

Have you ever been arrested? Yes _____ No _____

Are you willing to sign a release form so that your counselor may write for social, psychiatric, or medical reports?

Yes _____ No _____

(Please turn to next page)

RELIGIOUS BACKGROUND

Denominational preference: _____ Member _____

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

Church attended in childhood _____ 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 _____

Do you have regular family devotions? Yes ___ No ___

Explain recent changes in your religious life, if any _____

PERSONALITY INFORMATION

Have you ever had any psychotherapy or counseling before? Yes ___ No ___

If yes, list counselor or therapist and dates: _____

What was the outcome? _____

Circle any of the following words which best describe you now: active ambitious self-confident
persistent nervous hard-working impatient impulsive moody often-blue excitable imaginative
calm serious easy-going shy good-natured introvert likeable leader quiet hard-boiled lonely
submissive self-conscious sensitive other _____

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

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

Do you ever have difficulty distinguishing faces? Yes ___ No ___

Do colors ever seem too bright? ___ Too dull? ___

Are you sometimes unable to judge distance? Yes ___ No ___

Have you ever had hallucinations? Yes_____ No_____

Are you afraid of being in a car? Yes_____ No_____

Is your hearing exceptionally good? Yes_____ No_____

Do you have problems sleeping? Yes_____ No_____

MARRIAGE AND FAMILY INFORMATION

Name of spouse_____ Address_____

Phone_____ Occupation _____ Business phone_____

Your spouse's age_____ Education (in years)_____ Religion_____

Is spouse willing to come for counseling? Yes_____ No_____ Uncertain_____

Have you ever been separated? Yes_____ No_____ When? From _____ to_____

Date of 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 a brief information about any previous marriages:_____

Information about children:

PM*	Name	Age	Sex	Living Yes/No	Education in years	Marital status
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*Check this column if child is by previous marriage

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

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

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?