

EAST ROGERSVILLE BIBLICAL COUNSELING
(A Ministry of East Rogersville Baptist Church)
1100 East McKinney Ave Rogersville, TN 37857 423-272-2496

PERSONAL DATA INVENTORY

IDENTIFICATION DATA:

Name: _____ Phone: _____ Cell: _____
Address: _____ State: _____ Zip Code: _____
Occupation: _____
Sex: _____ Birth date: _____ Age: _____ Email: _____
Marital Status: Single: ___ Going Steady: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___
Education: (last year completed) _____ Other Training (list type and years) _____
Referred here by: _____ Address: _____

HEALTH INFORMATION:

Rate your health: (check): Very good: _____ Average _____ Declining _____ Other _____
Weight changes recently: Lost: _____ Gained: _____
List all important present or past illnesses or injuries or handicaps: _____
Date of last physical examination: _____ Report: _____
Your physician: _____ Address: _____
Are you presently taking medication? Yes _____ No _____ State circumstances: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical report? Yes _____ No _____

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: _____
Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____
Do you believe in God? Never _____ Occasionally _____ Often _____
Are you saved? Yes _____ No _____ Not sure what you mean _____
How frequently 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: _____

MARRIAGE AND FAMILY INFORMATION:

Name of spouse: _____ Address: _____
Phone: _____ Occupation: _____
Your spouse's age: _____ Education (in years): _____ Religion: _____
Is spouse willing to come for counseling? Yes _____ No _____ Not sure _____
Have you ever been separated? Yes _____ No _____ When? _____
Have either of you filed for divorce? Yes _____ No _____ When? _____
Date of marriage: _____ Your ages when married: Husband _____ Wife _____
How long did you know spouse before marriage? _____
Length of steady dating with spouse _____ Length of engagement _____
Give brief information about any previous marriages: _____

Information about children:

PM*	Name	Age	Sex	Living	Deceased	Education in Years	Marital Status

***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?

Have there been any deaths in the family during the last year? Yes _____ No _____

If yes, who and when? _____

PERSONALITY INFORMATION:

Have you used drugs for other than medical purposes? Yes ___ No ___ If yes, what? _____

Have you ever had a severe emotional upset? Yes _____ No _____ If yes, please explain: _____

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 that best describe you now: 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 _____

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? Yes _____ No _____

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

Have you ever had hallucinations? Yes _____ No _____

Is your hearing exceptionally good? Yes _____ No _____

Do you have problems sleeping? Yes _____ No _____

How many hours of sleep do you average each night? _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is your problem or reason for coming for counseling?
2. What have you done about it?
3. What do you want me to do? (What are your expectations in coming for counseling?)
4. What brings you here at this time?
5. Is there any other information I should know?

East Rogersville Baptist Church Biblical Counseling Ministry
ARE YOU INTERESTED IN PASTORAL COUNSELING?

Then please read what follows:

Have you been having trouble? Don't know what to do or where to turn? The staff of The Biblical Counseling Center want you to know that they are available to help. You may apply for help by phoning the church at (423) 272-2496. There are, however, several conditions upon which outside counseling cases will be initiated. They are as follows:

1. Counseling of members of the East Rogersville Baptist Church always takes precedent over all outside counseling.
2. All counseling will be conducted in accordance with the pastor's understanding of the Scriptures. Your counseling will be biblical; pastoral in which the Scriptures are in all cases the final authority. If you are not sure that you will be interested in Biblically-based counseling, you will be given the option of attending one or two sessions to discover what Biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling, sessions will be terminated.
3. If you are a member of another church, it may be necessary for your pastor to be notified and to allow him the opportunity to accompany you to counseling sessions. This is important since we want to recognize and respect the authority and the discipline of other congregations. And, in addition, this makes transfer back to the pastoral care of your church a lot easier to affect. Pastoral notification will be determined case by case.
4. At any time during counseling, for reasons sufficient to himself, the counselor – as also the counselee shall have the option of terminating counseling.
5. Information disclosed in counseling sessions will be held confidential only as the counselor believes the Bible requires. Absolute confidentiality is not Scriptural; matters of church discipline (cf. Matthew 18:15ff.) for instance, under certain circumstances, require one to disclose facts to others.
6. All counseling is done free of charge as a ministry of East Rogersville Baptist Church of Rogersville, TN. Sometimes, out of gratitude, one may wish to express thanks in a tangible way. In such cases, checks should be made out to the church, not the pastor's or counselor's name, and notation made that it is for the counseling ministry.
7. It should be understood that Biblical counseling consists of giving of Scriptural advice and the practical application of the same to each individual. Yet, the counselee is held fully responsible for how he implements that advice.

We are confident that the Bible has all of the information necessary for life and godliness. There are no problems between persons that the Bible fails to address either in general or specific principles. While we do not pretend to know all there is to know about Biblical teaching and its application to life, nevertheless, we will do our utmost to help you.

Counselors will honestly tell you if they are stymied and will seek help. If you are interested in counseling, kindly sign below as indicated.

I have read the conditions for counseling set forth in this paper and agree to enter into counseling in accordance with them.

Signed: _____

Date: _____
