APPOINTMENT CANCELLATION POLICY

1. The counselee is asked to cancel an appointment at least 24 hours in advance. This will enable another person to take advantage of that counseling hour, helping each of us to be a good steward of time and resources.

2. Appointments can be cancelled by calling 358-6722. If you reach the answering machine, please leave your name, telephone number, and message. The machine is monitored regularly to receive all messages.

3. Two cancelled appointments allowed. A third cancelled appointment constitutes permanent termination of future counseling sessions.

4. We collect a $25 deposit that we will return to you upon faithful completion of counseling. One no-call/no-show or cancellation within 24 hours will forfeit your deposit to the Center.

Initial____________________ Date__________

AUDIO RECORDING CONSENT

1. I give permission to the biblical counselor to make audio cassette records of any counseling session, in part or in total.

2. I am assured that any audio cassette records of my counseling sessions are confidential and secured.

3. My counselor will inform me when a counseling session is being recorded.

Initial____________________ Date__________

COUNSELOR-IN-TRAINING OBSERVATION CONSENT

1. I give permission to the biblical counselor to allow counselors-in-training to observe during my counseling session.

2. The counselors-in-training will participate occasionally in my counseling session, but will otherwise quietly observe. I understand the purpose of their observation is to develop their counseling skills.

3. I understand that my counselor will dialogue with the counselors-in-training about my counseling session to develop their counseling skills, and the counselors-in-training will maintain the strictest and highest level of confidentiality.

Initial____________________ Date__________

CONFIDENTIALITY POLICY

The Randolph Area Biblical Counseling Center maintains a high level of confidentiality with all of its counselees and counselors. Counseling content remains confidential between the counselee and his/her counselor unless other arrangements are agreed upon (i.e. the need to keep other church leaders informed).

However, if the counselee communicates something to his/her counselor, that is sinful which hinders the restoration of a relationship (i.e.: adultery in a marriage, minor involved with drugs, alcohol or fornication) the counselee will be exhorted to seek repentance through confession and forgiveness, and to commit to the process of reconciliation. Furthermore, I waive my right to confidentiality should the proper authorities need to be contacted if criminal behavior is revealed to the counselor.

Initial____________________ Date__________
PERSONAL DATA INVENTORY

IDENTIFICATION DATA
Name______________________ Phone____________________________
Address_____________________________________________________________________________________________________
Occupation__________________________________________________________________________________________________
Business Phone____________________________________________________________________________________________________
Sex______ Birth Date____________________ Age________ Height________
Marital Status: □ Single □ Going Steady_______ □ Engaged_______
□ Married______ □ Separated______ □ Divorced______ □ Widowed____
Education (last year completed): _______________ Other training (list type & years)_________________
Referred here by:_________________________________ Address:____________________________________________________

HEALTH DATA
Rate your health (check): □ Very good □ Good □ Average □ Declining □ Other
Your approximate weight: __________ lbs Weight changes recently: □ Lost _______ □ Gained________
List all important present or past illnesses or injuries:______________________________________________________________________________________________________________
Date of last medical examination_________ Report__________________________________________________________________
Your physician_________________________ Address__________________________________________________
Are you presently taking medication? □ Yes □ No
Names, Dosages, & Strength____________________________________________________________________________________
____________________________________________________________________________________________________________
Have you ever had a severe emotional upset? □ Yes □ No
Please explain______________________________________________________________________________________________
____________________________________________________________________________________________________________
Have you ever been arrested? □ Yes □ No
Are you willing to sign a release of information form that your counselor may write for social, psychiatric, or medical reports?
□ Yes □ No
Have you recently suffered the loss of someone who was close to you? □ Yes □ No
Please Explain______________________________________________________________________________________________
____________________________________________________________________________________________________________

REligious background
Denominational preference:_________________________ Member__________________________
Church attended in childhood__________________________ Baptized? □ Yes □ No
Religious background of spouse (if married)__________________________
Do you consider yourself a religious person? □ Yes □ No □ Uncertain what you mean
Do you believe in God? □ Yes □ No □ Uncertain what you mean
Do you pray to God? □ Never □ Occasionally □ Often______
Are you saved? □ Yes □ No □ Uncertain what you mean
How often do you read your Bible? □ Never □ Occasionally □ Often______

BIS, PDI, Policies
The Randolph Area Biblical Counseling Center
rev.12/2013
Do you have regular family devotions (if married)  

☐ Yes ☐ No

Explain recent changes in your religious life if any

____________________________________________________________________________________________________________________________________

PERSONAL INFORMATION

Have you ever had any psychotherapy or counseling before?  

☐ Yes ☐ No

If yes, list the counselor or therapist, dates, areas covered and results:

____________________________________________________________________________________________________________________________________

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 good-natured introvert extrovert likeable leader quiet hard-boiled submissive lonely self-conscious sensitive other

Have you ever felt people watching you?  

☐ Yes ☐ No

Do people’s faces ever seem distorted?  

☐ Yes ☐ No

Do colors ever seem too bright?  

☐ Yes ☐ No

Are you sometimes unable to judge distance?  

☐ Yes ☐ No

Have you ever hallucinated?  

☐ Yes ☐ No

Are you afraid of being in a car?  

☐ 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 your spouse willing to come for counseling?  

☐ Yes ☐ No ☐ Uncertain what you mean

Have you ever been separated?  

☐ Yes ☐ No When?  ______________________

Has either of you ever filed for divorce?  

☐ Yes ☐ No When_________________________

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?______________________

Did you receive premarital counseling?  

☐ Yes ☐ No If so, how many sessions? __________

Give brief information about any previous marriages:

________________________________________________________________

PM*  

Name Age Sex Living Y N Education (in years) Marital Status

________________________________________________________________

________________________________________________________________

________________________________________________________________

*Check this column if child is by previous marriage

How many older brothers ______ sisters_______ do you have?
How many younger brothers _____ sisters_____ do you have?

Briefly answer the following questions:

1. From your perspective, what would you say is/are the problems?

2. What have you done about it so far?

3. What would you like your counselor to do (What are your expectations of our time)?

4. What, if anything, do you fear?

5. Is there any other information your counselor should know?