Randolph Area Biblical Counseling Center
Counseling Policies
39 Main St.
Randolph, NY 14772

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 between its counselees and counselors. Although counseling content remains confidential between the counselee and his/her counselor, I understand that my counselor will communicate my case with my own church Pastor/leaders should my counselor deem it necessary.

Furthermore, 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 ______
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 impatience 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  Education  Marital Status
Y   N  (in years)

*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?