

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 counsees 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 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?

