



Lighthouse Biblical Counseling Center Personal Data Inventory

(Please completely fill out this form and submit it prior to your first session.)

Identification Data

Name: _____ Date: _____

Address: _____ (street, city, & zip)

Sex: _____ Date of Birth: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ OK to contact at work? Yes No

Email Address: _____

Education (last year completed): _____

Other training: _____

Referred to LBCC by: _____

What church do you attend and for how long? _____

If not currently attending church, when last did you attend and where? _____

Who else knows of the situation that brings you in to us for help?

Personal History

<u>Parents: Name</u>	<u>Age (if living)</u>	<u>Occupation</u>	<u>Marital Status</u>
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Father	_____	_____	_____
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Mother	_____	_____	_____
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Guardian: _____ (if applicable)

Which parent raised you? _____

Describe relationship with your father _____

Describe relationship with your mother _____

Did you live with anyone other than parents? _____

Siblings: Name Age(if living) Marital Status

- 1.
- 2.
- 3.
- 4.
- 5.

What is your position in the birth order of your brothers and sisters? _____

Would you rate your home-life growing up as well adjusted _____ average _____ or poor _____?

Has there been a death of a close member of your family? _____

If so, what relationship were they to you, when did they die, how did they die?

Indicate which might have applied during your childhood and/or adolescence:

School Problems: _____ Family Problems: _____ Medical Problems: _____

Drug/Alcohol Problems: _____ Social Problems: _____ Legal Problems: _____

Please explain: _____

Marital History

Marital status: Single Engaged Married Remarried Separated Divorced Widowed

Your present marriage (if applicable):

Spouses name: _____ Age _____ Occupation: _____

Spouses religious background: _____ Education: _____

Date of marriage _____ Have you ever been separated from your present spouse? _____

If yes, please specify when: 1) _____ to _____ 2) _____ to _____

Children: Name Relationship Living at Home Age Marital status Occupation

- 1.
- 2.
- 3.
- 4.

Date of marriage _____ Length of dating _____

Give a brief statement of circumstances of meeting and dating _____

Children from your previous marriages (if applicable)

- 1.
- 2.
- 3.
- 4.

Children from your spouse's previous marriages (if applicable)

- 1.
- 2.
- 3.
- 4.

Health History

Do you have any current health problems? _____ If 'yes', please specify? _____

Do you have any chronic conditions, if so list them? _____

Have you had any of the following physical problems? Please check.

Heart problems _____ Bulimia _____ Menstrual irregularities _____
Liver problems _____ Anorexia _____ Kidney problems _____
Visual problems _____ Hallucinations _____ Head injury/concussion _____
Sensory distortion _____ Change in sex drive _____ Stroke _____
Weakness _____ Seizures _____ Fatigue _____
Problems walking _____ Brain tumor _____ Heat/cold sensitivity _____
Unusual hair loss _____ Multiple Sclerosis _____ Rashes _____
Parkinson's disease _____ Bowel/bladder _____ Memory problems _____
Blackouts _____ Nausea/vomiting _____ Episodic distortions _____
Amnesia _____ Weight change _____ Tremors _____ Impotence _____
Personality change _____ Thyroid dysfunction _____ Physical change _____ Diabetes _____
Constant hunger _____ Foodcravings _____ Hypoglycemia _____
Changes consciousness _____ Lung problems _____ Fever _____ Headaches _____
Allergies _____ Pneumonia _____ Dizziness _____ Cancer _____
Stiff neck _____ Speech problems _____ High Blood Pressure _____ Incoordination _____
Date of last medical exam _____

Physician's name and address _____

List previous surgeries (those which required anesthesia):

List all prescription and over-the-counter medications: Include diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin:

Have you ever been prescribed anti-depressants? If so, how long ago?

What is your average daily caffeine consumption? Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks:

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful?

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal) thinking and memory, or work habits?

Are you bothered by nervousness of any kind (trouble sleeping, upset stomach, jittery feelings, etc.)?

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

Explain: _____

Have you ever been arrested? Yes _____ No _____ Explain: _____

Have you ever received counseling? _____ Presently? _____

If 'yes', please specify when and with whom: _____

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

Women Only

Have you had any menstrual difficulties _____?

Do you experience tension, tendency to cry, or other symptoms prior to your cycle; please explain

Is your husband willing to come to counseling _____

Is he in favor of your coming _____ If no, explain _____

Occupational History

What jobs have you held in the past? _____

Employer _____ What is your job title? _____

How long have you been involved in this job? _____ Present annual income: _____

Does your present work satisfy you? If not, please explain. _____

Religious Background

Church presently attending (Name & address): _____

Phone: _____

Are you a Member? Yes No

Pastor: _____ Permission to consult with pastor: Yes No

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you consider yourself born again? Yes _____ No _____ Uncertain _____ Not sure what you mean _____

How often do you attend church? _____ Are you actively involved? _____

In what ways do you serve in your local church? _____

Do you read the Bible: daily _____ occasionally _____ never _____?

Do you pray: daily _____ occasionally _____ never _____

Does your family have family devotions: daily _____ occasionally _____ never _____?

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond? _____

How would you describe your relationship with God? _____

About yourself

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

PROBLEM CHECK LIST ___ Anger ___ Envy ___ Appetite ___ Anxiety ___ Fear ___ Memory ___ Apathy ___ Gluttony ___ Moodiness ___ Bitterness ___ Guilt ___ Rebellion ___ Change in lifestyle ___ Health ___ Sex ___ Children ___ Homosexuality ___ Sleep ___ Depression ___ Impotence ___ Wife abuse ___ Deception ___ In-laws ___ A vice

On a scale from 1-10 (10 being very well) rate yourself on these spiritual areas:

**Humility ___ Bible reading ___ Prayer ___ Honesty ___ Obeying God ___
Serving others ___ Compassion ___ Sin Confession**

Please take your time in answering the following questions:

1. State in your own words the nature of the main problem(s) that bring you for Biblical counseling?
2. When did your problems begin? Please specify a date if possible.
3. Please describe any significant events occurring at that time.
4. Would you say you have contributed to this problem? If so, in what way?
5. How do you see that others may have contributed to your situation?
6. What have you done to try to resolve your problem(s):

7. What would you like for LBCC to do for you? What kind of help do you expect?

8. Why do you specifically want BIBLICAL counseling?

9. How did you come to know about LBCC?

10. Is there any other information we should know?



Lighthouse Biblical Counseling Center

Consent to Biblical Counsel

Our Goal – Our goal in providing Biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life.

Biblical Basis – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry.

Not Professional Advice – Some of our Biblical counselors work in professional fields outside the counseling center. When serving as Biblical counselors within the counseling center, however, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore, if you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our lay Biblical counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principle.

Confidentiality – Confidentiality is an important aspect of the Biblical counseling process, and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share certain information with others: When a biblical counselor is uncertain of how to address a particular problem and seeks advice from a pastor or biblical counselor in this counseling center; when there is clear indication that someone may be harmed unless others intervene; when (a) counselor(s) work(s) with (a) counselor(s) in training; or when a person, who is a committed broken servant of Lighthouse Biblical Counseling Center, persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the ministry to encourage repentance and reconciliation (see Proverbs 15:22; 24:11 and Matthew 18:15-20). Please be assured that our Biblical counselors strongly prefer not to disclose personal information to others and they will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflicts – On rare occasions, a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with this counseling center as a result of counseling will be settled by mediation within the counseling center according to the principles of scripture and the authority of this counseling center.

Faithful Attendance – As part of your assigned homework from your counselor we expect you to faithfully attend Sunday morning worship at your current church. If you do not have a church, you are expected to attend Lighthouse on the Rock fellowship. Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

Signed: _____ Dated: _____



Lighthouse Biblical Counseling Center

COUNSELEE CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize and consent to allow the herein designated individual(s) to release personal information gained through our counseling sessions to the individual(s) and/or organization(s) named below:

Individual(s) who may release information about me:

1. _____
2. _____

Individual(s) and organization(s) to whom information may be released:

1. _____
2. _____

Specific information to not be released: (check here _____ if no restriction):

1. _____
2. _____

The purpose for this release:

1. _____
2. _____

I understand that I have no obligation to disclose this requested information and may revoke this consent at any time by informing any and all individuals or organizations listed above.

I waive, on behalf of myself and any persons who may have an interest in this matter, all provisions of the law relating to the disclosure of confidential information and release you from all legal responsibility or liability that may arise from this authorization.

Counselee

Date

Legal Guardian (if minor)

Date

Relation to counselee (relative if minor)

Date

LIGHTHOUSE BIBLICAL COUNSELING CENTER

Guidelines for Weekly Counseling Contract

1. I understand my weekly counseling session is 60 minutes.
2. I understand, I am expected to arrive promptly every week for my weekly counseling session.
3. I understand my time changes can only be made with the consent of the Counselor. If a time change is not made, and you do not keep your appointment you will lose that week's session.
4. I understand, if I am unable to keep my scheduled counseling appointment, I must call the office IN ADVANCE and notify my counselor. Failure to comply with this request will be documented.
5. I understand, LBCC must receive my homework before my scheduled session. If we do not receive your homework on time, LBCC reserves the right to cancel your appointment for that week.
6. I understand only two missed sessions will be permitted. After the third time you fail to call without notifying your counselor prior to your scheduled time, your counseling with LBCC will be terminate.

Counseling Telephone Number: (859) 823-0019

Signature

Date

Although LBCC does not charge for counseling, we do welcome donations to Lighthouse Biblical Counseling Center, if you're able to do so.