

## Southside Biblical Counseling Center

Dr. Mark & Theresa Smith - 219.379.3029 / 317.762.3238

### *Where Help & Hope Graciously Meet*

#### Consent to Counsel & Cancellation Policy Form

I / We understand that the counseling received at The Counseling Center is based upon the Counselor's understanding of the Bible. All counseling is kept confidential but may be discussed between the Counseling Staff.

I / We also understand that there may be others sitting in during the counseling session as a means of training other Counselors. They are there at the direction of the Counselor and the case being discussed.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

I / We understand that the Counselor is obligated to notify the proper authorities regarding the reporting of child sexual abuse. Please put your initials to show that you have read and understand this statement.

\_\_\_\_\_  
I / We understand that the Counselor is obligated to notify the proper authorities regarding the reporting of criminal confessions. Please put your initials to show that you have read and understand this statement.

\_\_\_\_\_  
We are not licensed as either psychotherapists or mental health professionals. We have received extensive up-to-date training in the field of Biblical Counseling and continue to receive education and training throughout the year through Conferences, Seminars, and Continuing Education courses. Upon your initial visit there is a one time, non-refundable, suggested donation of \$200 which includes resources to get you started. Your donation allows the Counseling Center to continue advertising through search engines and have ready resources when you come.

You may be required to purchase other resource materials to help with the counseling process. If you need to cancel your scheduled appointment, please do so 24-48 hours prior to the next appointment or another suggested donation of \$75.00 would be appreciated. In case of emergency, call 219.379.3029 and we will work with you. Our desire is to help you as much as we possibly can. We Thank You for your cooperation.

## Southside Biblical Counseling Center

219.379.3029 or 317.762.3238

### Personal Data Inventory

#### GENERAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ MARITAL STATUS ~ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOW / WIDOWER \_\_\_\_\_

EDUCATION (LAST YEAR FINISHED) \_\_\_\_\_ COLLEGE / OTHER \_\_\_\_\_

#### HEALTH INFORMATION

PRESENT HEALTH CONDITION POOR \_\_\_\_\_ DECLINING \_\_\_\_\_ AVERAGE \_\_\_\_\_ GOOD \_\_\_\_\_

EXCELLENT \_\_\_\_\_

LAST PHYSICAL EXAM WAS WHEN & WHERE? \_\_\_\_\_

\_\_\_\_\_

ARE YOU PRESENTLY TAKING ANY MEDICATION? PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### CHURCH DENOMINATION

\_\_\_\_\_

IF A CHURCH MEMBER, PLEASE STATE WHERE \_\_\_\_\_

CHURCH ATTENDANCE PER MONTH (CIRCLE ONE) 0 1 2 3 4 5 6 7 8 9 10+

DO YOU BELIEVE IN GOD? YES \_\_\_\_\_ NO \_\_\_\_\_ NOT CERTAIN \_\_\_\_\_

DO YOU READ THE BIBLE? SOMETIMES \_\_\_\_\_ NEVER \_\_\_\_\_ OFTEN \_\_\_\_\_

PERSONAL INFORMATION

HAVE YOU EVER HAD ANY PSYCHOTHERAPY OR COUNSELING IN THE PAST? WHEN / WHERE/  
WHO / HOW LONG? \_\_\_\_\_

CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOUR  
PRESENT STATE OF BEING:

ACTIVE      AMBITIOUS      SELF-CONFIDENT      PERSISTENT      NERVOUS      HARDWORKING  
IMPATIENT      EXCITABLE      IMAGINATIVE      CALM      SERIOUS      EASY-GOING      SHY  
GOOD-NATURED      INTROVERT      EXTROVERT      LEADER      QUIET      SUBMISSIVE  
LONELY      SENSATIVE      ANGRY      OTHER

ARE YOU HAVING PROBLEMS SLEEPING OR EATING? \_\_\_\_\_

DO YOU THINK PEOPLE ARE WATCHING YOU? \_\_\_\_\_

ARE YOU HEARING VOICES? \_\_\_\_\_

FAMILY INFORMATION

NAME OF SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_ YEARS MARRIED \_\_\_\_\_

IS YOUR SPOUSE OPEN FOR COUNSELING? YES \_\_\_\_ NO \_\_\_\_ NOT CERTAIN \_\_\_\_

HAVE YOU EVER BEEN SEPARATED FROM YOUR SPOUSE? YES \_\_\_\_ NO \_\_\_\_

HAVE EITHER OF YOU FILED FOR A DIVORCE? YES (IF SO, WHEN & WHO FILED?)  
\_\_\_\_\_

HOW LONG DID YOU KNOW YOUR SPOUSE BEFORE BEING MARRIED?  
\_\_\_\_\_

HOW LONG DID YOU DATE BEFORE MARRIAGE? \_\_\_\_\_

DID YOU HAVE MARITAL COUNSELING? (IF SO, HOW LONG?)  
\_\_\_\_\_

HOW MIGHT WE HELP YOU? WHAT BRINGS YOU TO COUNSELING?

---

---

---