

Southside Biblical Counseling Center

Dr. Mark & Theresa Smith / 317.762.3238 / 219.379.3029

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 \$175.00. Your donation allows the Counseling Center to continue advertising through search engines and have ready resources when people come needed help and hope.

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 48 hours prior to the next appointment or another non-refundable Administration Fee will be required. 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 appreciate your cooperation.

Southside Biblical Counseling Center

317.762.3238 or 219.379.3029

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?
