

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.

You may be requested to purchase any resource materials to help with the counseling process.

If you need to cancel your scheduled appointment, please do so 24-48 hours prior. This allows us to schedule that time for someone else who may be in need of help.

We can be reached at 219.379.3029 for Dr. Smith or 317.762.3238 for Theresa.

Southside Biblical Counseling Center

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?

