



Rock Point Biblical Counseling

429 W 150 S Crawfordsville IN 47933 | 765.362.5494

RE: Biblical Counseling

Thank you for expressing an interest in receiving Biblical counseling. Rock Point Biblical Counseling believes that biblical counseling is committed to three core principles.

First, it is committed to the belief that God has provided answers. Rather than assuming that we are helplessly on our own, we will find hope and help through the counsel of God's Word in the Bible.

Secondly, biblical counseling focuses on the sufficiency of the Bible. We will show you how to change and grow, how to view problems through a different set of lenses, and how to be hopeful in the midst of challenging circumstances.

Third, biblical counseling is committed to communicating the love of Christ in a compassionate way. In other words, we genuinely care about what is happening in your life, and we are committed to help you along the way.

Please complete the following list and return it to the counseling office. You will then be contacted and scheduled for your first appointment. We are excited to be serving you in this capacity.

~Personal Data Inventory Sheet (both sides) ~Counseling Problem Statement

~Consent to Counsel

The counseling sessions are provided at no cost to you. There may be times when a counselor will assign a book to read and you would then incur that expense (\$10-\$15 for most books). Thank you for stepping out and seeking help. We look forward to examining God's Word together.

Counseling through God's Word,

Pastor Brian Saunders

Personal Data Inventory**Identification Data:**

Date _____

Name _____ Best Phone # (____) _____

Address _____ City _____ State ____ Zip _____

Email _____ Occupation _____

***Monday's Counseling Days: Available time** _____

Sex ____ Birth Date _____ Age ____ Height _____

Marital Status: Single ____ Dating ____ Married ____ Separated ____ Divorced ____ Widowed

Education (last year completed): _____ (grade) ____ Other training (list type and years): _____

Referred here by _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Health Information:

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, injuries or handicaps:

Date of last medical examination _____ Report:

Your physician _____ Address _____

City _____ State ____ Zip _____ Phone (____) _____

Are you presently taking medication? Yes ____ No ____ What?

Have you used drugs for other than medical purposes? Yes ____ No ____ What?

Have you ever had a severe emotional upset? Yes ____ No ____ Explain:

Have you ever been arrested? Yes ____ No ____

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

Religious Background:

Denominational preference: _____ Church currently attending _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood: _____ Baptized? Yes ____ No ____

Religious background of spouse (if married)

Do you consider yourself a religious person? Yes ____ No ____ Uncertain ____

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

Do you pray to God? Never ____ Occasionally ____ Often ____

Are you saved? Yes ____ No ____ Not sure what you mean ____

How much do you read the Bible? Never ____ Occasionally ____ Often ____

Do you have regular family devotions? Yes ____ No ____

Explain recent changes in your religious life, if any

Personality Information:

Have you ever had any psychotherapy or counseling before? Yes ___ No ___

If yes, list counselor or therapist and dates:

What was the outcome?

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 likable leader quiet hard-boiled
submissive self-conscious lonely sensitive other

Have you ever experienced debilitating anxiety? Yes ___ No ___

Do you have any unusual fears? Yes ___ No ___

Have you ever self mutilated (ex: cutting yourself)? Yes ___ No ___

Have you ever experienced hallucinations? Yes ___ No ___

Have you ever thought of/or attempted suicide? Yes ___ No ___

Have you ever experienced eating problems? Yes ___ No ___ Explain: Binging ___ Purging ___

Do you have problems sleeping? Yes ___ No ___ Explain: too little ___ too much ___

Marriage and Family Information:

Name of spouse _____

Address _____

City _____ State ___ ZIP _____ Phone (____) _____

Occupation _____ Business Phone (____) _____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes ___ No ___ Uncertain ___

Have you ever been separated? Yes ___ No ___ When? from _____ to _____

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

Give brief information about any previous marriages:

Information about children:

Name	Age	Sex	Living? Yes/No	Education (in years)	Marital Status

* Check if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain:

How many older siblings do you have? brothers _____ sisters _____

How many younger siblings do you have? brothers _____ sisters _____

Counseling Problem Statement

Name _____ Date _____

Briefly answer the following questions:

1). Please state why you decided to seek counseling?

2). In what ways have you attempted to cope / deal with this problem?

3). What can we do? What are your expectations in coming here?

4). As you see yourself, what kind of person are you? (describe yourself)

5). Is there any other information we should know to better assist you?



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Consent to 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 enable you to fully enjoy His love for you and His plans for your life.

Biblical Basis

We believe the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles as interpreted by the counselor's understanding of the Bible.

Confidentiality

Confidentiality is an important aspect of the 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 counselor is uncertain how to address a particular problem and needs to seek advice from another pastor or trained counselor in this church; when a counselee attends another church and it is necessary to talk with his/her pastor; when there is a clear indication that someone may be harmed unless others intervene; or when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of the others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20).

Agreement

By signing this consent, you agree with and understand the preceding statements.

Signature _____

Printed Name _____

Date _____

If Counselee is a Minor

Signature (Legal Guardian) _____

Printed Name _____

Signature (Minor 18 yrs & under) _____

Printed Name _____

Date _____