

CALVARY CHAPEL SANTA FE SPRINGS GENERAL COUNSELING FORM

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TODAY'S DATE: / /

PERSONAL HISTORY

NAME:

PHONE:

ADDRESS:

OCCUPATION:

GENDER:

DATE OF BIRTH: / /

AGE:

MARITAL STATUS

SINGLE MARRIED WIDOWED DIVORCED SEPARATED

DESCRIBE YOUR RELATIONSHIP WITH YOUR FAMILY:

CHILDREN'S NAME	AGE	GENDER	LIVING W/ YOU?	MARITAL STATUS	*PM

EDUCATION: LAST GRADE COMPLETED:

OTHER EDUCATION (LIST TYPE AND YEARS)

REFERRED BY:

RELIGIOUS BACKGROUND

CHURCH ATTENDED IN CHILDHOOD:

CURRENT CHURCH:

DO YOU BELIEVE IN GOD? YES NO UNCERTAIN

HAVE YOU COME TO THE PLACE IN YOUR SPIRITUAL LIFE WHERE YOU CAN SAY THAT YOU KNOW FOR CERTAIN THAT IF YOU DIED TONIGHT YOU WOULD GO TO HEAVEN?

YES NO UNCERTAIN

WHAT IS THE BASIS FOR ANSWERING THE ABOVE QUESTION AS YOU DID?

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR? YES NO UNCERTAIN

HOW DO YOU KNOW THAT JESUS CHRIST IS YOUR SAVIOR?

IF YOU RECEIVED CHRIST AS SAVIOR, WHAT CHANGES TOOK PLACE IN YOUR LIFE WHEN YOU BECAME SAVED?

HAVE YOU BEEN BAPTIZED? YES NO WHEN? _____

HOW OFTEN DO YOU PRAY? NEVER OCCASIONALLY OFTEN DAILY

HOW OFTEN DO YOU READ YOUR BIBLE? NEVER OCCASIONALLY OFTEN DAILY

HOW OFTEN DO YOU HAVE PERSONAL DEVOS? NEVER OCCASIONALLY OFTEN DAILY

WHAT SERVICES ARE YOU ATTENDING AT CALVARY CHAPEL SANTA FE SPRINGS?

SUNDAY MORNING WEDNESDAY EVENING OTHER: _____
 SUNDAY EVENING PRAYER MEETING _____

LIST ANY MINISTRIES IN WHICH YOU ARE CURRENTLY INVOLVED:

PERSONALITY INFORMATION

DO YOU HAVE A HISTORY OF DRUG OR ALCHOL USE? YES NO HOW RECENT? _____

WHAT STEPS DID YOU TAKE TOWARD SOBRIETY?

HAVE YOU HAD ANY CRIMINAL CONVICTIONS? YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU CURRENTLY IN COUNSELING? YES NO

BRIEFLY DESCRIBE THE REASON:

CHECK ANY OF THE FOLLOWING WORDS THAT YOU BELIEVE BEST DESCRIBE YOU:

- | | | |
|--|---|---|
| <input type="checkbox"/> ACTIVE | <input type="checkbox"/> EXCITABLE | <input type="checkbox"/> LEADER |
| <input type="checkbox"/> AMBITIOUS | <input type="checkbox"/> IMAGINATIVE | <input type="checkbox"/> HARD-BOILED |
| <input type="checkbox"/> SELF CONFIDENT | <input type="checkbox"/> CALM | <input type="checkbox"/> SUBMISSIVE |
| <input type="checkbox"/> PERSISTENT | <input type="checkbox"/> SERIOUS | <input type="checkbox"/> SENSITIVE |
| <input type="checkbox"/> NERVOUS | <input type="checkbox"/> EASY-GOING | <input type="checkbox"/> SELF-CONSCIOUS |
| <input type="checkbox"/> HARDWORKING | <input type="checkbox"/> SHY | <input type="checkbox"/> LONELY |
| <input type="checkbox"/> IMPATIENT | <input type="checkbox"/> GOOD-NATURED | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> IMPULSIVE | <input type="checkbox"/> INTROVERTEXTROVERT | _____ |
| <input type="checkbox"/> MOODY | <input type="checkbox"/> LIKEABLE | _____ |
| <input type="checkbox"/> OFTEN DEPRESSED | <input type="checkbox"/> QUIET | _____ |

HEALTH INFORMATION

RATE YOUR HEALTH: VERY GOOD GOOD AVERAGE DECLINING OTHER

YOUR APPROXIMATE WEIGHT:

RECENT WEIGHT CHANGES? WHY?

LIST ALL IMPORTANT PRESENT OR PAST ILLNESSES:

DO YOU DRINK ALCOHOLIC BEVERAGES? NEVER OCCASIONALLY OFTEN DAILY

DO YOU USE ILLICIT DRUGS?

NEVER

OCCASIONALLY WHEN: _____ FOR HOW LONG? _____

CURRENTLY OCCASIONALLY OFTEN DAILY WHAT DRUGS? _____

ARE YOU CURRENTLY TAKING PRESCRIPTION MEDICINE? NO YES

IF YES, PLEASE LIST THE MEDICATION AND THE REASON FOR USE:

HAVE YOU HAD A SEVERE EMOTIONALLY TRAUMATIC EXPERIENCE? NO YES

IF YES, PLEASE STATE WHEN AND BRIEFLY DESCRIBE THE EXPERIENCE:

BASIC PROBLEM IDENTIFICATION

WHAT IS THE MAIN CONCERN WHICH HAS MOTIVATED YOU TO SEEK COUNSELING AT THIS TIME?

WHAT ARE YOU EXPECTING TO RECEIVE FROM THIS COUNSELING?

IS THERE ANY OTHER INFORMATION YOU THINK WE SHOULD KNOW?

OUR GOAL

Our goal in providing Christian 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 fully enjoy His love and plan 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. Neither the pastoral staff nor the lay counselors of this church are trained or licensed as marriage/family therapists or mental health professionals.

CONFIDENTIALITY

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, there are five situations where it may be necessary for us to share certain information with others (See Proverbs 15:22; Proverbs 24:11; Matthew 18:15-10; Deut. 13:6-8):

- When a counselor is uncertain on how to address a particular problem and needs to seek advice from another pastor or elder in this church.
- When a counselee attends another church and it is necessary to talk with his/her pastor or elders
- When there is clear indication that someone is being/may be harmed unless others intervene (i.e. threatening suicide, child abuse, spousal abuse)
- When a person persistently refuses to renounce a particular sin, and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation
- When a crime has been committed

Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you to resolve the problem as privately as possible.

RESOLUTION OF CONFLICTS

On rare occasions a conflict may develop between a counselor and counselee. To ensure any conflicts are resolved in a biblical and faithful manner, we require all counsees to agree that any dispute that arises with a counselor or this church, as a result of counseling, will be settled by mediation and, if necessary, legally binding arbitration.

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 usefulness in His body.

If you have any questions regarding these guidelines, please speak with a pastor or counselor before your counseling appointment. If these guidelines are acceptable, please sign below:

SIGNED:

DATE: / /
