



VFBCC PERSONAL DATA INVENTORY FORM

PERSONAL DATA:

Name _____
Home Phone _____ Cell Phone _____
Address _____
E-mail _____
Occupation _____ Business Phone _____
Sex _____ Birth Date _____ Age _____

EDUCATION:

High School (last year completed): _____ (grade)
Other training (list type and years): _____
College/Graduate School (years completed): _____ Highest Degree: _____

MARITAL STATUS:

Single ____ Going Steady ____ Married ____ Separated ____ Divorced ____ Widowed ____

MARRIAGE INFORMATION

Name of spouse _____ Address _____
Phone _____ Occupation _____ Business Phone _____
Your spouse's age _____ Education (in years) _____ Religion _____
Is spouse willing to come for counseling? 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:

CHILDREN INFORMATION:

Name*	Age	Sex	Living		Education in years	Marital status
			Yes	No		
1.						
2.						
3.						
4.						

* Check this column if child is by previous marriage

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

How many older brother _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

REFERRAL:

Referred here by _____ Address _____

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 or injuries or handicaps:

Date of last medical examination _____

Report: _____

Your physician _____ Address _____

Are you presently taking medications? 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 _____

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/and or diagnoses?

Mark 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___ Extravert___ Likeable___ Leader___ Quiet___ Stubborn___

Submissive___ Self-conscious___ Lonely___ Sensitive___ other _____

Have you ever felt people were watching you? Yes ___ No ___

Do colors ever seem too bright? _____ too dull _____

Are you sometimes unable to judge distance? Yes___ No___

Have you ever had Hallucinations? Yes___ No___

Are you afraid of being in a car? Yes___ No___

Is your hearing exceptionally good? Yes___ No___

Do you have problems sleeping? Yes___ No___

RELIGIOUS BACKGROUND:

Denominational preference: _____ Member _____

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 _____

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 _____

Background Questionnaire

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is the main problem as you see it? What brings you here?
2. What have you done about it?
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?

Valley Forge Biblical Counseling Center

Consent to Counseling Form

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 for you and his plans 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 nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

Not Professional Advice — Some of our counselors work in professional fields outside the church. When serving as counselors within this church, however, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore, if you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

Confidentiality — Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are five situations, however, when it may be necessary for us to share certain information with others: when the information presented by the counselee may involve criminal or illegal practices or if the counselee poses a threat to himself/herself or others, when a counselor is uncertain of how to address a particular problem and needs to seek advice from a pastor or elder in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; 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 others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflicts — On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court having jurisdiction. (We will be happy to provide you with booklets that explain the Christian conciliation process and describe its benefits and procedures.)

Having clearly stated 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 prepares you for usefulness in his body. If you have any questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

Signed _____ Date _____