

*Faith
Community
Church*

Personal
Data
Inventory

Counseling Agreement

Are you interested in receiving counseling at Faith Community Church?

Here is what you need to know:

The elders of Faith Community Church want you to know that they and other trained counselors are available to take a *limited number* of counseling cases. You may obtain initial information by calling the FCC office at (770) 516-1996.

The following outlines *several conditions* upon which counseling cases will be initiated. While this is not meant to be exhaustive in scope, it does represent our philosophy of biblical counseling, a vital aspect of the total shepherding ministry of Faith Community Church.

Our Priority – Counseling of members of Faith Community Church always takes precedence over all non-member counseling.

Our Framework – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, we base our counseling on scriptural principles rather than those of secular psychology and 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.

Some of the counseling at Faith Community Church is provided as part of a counseling training program. To facilitate both counseling and training, the counselor may have one to two people assisting him/her in each counseling session.

Our Focus – Our purpose is to deal with issues within the scope of biblical parameters. We are confident that the Bible contains all necessary information for life and Godliness (2 Peter 1:3). There are no problems between persons that the Bible fails to address either in general or specific principles. While our counselors do not pretend to know all there is to know about biblical teaching and its application to life, nevertheless, they do know much and will do their utmost to help you.

If you should have significant legal, financial, medical or other technical questions, you may choose to seek advice from an appropriate independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider counsel in the light of relevant scriptural principles.

Our Foundation – All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. Your counseling will be biblical counseling in which the Scriptures are, in all cases, the final authority. If you are not sure that you will be interested in biblically-based counseling, you will be given the option of attending one or two sessions to discover what biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling or are unwilling to apply the biblical principles assigned, sessions may be terminated.

Our (and Your) Prerogative – At any time during the counseling process, for reason(s) sufficient to him/her, the counselor, or counselee, shall have the option of terminating counseling.

Our Commitment to Confidentiality – Confidentiality is an important aspect of the counseling process, and our counselors will carefully guard the information you entrust to them. To ensure that you are receiving consistent counsel and support, however, the counselor(s) will need to be able to discuss your situation with others such as appropriate leaders of the church you attend or your attorney, if you have one. Information disclosed in counseling sessions will be held confidential to the extent that the counselor believes the Bible or the State requires. Absolute confidentiality is not scriptural; for instance, matters of church discipline (cf. Matthew 18:15ff), or criminal incidents, may require the counselor to divulge information to others.

Your Commitment to Confidentiality – You too must agree not to discuss our communications with people who do not have a necessary interest in the counseling process. Furthermore, you must agree that you will not attempt to force any counselor to divulge any information acquired during the counseling process or to testify in any legal proceeding related to the issues discussed during the counseling process.

Our Fee – All counseling is done free of charge as a ministry of Faith Community Church. Part of the weekly homework assignments may require the purchase of materials that correspond to the counseling.

Mediation – 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 counsees to agree that any dispute that arises with a counselor or with Faith Community Church as a result of counseling will be mediated by the church's elder board.

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 prepares you for usefulness in His body. If you have any questions about these guidelines, please feel free to call and speak with an elder or member of the pastoral staff. **If these terms are acceptable to you, please sign below.**

Signed _____ Print Name _____ Date _____

**FAITH COMMUNITY CHURCH COUNSELING MINISTRY
PERSONAL DATA INVENTORY**

Please complete this inventory carefully and thoroughly, and then mail this Inventory along with the Counseling Agreement to:

**Faith Community Church
Counseling Ministry
659 Arnold Mill Road
Woodstock, Georgia 30188**

Today's Date _____

PERSONAL INFORMATION

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Age _____ Sex _____ Height _____ Referred By _____

Marital Status (mark all that apply)

Never Married Single Going Steady Engaged Now Married ____ year(s)

Now Separated ____ month(s) Divorced ____ time(s) Widowed

Home Phone(____) _____ Business/Mobile Phone(____) _____

Education (last level completed) _____ Other Training (list type and years) _____

Occupation _____ Employer _____ Position _____ Yrs _____

In case of an emergency, please contact: (Name) _____

(Phone Number) _____

MARRIAGE AND FAMILY

Spouse _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Age _____ Home Phone(____) _____ Business/Mobile Phone(____) _____

Education (last level completed) _____ Occupation _____

Religion _____ Your ages when married: Husband _____ Wife _____

Date of Marriage _____ Length of Steady Dating _____ Length of Engagement _____

Give a brief statement of circumstances of meeting and dating _____

Has your spouse previously been married? _____ # of times _____

Have you ever been separated? _____ When? from _____ to _____

Is your spouse willing to come for counseling? _____

Information about Children:

Name	Age	Sex	Living?	Education (in years)	Step-Child?	Marital Status
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If you have talked with an attorney about your situation, or intend to, please provide the following information:

Attorney _____ Firm _____
 Address _____ Phone _____

Has a legal action been filed or is one likely to be filed in this situation? _____ (if yes, give dates and describe action below) _____

If you have received advice or counsel from anyone else regarding your situation, please list their name(s) and their relationship to you: _____

Describe your relationship with your father _____

Describe your relationship with your mother _____

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

Are your parents living? _____ Do they live in the area? _____ Where? _____

Number of siblings _____ Your sibling order _____

HEALTH

Rate your health: Very Good Good Average Declining Other _____

Do you have any chronic conditions? _____ What? _____

List all important past or present illnesses, injuries or handicaps: _____

Your approximate weight _____ lbs. Weight changes recently? Lost _____ Gained _____

Date of last medical exam _____ Report: _____

Physician's Name _____ Phone(____) _____

Address _____ City _____ State _____ Zip _____

Current medication(s) and dosage _____

Have you ever used drugs for other than medical purposes? _____ If yes, explain _____

Have you ever been arrested? _____

Do you drink alcoholic beverages? _____ If so, how frequently and how much? _____

Do you drink coffee? _____ How frequently and how much? _____

Other caffeinated drinks? _____ How frequently and how much? _____

Do you smoke? _____ What? _____ Frequency? _____

Have you ever had interpersonal problems on the job? _____ If yes, explain _____

Have you ever had a severe emotional upset? _____ If yes, explain _____

Have you ever seen a psychiatrist or counselor? _____ If yes, explain _____

List counselor/therapist and dates: _____

What was the outcome? _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric or other medical records? _____

SPIRITUAL

Religion: None Christian Jewish Agnostic Other _____

Denominational preference _____

Church attending _____ Member? _____

Church Address _____

Phone(____) _____ Pastor's Name _____

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

Please describe your religious upbringing? _____

Do you believe in God? No Yes Uncertain Why? _____

How often do you pray to God? Daily Weekly Occasionally Never

How often do you read or study the Bible? Daily Weekly Occasionally Never

Would you say you are a Christian or still in the process of becoming a Christian? _____

Do you believe that when you die, you will be with God eternally? No Yes Uncertain

Why? _____

Have you been baptized? _____

Explain any recent significant changes in your religious life: _____

What is your opinion of the Bible?

- I don't know enough about the Bible to have an opinion.
- It is a book that contains helpful principles that I am free to follow or disregard as I think best.
- It is a book that was inspired by God and that contains helpful principles and instructions that I should follow unless I believe there is a good reason to do otherwise.
- It is a book that was inspired by God and that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
- Other: _____

Who, if anyone, has the most influence on your religious or spiritual life? (please list their names and their relationship to you) _____

WOMEN ONLY

Have you had any menstrual difficulties? _____ If you experience tension, a tendency to cry or other symptoms prior to your cycle, please explain: _____

Is your husband in favor of your coming for counseling? _____ If no, explain: _____

PROBLEM CHECK LIST**(Please check all areas of concern or struggle)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Divorce | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Lust |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Drunkenness | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Anxiety (worry) | <input type="checkbox"/> Envy | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Fear | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Appetite | <input type="checkbox"/> Finances | <input type="checkbox"/> Moodiness |
| <input type="checkbox"/> Bitterness (resentment) | <input type="checkbox"/> Gluttony | <input type="checkbox"/> Past memories |
| <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Grief | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Children | <input type="checkbox"/> Guilt | <input type="checkbox"/> Rebellion |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Health | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Conflict (fights) | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Singleness |
| <input type="checkbox"/> Deception | <input type="checkbox"/> Impotence | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Infertility | <input type="checkbox"/> Wife abuse |
| <input type="checkbox"/> Dating/courtship | <input type="checkbox"/> In-laws | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Laziness | |

POSITIVE TRAITS INVENTORY

Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating scale: 0 = never; 1 = seldom; 2 = sometimes; 3 = often; 4 = usually

- | | |
|------------------------------------|-------------------|
| ___ Loving | ___ Patient |
| ___ Honest | ___ Considerate |
| ___ Sensitive | ___ Persistent |
| ___ Good father/mother | ___ Punctual |
| ___ Works hard | ___ Disciplined |
| ___ Humble | ___ Resourceful |
| ___ Keeps his/her word | ___ Sincere |
| ___ Dependable | ___ Courteous |
| ___ Does not take advantage | ___ Creative |
| ___ Does not use people | ___ Decisive |
| ___ Not an opportunist | ___ Efficient |
| ___ Plans ahead | ___ Flexible |
| ___ Knows where he/she is going | ___ Forgiving |
| ___ Fair | ___ Generous |
| ___ Consistent | ___ Frugal |
| ___ Perseveres | ___ Appreciative |
| ___ Admits it when he/she is wrong | ___ Hospitable |
| ___ Teachable | ___ Diligent |
| ___ Analytical | ___ Discerning |
| ___ Compassionate | ___ Enthusiastic |
| ___ Cooperative | ___ Courageous |
| ___ Neat | ___ Conscientious |
| ___ Objective | |

NEGATIVE TRAITS INVENTORY

Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Have your mate and two courageous, truthful people rate you. This will help you discern how you need to change.

Rating scale: 0 = never; 1 = seldom; 2 = sometimes; 3 = often; 4 = usually

- | | |
|---------------------------------------|---|
| <input type="text"/> Argumentative | <input type="text"/> Embarrassing |
| <input type="text"/> Arrogant | <input type="text"/> Fussy |
| <input type="text"/> Belittles others | <input type="text"/> Gets the last word |
| <input type="text"/> Bitter | <input type="text"/> Glib |
| <input type="text"/> Blame-shifts | <input type="text"/> Gossipy |
| <input type="text"/> Blows up | <input type="text"/> Greedy |
| <input type="text"/> Brash | <input type="text"/> Harsh |
| <input type="text"/> Brutal | <input type="text"/> Hateful |
| <input type="text"/> Clams up | <input type="text"/> Holier-than-thou |
| <input type="text"/> Cliquish | <input type="text"/> Hostile |
| <input type="text"/> Closed minded | <input type="text"/> Ignores counsel |
| <input type="text"/> Complaining | <input type="text"/> Impatient |
| <input type="text"/> Conceited | <input type="text"/> Impractical |
| <input type="text"/> Correcting | <input type="text"/> Inconsiderate |
| <input type="text"/> Covetous | <input type="text"/> Inconsistent |
| <input type="text"/> Crabby | <input type="text"/> Indecisive |
| <input type="text"/> Critical | <input type="text"/> Indifferent |
| <input type="text"/> Cruel | <input type="text"/> Inflexible |
| <input type="text"/> Deceitful | <input type="text"/> Insensitive |
| <input type="text"/> Demanding | <input type="text"/> Insolent |
| <input type="text"/> Disobedient | <input type="text"/> Insulting |
| <input type="text"/> Domineering | <input type="text"/> Interrupting |

NEGATIVE TRAITS INVENTORY (continued)

- | | |
|-------------------------|----------------------|
| ___ Irresponsible | ___ Selfish |
| ___ Jealous | ___ Self-willed |
| ___ Judgmental | ___ Shouting |
| ___ Lazy | ___ Slanderous |
| ___ Lordly | ___ Snoop |
| ___ Lying | ___ Spineless |
| ___ Malicious | ___ Spiteful |
| ___ Manipulating | ___ Squanderer |
| ___ Meddling | ___ Stingy |
| ___ Mischievous | ___ Stubborn |
| ___ Nagging | ___ Suspicious |
| ___ Never Satisfied | ___ Tactless |
| ___ Overambitious | ___ Temper Outbursts |
| ___ Overbearing | ___ Thin-skinned |
| ___ Overly independent | ___ Thoughtless |
| ___ Perfectionist | ___ Touchy |
| ___ Petty | ___ Tyrannical |
| ___ Picky | ___ Unbelieving |
| ___ Possessive | ___ UnChristlike |
| ___ Procrastinator | ___ Uncooperative |
| ___ Pushy | ___ Undiscerning |
| ___ Put off confronting | ___ Unfair |
| ___ Quarrelsome | ___ Unforgiving |
| ___ Rationalizing | ___ Ungrateful |
| ___ Rebellious | ___ Unkind |
| ___ Reckless | ___ Unloving |
| ___ Resentful | ___ Unmerciful |
| ___ Rigid | ___ Unreasonable |
| ___ Rude | ___ Unsubmissive |
| ___ Sarcastic | ___ Untrustworthy |
| ___ Scheming | ___ Untruthful |
| ___ Secretive | ___ Wasteful |
| | ___ Wishy-washy |