

PERSONAL DATA INFORMATION FORM (P.D.I.)

(Ages 13-17)

This form must be completed in full before the first counseling session. ALL INFORMATION IS CONFIDENTIAL. Please write "N/A" when information does not apply to you. Write "U" when information is not known.

IDENTIFICATION DATA

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Gender: (M) _____ (F) _____ Birthdate _____ Age _____

School Name: _____ Grade: _____

Do you have a job? _____ Place of Employment: _____

Referred here by: _____

HEALTH INFORMATION

Rate your health (check): Very Good ____ Good ____ Average ____ Declining ____ Other ____

Weight changes recently (+/-) _____

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

Are you presently taking medication? Yes _____ No _____

What? _____

Why? _____

CHURCH ACTIVITY

Do you attend The Chapel? Yes _____ No _____

Which Campus do you regularly attend? _____

How long attending The Chapel? _____

How often do you attend per month? (Circle) 0 1 2 3 4 5 6 7 8 9 10

Do you attend a Partner Church? Yes _____ No _____

Name of Partner Church: _____

How long attending? _____

Do you serve in a ministry? Yes _____ No _____

Which Ministry? _____

Baptized? _____ Approximate Age: _____

Do you attend a youth group? Yes _____ No _____

If yes, which one? _____

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

Do you believe Satan exists? Yes _____ No _____ Uncertain _____

Do you spend regular time with God in prayer and reading the Bible? Yes _____ No _____

How often do you read the Bible? Never _____ Occasionally _____ Often _____

How often do you pray to God? Never _____ Occasionally _____ Often _____

Explain recent changes in your walk with God:

PERSONAL INFORMATION:

Circle any of the following words which best describe YOU now:

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible

Cruel Uneducated Proud Embarrassing 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 headed Submissive Lonely

Self-conscious Sensitive Humorous Sloppy Well-groomed Self-disciplined

Whiner Selfish Lots of Friends Failure Success Other _____

Have you ever had counseling before? Yes _____ No _____

If yes, list counselor or therapists and dates:

What was the outcome?

What, if anything, do you fear?

Have you recently suffered a loss from serious relational, social, business, or other reversals, etc.?

Yes _____ No _____

Explain:

List the people that you hate or are extremely angry with, and the reasons:

Were you ever sexually abused by anyone? Yes _____ No _____

_____ Were you abused by a relative? _____ Were you abused by a stranger?

_____ A neighbor?

How old were you at the time? _____

Was the person who abused you ever prosecuted? Yes _____ No _____

Is there any other information regarding this situation that would help us to help you?

FAMILY AND CHILDHOOD INFORMATION:

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

What number child are you in the birth order? _____

Are you on good terms with your Father _____ Mother _____ Brother(s) _____

Sisters(s) _____

What kind of home are YOU growing up in? (Check all that apply)

_____ Traditional (Father, Mother, Kids)

_____ Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.)

_____ Divorced (Who did you live with? _____ Mom _____ Dad _____ Other)

_____ Alcoholic (_____ Functional, but affected _____ Dysfunctional effect on family)

_____ Drug Affected (_____ Functional, but affected _____ Dysfunctional effect on family)

_____ Perfectionist (Everything had to be done just right to please _____ Mom _____ Dad _____ Both)

_____ Critical (One or both parents could only remark about the negatives. Little praise for good things).

_____ Affectionate (_____ Demonstrative with hugs, kisses, etc. _____ Affection there, but not openly shown).

_____ Emotional (_____ Crying allowed, but controlled. _____ Anger, screaming freely allowed).

_____ Repressed (_____ Emotions not allowed to show. _____ Parents showed emotion, but kids not allowed to do so).

_____ Religious (_____ In name only _____ Strict, negative _____ Hypocritical _____ Genuine Happy Experience).

_____ Step-family (_____ Which of parents remarried? _____ Have to live with step-brothers or step-sisters)

_____ Abusive (In what way? _____ Sexual _____ Physical Beatings _____ Emotional)

_____ Other: _____

Have you been or are you being raised by anyone other than your biological parents?

Yes _____ No _____

If yes, briefly explain by who and why:

Would you characterize your FATHER as: (Circle the appropriate words)

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible
Cruel Uneducated Proud Embarrassing 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-boiled Hard-boiled Submissive Lonely
Self-conscious Sensitive Humorous Sloppy Well-groomed Self-disciplined
Whiner Selfish Lots of Friends Failure Success Other _____

Would you characterize your MOTHER as: (Circle the appropriate words)

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible
Cruel Uneducated Proud Embarrassing 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-boiled Hard-boiled Submissive Lonely
Self-conscious Sensitive Humorous Sloppy Well-groomed Self-disciplined
Whiner Selfish Lots of Friends Failure Success Other _____

Which parent do you feel closer to? _____

Why?

What kind of community are you growing up in? _____ Urban Area _____ Suburban Area
_____ Small Town _____ Rural City, State _____

What was your family's economic situation when you were a child?

_____ Extremely Poor _____ Poor _____ Lower Middle Income _____ Middle Income
_____ Higher Middle Income _____ Wealthy _____ Extremely Wealthy

What was your happiest memory as a child?

What was your unhappiest memory as a child?

Did you experience a major trauma when you were a child? Detail:

_____ At Home

Please explain: _____

_____ At School

Please explain: _____

_____ At Neighbor's Home

Please explain: _____

_____ At Relative's Home?

Please explain: _____

_____ Other:

Please explain: _____

Screen Time

How much time do you spend on a screen (in hours) on an average day that is non-school related?

_____ Hrs.

What sort of activities do you watch, listen to, or participate in within that time?

PERSONAL BEHAVIORAL HABITS

Do you drink coffee or other caffeinated drinks? Yes _____ No _____

How much per day? _____

Do you smoke/vape or chew tobacco products? Yes _____ No _____

How much per day? _____

Do you use marijuana or other drugs? Yes _____ No _____

How much? (Circle) Occasionally Often Very Often

Do you drink alcohol? Yes _____ No _____

How much? (Circle) Occasionally Often Very Often

Do you have problems sleeping? Yes _____ No _____

How many hours of sleep do you get on an average night? _____

How many times a week do you eat fast food or take out? _____

What is your general physical activity level? Low _____ Moderate _____ High _____

Do you explode when you get angry? Yes _____ No _____

Do you withdraw when you get angry or hurt? Yes _____ No _____

Do you frequently argue with people? Yes _____ No _____

PROBLEM CHECK LIST: (Check those which are current)

_____ Anger _____ Envy _____ Appetite _____ Anxiety _____ Fear _____ Memory

_____ Apathy _____ Gluttony _____ Moodiness _____ Bitterness _____ Guilt _____ Rebellion

_____ Change in Lifestyle _____ Health _____ Parents _____ Homosexuality

_____ Depression _____ Abuse _____ Deception _____ Bullying _____ Other

Of the above items checked, which one(s) seems to be the most dominant?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What issue(s) may we help you with?

2. What steps have you taken in the past to deal with your issue(s)?

3. What do you expect to accomplish with our help?

4. Is there any other information we should know?

Our available office hours for appointments are:

Mondays and Fridays from 9am – 5pm and Tuesdays, Wednesdays and Thursdays from 9am – 7:30pm.

When would you be available for an appointment during those times?

(Please put as many availabilities as possible)

INFORMED CONSENT AND COUNSELING AGREEMENT FORM

The Pastoral Care Ministry of The Chapel offers counseling to provide biblical spiritual care, support, encouragement, and referrals when determined necessary in a safe and confidential manner. Support is typically on a short-term basis during times of significant need or crisis to help bring clarity to the issues involved and define the priorities of care. After this initial care, ongoing discipleship/mentorship can be considered. The volunteer lay counselors are trained and under the direction and general supervision of the Pastoral Care Team Leader and the Biblical Counseling Director at The Chapel. Regardless of their education, training, licensure or expertise, The Chapel's lay counselors do not function in a professional role and do not provide clinically oriented mental health treatment or therapy.

CONFIDENTIALITY

All communications, records, and contacts with The Chapel's lay counselors will be held in strict confidence. Information may be released in accordance with the laws of New York only when:

1. The care seeker and/or guardian (if care seeker is under 18 years of age) signs a written release of information indicating informed consent to such release; or
2. The care seeker expresses serious intent to harm himself/herself or someone else; or
3. There is evidence or reasonable suspicion of abuse against a minor child, elder person (65 years or older) or a dependent adult; or
4. There is evidence demonstrating a gross distortion of reality or the ability to function in normal daily routines; or
5. The Chapel's lay counselor feels that counsel, assistance, and/or supervision may be required from the Pastoral Care Team Leader or Biblical Counseling Director.

COUNSELING AGREEMENT

Assignments/Accountability: Counselees make more rapid progress when they are required to study or to perform specific informational or behavioral assignments which pertain to the problem. We tailor these assignments to the individual counselee and the circumstances. We are not interested in wasting the time of the counselors or the counselees. We are interested in helping people learn how to experience the peace and joy that result from a walk of thankful obedience to God's Word, and we hold the counselees accountable for doing the assignments on schedule.

How much does it cost? The Chapel's Counseling Ministry is available at no cost for those who attend one service a week at The Chapel (or other Bible-believing church).

Conditions:

- I will keep the appointment time, or will call to cancel in advance with a legitimate reason.
- I will fulfill any assignments.
- I will attend The Chapel (or other Bible-believing church) each week while I am receiving counseling. If from another church, we must receive the pastor's acknowledgment.

- I understand that confidentiality cannot be guaranteed in the case of information as indicated above.

I/we, the undersigned care seeker(s) or guardian(s), have read, fully understand, and agree to the conditions of this ***Informed Consent and Counseling Agreement Form*** and acknowledge that by signing below.

Signed (Child) _____ (Date) _____

Signed (Parent) _____ (Date) _____

Signed (Parent) _____ (Date) _____

The Chapel is on mission to reach every Man, Woman & Child with repeated opportunities to hear and see the Gospel of Jesus Christ.