

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

**(Ages 9-12)**

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. Please have child fill out as much as they can and assist where they cannot, we are looking for their point of view.

### IDENTIFICATION DATA

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Parent(s)/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parents Email(s): \_\_\_\_\_

Child's Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Child's School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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 disabilities:

---

---

---

Are you presently taking prescription medication? Yes \_\_\_\_\_ No \_\_\_\_\_

What? \_\_\_\_\_

Why? \_\_\_\_\_

## **CHURCH AVCTIVITY**

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 attend a youth group? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Would you say you are a follower of Christ? Yes \_\_\_\_\_ No \_\_\_\_\_

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 Angry Unreasonable Abusive Irresponsible Cruel Uneducated

Proud Embarrassing Active Ambitious Self-confident Persistent Nervous

Hardworking Impatient Impulsive Moody Often sad Excitable Imaginative

Calm Serious Easy-going Shy Good-natured Introvert Extrovert Likable

Leader Quiet Hard Submissive Lonely Self-conscious Sensitive

Funny 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? Do you feel it helped you?

---

---

---

Is there anything you are afraid of or fear?

---

---

---

---

Have you recently suffered a loss from serious relationship?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

---

---

---

---

List anyone who you hate or are extremely angry with, and why:

---

---

---

---

Were you ever sexually abused by anyone? \_\_\_\_\_ No \_\_\_\_\_ Yes

\_\_\_\_\_ 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? \_\_\_\_\_

Is there any other information you would like to share at this time?

---

---

---

**FAMILY AND CHILDHOOD INFORMATION:**

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

What number child were 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 makes all the rules without discussion. Does not allow for other opinions.)

\_\_\_\_\_ Divorced (Who do 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 has to be done just right to please \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both)

\_\_\_\_\_ Critical (One or both parents 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? \_\_\_\_\_ live with step-brothers or step-sisters)

\_\_\_\_\_Abusive (In what way? \_\_\_\_\_ Sexual \_\_\_\_\_ Physical \_\_\_\_\_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 sad

Excitable Imaginative Calm Serious Easy-going Shy Good-natured Introvert

Extrovert Likable Leader Quiet Harsh Submissive Lonely

Self-conscious Sensitive Funny 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 sad

Excitable Imaginative Calm Serious Easy-going Shy Good-natured Introvert

Extrovert Likable Leader Quiet Harsh Submissive Lonely

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

Whiner Selfish Lots of Friends Failure Success Other \_\_\_\_\_

Which parent do you feel closest to? \_\_\_\_\_

Why?

---

---

---

---

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

What is your family's economic situation?

\_\_\_\_\_ Extremely poor \_\_\_\_\_ Poor \_\_\_\_\_ Lower Middle Income \_\_\_\_\_ Middle Income  
\_\_\_\_\_ Higher Middle Income \_\_\_\_\_ Wealthy \_\_\_\_\_ Extremely wealthy

What has been your happiest memory as a child?

---

---

---

---

What has been your unhappiest memory as a child?

---

---

---

---

Have you experienced a major trauma?

\_\_\_\_ 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? \_\_\_\_\_

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 average a 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 or hurt? 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 \_\_\_\_ Homosexuality \_\_\_\_ Parents

\_\_\_\_ 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 that will help us to help you?

---

---

---

**Our available office hours for appointments are:**

Mondays and Fridays from 9am – 5pm and Tuesdays, Wednesdays and Thursdays from 9am – 8:00pm.

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:** Counselors 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.**