

**PERSONAL DATA INFORMATION FORM (P.D.I.)
(Ages 12 and Under)**

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

Child's Name _____

Parent(s)/Guardian: _____

Address _____ City _____ Zip _____

Parent's Occupation _____ Place of Employment _____

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

Email _____

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

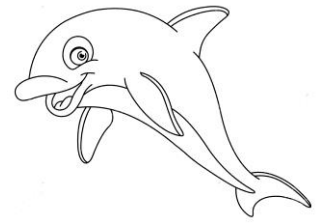
Referred here by _____

How long attending The Chapel _____

Which Campus do you attend? _____

Any other pertinent information





HEALTH INFORMATION

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

Weight changes recently (+/-) _____

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

Are you presently taking medication: Yes _____ No _____

What? _____

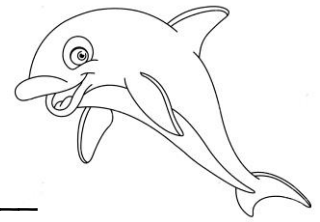
Why? _____

Have you used drugs for other than medical purposes? Yes _____ No _____

What?

When last used?





RELIGIOUS BACKGROUND

Denominational preference: _____

Member of _____ (church)

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

Are you currently in a small group through the church? _____

Do you consider yourself a religious person? Yes ____ No ____ Uncertain ____

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

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

Do you pray to God? Yes ____ No ____ Never ____ Occasionally ____ Often ____

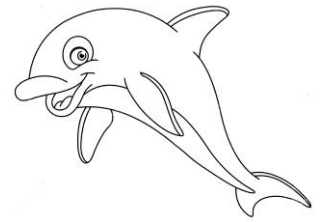
Would you say you are a Follower of Christ? Yes ____ No ____; or would you say you are still in the process of becoming a Follower of Christ? _____

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

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

Explain recent changes in your religious life, if any





PERSONALITY INFORMATION:

Have you ever had counseling before? Yes _____ No _____

If yes, list counselor or therapists and dates:

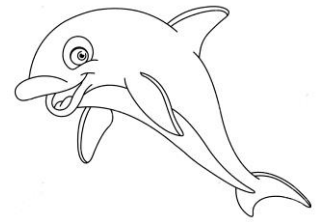
What was the outcome?

As you see yourself, what kind of person are you? Describe yourself.

What, if anything, do you fear?

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

Have you recently suffered a loss from serious relational, social, business, or other reversals, etc.? Yes _____ No _____ Explain:



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-boiled Hard-boiled Submissive Lonely

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

Whiner Selfish Lots of Friends Failure Success

Other _____

FAMILY AND CHILDHOOD INFORMATION:

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

How many older brothers _____ sisters _____ do you have?

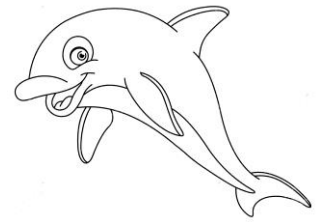
How many younger brothers _____ sisters _____ do you have?

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

Sisters(s) _____?

What number child were you in the birth order? _____

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



What kind of home did your FATHER grow 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 he live with? _____ Mom _____ Dad _____ Other)

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

_____ Drug Affected (_____ Cocaine _____ Heroin _____ Marijuana _____ Other)

_____ Perfectionist (Everything had to be done just right to please his _____ 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).

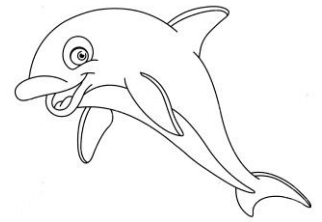
_____ Repressed (_____ Emotions not allowed to show. _____ Parents showed emotion, but kids not allowed to do so).

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

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

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

_____ Other: _____



What kind of home did your MOTHER grow 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 she live with? _____ Mom _____ Dad _____ Other)

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

_____ Drug Affected (_____ Cocaine _____ Heroin _____ Marijuana _____ Other)

_____ Perfectionist (Everything had to be done just right to please her _____ 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).

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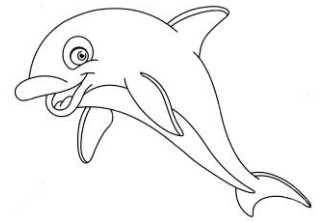
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_____ Step-family (_____ Which of parents remarried? _____ Had to live with step-brothers or step-sisters)

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

_____ Other: _____



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:

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

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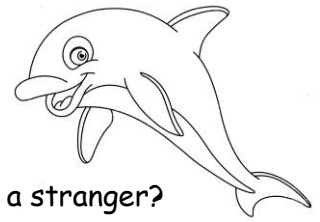
Whiner Selfish Lots of Friends Failure Success

Other _____

Where did you grow up? _____ Urban Area _____ Suburban Area _____ Small Town

_____ Rural _____ Farm City, State _____

Population _____ (estimate)



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

(Please detail: _____ 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? _____)

What was your happiest memory?

What was your unhappiest memory?

Which parent did you feel closest to? _____
Why? _____

Did you experience a major trauma? Detail:

_____ At Home _____

_____ At School _____

_____ At Neighbor's Home _____

_____ At Relative's Home _____

_____ Other: _____

ENTERTAINMENT & HOBBIES

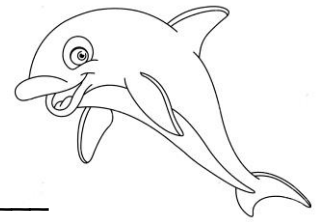
How much non-work related time do you spend on your cell phone, video games or computer daily?
_____ Hrs.

How much television do you watch each day? _____ Hrs.

List your favorite programs/games: _____

What is your favorite type of music? _____

What activities do you participate in outside of school? _____



BIO-PSYCHOLOGICAL INFORMATION

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

Do people's faces ever seem distorted? Yes _____ No _____

Do you ever have difficulty distinguishing faces? Yes _____ No _____

Do colors ever seem too bright? Yes _____ No _____

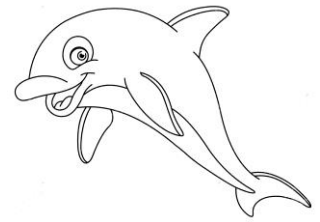
Are you sometimes unable to judge distance? Yes _____ No _____

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 _____



BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem?

2. What have you done about it?

3. What can we do? (What are your expectations in coming here?)

4. Is there any other information we should know?

PROBLEM CHECK LIST: (Check those which are current)

_____ Anger _____ Envy _____ Appetite

_____ Anxiety _____ Fear _____ Memory

_____ Apathy _____ Gluttony _____ Moodiness

_____ Bitterness _____ Guilt _____ Rebellion

_____ Change in Lifestyle _____ Health _____ Sex

_____ Children _____ Homosexuality _____ Sleep

_____ Depression _____ Impotence _____ Abuse

_____ Deception _____ In-laws _____ A Vice

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

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? _____

COUNSELING INFORMATION AND CONTRACT

1. **Diagnostic Tools:** We use helpful counseling forms such as this Personal Data Information form and other aids to gain an understanding of the central problems a person is experiencing.
2. **Intent Listening:** We encourage the counselee to speak his mind in an appropriate fashion and to discuss his thoughts, anxieties, resentments, and fears so that the counselor will have a clear understanding of the central problems.
3. **Assignments:** 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.
4. **Accountability:** We are not interested in wasting the time of the counselors or the counselees. We are interested in believers learning 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 long does biblical counseling take?

Counseling will vary in the amount of time required according to the individual, his motivation, and the particular problem. Typically, that would be between five and eight weeks. On the average, however, biblical counseling requires far less time than conventional secular counseling. One reason is that biblical counselors are not interested in prolonging the number of sessions in order to increase their income.

How much does it cost?

Counseling is a ministry of The Chapel available for those who attend one service a week and is provided for those at no cost.

About confidentiality

We are careful to protect each counselee's confidentiality. There are times, however, when a counselor must consult with other counselors for advice. If information is revealed in counseling which indicates a genuine potential for harm to a counselee or others, the counselor may be required by law or biblical mandate to share that information with the appropriate authorities or family members.

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

COUNSELING CONTRACT

I, (name) _____, affirm the accuracy of the personal information provided herein, and have read the information above and agree to the conditions set forth therein. I hereby agree to the following conditions:

1. I will keep the appointment time, or will call to cancel in advance with a legitimate reason.
2. I will fulfill any assignments.
3. I will attend The Chapel each Sunday while I am in counseling.
4. I understand that confidentiality cannot be guaranteed in the case of information as indicated above.

(Signed) _____ (Date) _____

(Custodial Parent's Signature) _____ (Date) _____

(Custodial Parent's Signature) _____ (Date) _____