

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

(Ages 13 - 18)

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

Name _____

Address _____ City _____ Zip _____

Occupation _____ Place of Employment _____

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

Email _____

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

Referred here by _____

How long attending The Chapel _____

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?

Have you ever been arrested? Yes _____ No _____

Explain:

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+

What ministry do you serve in at church? _____

What church did you attend as a child? _____

Baptized? _____ Approximate Age _____

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 raised 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).

_____ 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: _____

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
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 _____

Where did you grow up? ____ Urban Area ____ Suburban Area ____ Small Town
____ Rural ____ Farm City, State _____

Population _____ (estimate)

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

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 as a child?

What was your unhappiest memory as a child?

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

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

_____ At Home _____

_____ At School _____

_____ At Neighbor's Home _____

_____ At Relative's Home _____

_____ Other: _____

ENTERTAINMENT & HOBBIES

How much non-school (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? _____

List your favorite entertainers: _____

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 _____

PERSONAL BEHAVIORAL HABITS

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

How much per day? _____

Do you smoke or chew tobacco products? Yes _____ No _____ How much? _____

Do you do pot or other drugs? Yes _____ No _____ How much? (Circle)

Never Occasionally Often Very Often

Do you drink alcohol? Yes _____ No _____ How much? (Circle)

Never Occasionally Often Very Often

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 _____

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 - 7:30pm. 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) _____