

## PRE-ENGAGEMENT/ PRE-MARITAL INFORMATION FORM (P.D.I.)

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: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

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

Email: \_\_\_\_\_

Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Boyfriend/Girlfriend/Fiancé's Name: \_\_\_\_\_

What type of Counseling are you seeking? Pre-Engagement \_\_\_\_\_ Pre-Marital \_\_\_\_\_

If Pre-Marital, do you have a date set? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the date? \_\_\_\_\_

Pastor performing the ceremony is? \_\_\_\_\_

Referred to The Chapel by? \_\_\_\_\_

### Relationship Information

How long did you know each other before dating? \_\_\_\_\_

What is the length of steady dating? \_\_\_\_\_

What is the length of engagement, if engaged? \_\_\_\_\_

Have you ever been married before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when? \_\_\_\_\_

For how long? \_\_\_\_\_

When and how did the marriage end?

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Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_

What is/are the child's/children's age(s)?

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Any other helpful information:

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**HEALTH INFORMATION**

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

Any significant weight changes recently? (+/-) \_\_\_\_\_

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

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

If yes, what?

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If yes, why?

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

If yes, what?

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When last used?

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Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain:

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**Church Activity**

Which Campus do you regularly attend? \_\_\_\_\_

How long have you been attending The Chapel? \_\_\_\_\_

If attending a Partner Church, which one? \_\_\_\_\_

Do you serve in the church that you attend? Yes \_\_\_\_\_ No \_\_\_\_\_

In what capacity do you serve? \_\_\_\_\_

Have you been baptized as a believer? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have been baptized, approximately at what age were you? \_\_\_\_\_

Are you currently involved in a small group? Yes \_\_\_\_\_ No \_\_\_\_\_

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 religious life, if any:

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**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:

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What was the outcome?

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What, if anything, do you fear?

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

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

Explain:

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

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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? \_\_\_\_\_

Anything else you would like to share at this time?

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**FAMILY AND CHILDHOOD INFORMATION:**

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

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

Are you on good terms with your brother(s) \_\_\_\_\_ sisters(s) \_\_\_\_\_?

What number child were you in the birth order? \_\_\_\_\_

**What kind of home did YOU 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 you live with? \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other)

\_\_\_\_\_ Alcoholic (\_\_\_\_\_ Functional, but affected \_\_\_\_\_ Dysfunctional effect on family)

\_\_\_\_\_ Drug Affected (\_\_\_\_\_ Cocaine \_\_\_\_\_ Heroin \_\_\_\_\_ Marijuana \_\_\_\_\_ Other)

\_\_\_\_\_ 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? \_\_\_\_\_ had to live with step-brothers or step-sisters)

\_\_\_\_\_Abusive (In what way? \_\_\_\_\_ Sexual \_\_\_\_\_ Physical Beatings \_\_\_\_\_ Emotional)

\_\_\_\_\_Other: \_\_\_\_\_

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

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**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 \_\_\_\_\_

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

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

What kind of community did you grow 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 \_\_\_\_\_



\_\_\_\_ At School \_\_\_\_\_  
\_\_\_\_ At Neighbor's Home \_\_\_\_\_  
\_\_\_\_ At Relative's Home \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_

**Screen Time**

How much time do you spend on a screen (in hours) on an average day that is non-work 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? Occasionally \_\_\_\_\_ Often \_\_\_\_\_ Very Often \_\_\_\_\_

Do you drink alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

How much? 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? \_\_\_\_\_

Do you exercise? Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_ Sex \_\_\_\_ Children \_\_\_\_ Homosexuality

\_\_\_\_ Sleep \_\_\_\_ Depression \_\_\_\_ Impotence \_\_\_\_ Abuse \_\_\_\_ Deception \_\_\_\_ In-laws

\_\_\_\_ Other

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

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**BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

1. In addition to pre-engagement or pre-marital counseling are there any issues that we may help you with?

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

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

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4. Is there any other information we should know that will help us help you?

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**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?

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(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.

(Print) \_\_\_\_\_

(Sign) \_\_\_\_\_ (Date) \_\_\_\_\_

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