



CANYON HILLS  
COMMUNITY CHURCH

**PERSONAL DATA INVENTORY**

Name \_\_\_\_\_

Contact Info: (list all that apply - check preferred method of contact)  
\_\_\_ Home phone \_\_\_\_\_ \_\_\_ Cell \_\_\_\_\_ (text Y/N)  
\_\_\_ Email \_\_\_\_\_ \_\_\_ FB, MySpace \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Marital Status: Single \_\_\_ Dating \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Education (Last year completed): Grade \_\_\_\_\_

Other training (List the type and years completed): \_\_\_\_\_

\_\_\_\_\_

Referred To Canyon Hills Community Church by: \_\_\_\_\_

**HEALTH INFORMATION**

Rate your health by checking the box:

Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_\_\_

Weight Changes: Lost \_\_\_\_\_ Gained \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date of last medical examination \_\_\_\_\_ Report: \_\_\_\_\_

Do you take any medications: Yes \_\_\_ No \_\_\_ Please list them: \_\_\_\_\_

\_\_\_\_\_

Do you use Alcohol or other drugs? \_\_\_\_\_ Have you ever been arrested? \_\_\_\_\_

Have you used drugs for other than medical purposes? \_\_\_\_\_

Have you had a severe emotional upset? (explain) \_\_\_\_\_

Have you recently suffered the loss of someone close to you?

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

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

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

**CHURCH BACKGROUND**

Are you a Canyon Hills: member\_\_\_ attender\_\_\_ visitor\_\_\_ none\_\_\_ other:\_\_\_\_\_

Church attendance per month (circle): 1 2 3 4 5 6 7 8+      Baptized? Yes \_\_\_ No \_\_\_

Church attended in childhood? \_\_\_\_\_      Baptized? Yes \_\_\_ No \_\_\_

Are you involved or serving in ministry at Canyon Hills?      Yes\_\_\_ No \_\_\_

Which ones?\_\_\_\_\_

Do you attend a regular small group or Life Group? \_\_\_\_\_

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

Are you saved?      Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_\_\_

Do you pray to God?      Never \_\_\_ Rarely \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you read your Bible?      Never \_\_\_ Rarely \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you have regular family devotions? \_\_\_\_\_

Explain any recent changes in your spiritual life \_\_\_\_\_

**PERSONALITY INFORMATION**

What do you think counseling is all about? \_\_\_\_\_

Have you ever had any psychotherapy or counseling before?      Yes \_\_\_ No \_\_\_

If yes, list counselor or therapist and dates: \_\_\_\_\_

What was the outcome?\_\_\_\_\_

What kind of involvement do you think a counselor should have in your life? \_\_\_\_\_

CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW:

*Active Ambitious Self-confident persistent nervous hardworking impatient impulsive calm  
Moody often-blue excitable imaginative serious easy-going shy good natured introvert extrovert  
likeable leader quiet hard-boiled submissive lonely self-conscious sensitive other*

Have you ever felt people were watching you?      Yes \_\_\_ No \_\_\_

Do you ever have difficulty distinguishing faces?      Yes \_\_\_ No \_\_\_

Do colors ever seem too bright?      Yes \_\_\_ No \_\_\_

Do colors ever seem too dull?      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 \_\_\_

**MARRIAGE AND FAMILY INFORMATION**

Name of spouse \_\_\_\_\_ Phone \_\_\_\_\_

Address of spouse \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Business phone \_\_\_\_\_

Your spouse's age \_\_\_\_\_ Education (In years) \_\_\_\_\_

Is spouse willing to come for counseling? Yes \_\_\_ No \_\_\_ Is your spouse saved? Yes \_\_\_ No \_\_\_

Spiritual background of spouse \_\_\_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating of spouse before marriage \_\_\_\_\_ Length of engagement \_\_\_\_\_

Give brief information about any previous marriages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT CHILDREN**

<u>Name</u>	<u>Age</u>	<u>Living</u>	<u>Education</u>	<u>Marital status</u>	<u>Saved</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Put a check by the name if child is from previous marriage)

Briefly describe how you grew up: \_\_\_\_\_  
\_\_\_\_\_

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?

If there is any other family information that you feel would be helpful to know, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**BIBLICAL COUNSELING POLICY**

Sound biblical and compassionate shepherd care are some of the blessings God has given his people in the person of pastors and teachers. We thank God with you that these resources are available as part of the ministry of Canyon Hills Community Church.

The biblical counsel you may receive is provided free of charge, except for the occasional nominal material costs, as an outreach ministry of Canyon Hills Community Church. The counsel is pastoral in nature, intended to provide you with sound biblical instruction and application to the issues of life. **The counsel you receive is not intended to be professional mental health care or legal counsel. The counselor you speak with has not received specialized training in medicine, psychology, psychiatry, or law.**

Canyon Hills Community Church will honor the principle of disclosure of information only on a “need-to-know” basis. It is the policy of Canyon Hills Community Church to report to appropriate persons and legal authorities: evidence of child abuse, evidence of elder or dependent adult abuse, threat of physical harm to another, threat of self-inflicted physical harm, and information which poses a threat of harm to the congregation and/or ministry of Canyon Hills Community Church.

At Canyon Hills Community Church, we are continually training others to be effective biblical counselors. Part of the training includes the opportunity to observe another counselor in actual counseling sessions. Because of this ministry model we ask that you agree to allow a person or couple who is in training to sit in on your counseling sessions for the purpose of prayer, training and observations.

In your request for biblical care counseling, Canyon Hills Community Church and you agree that any dispute arising out of the care relationship between you and Canyon Hills Community Church and any employee, agent, trainee or volunteer of Canyon Hills Community Church, the exclusive forum for resolving the dispute shall be the mediation and conciliation, and if necessary, arbitration services of a mutually agreed upon Christian mediator/arbitrator. Any resulting arbitration is mutually agreed to be binding on all parties.

I have read, understood and agree to be bound by the above stated policies of Canyon Hills Community Church. In addition, I authorize release of information accordingly.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent’s signature \_\_\_\_\_

Date \_\_\_\_\_

(If counselee is under 18 years of age)



**COUNSELING AGREEMENT**

Counselor Name: \_\_\_\_\_

I understand that my counselor is counseling from the Word of God and that no outside resources (specifically psychological input) shall be used during any of the counseling sessions. **I understand that my counselor is not certified by the state, rather is held to the Word of God and the standards that come from within the Bible.**

In addition to this, **I understand that my counselor will be opposed to any outside counseling that I might be involved in.** I will stop counseling with anyone else and allow my counselor to be the only one to counsel me. I understand that if I have more counselors than one, that I am putting myself at risk for confusion, which will only add to my problems.

**I will be required to go to church once a weekend during counseling.** This is to allow for further counseling from the Word of God. If I fail to go to church one weekend, counseling will be suspended for that week and that week only. I understand that if I am too busy to spend one hour of my time with God on Sunday morning or Sunday night, then I am too busy to spend an hour of my time in counseling with my counselor.

**In addition to this, I will be on time for all counseling appointments.** I understand that my counselor will only wait for ten minutes after my scheduled counseling appointment before he/she leaves. Each time we meet, I understand that we will meet for one hour. I will honor and respect his/her time and call to inform him/her if I am going to be late or if I need to reschedule and I will not come to him/her with counseling issues apart from the time that I have scheduled with him/her. I am aware that if I miss two appointments without having called to inform him/her of my situation that he/she will discontinue his/her counseling services with me.

**I will be given homework each and every week of counseling and I agree to complete all of the homework given to me before I come to the counseling session.** I realize that only through the help and guidance of the Holy Spirit mixed with my own personal involvement can I change into the person who can glorify God. If I fail to do the homework assigned to me, I will have a valid reason for why I was not able to complete the homework. In addition, if I go three weeks without doing my homework, my counselor will understand that I do not want to change and he/she will discontinue counseling until the point in times that I am willing to change.

**Finally, I believe that God can change me and make me into the person that He wants me to be through having the Holy Spirit in my life and obeying God's Word.**

I have read and agree to counseling under these terms:

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date: \_\_\_\_\_

(If counselee is under 18 years of age)



**CANCELLATION POLICY**

Counseling at Canyon Hills Community Church is free. We want to be a blessing to our community and providing these counseling services is one way we can do that. Canyon Hills Community Church provides the facilities, and the counselors volunteer their time and services.

When you arrive for your first counseling session you will be required to submit a \$25.00 cancellation fee. If you need to cancel your appointment, we require notice within 24 hours of your scheduled time, or you will forfeit your cancellation fee. You will need to submit another \$25.00 fee before continuing your counseling sessions. If you attend or properly cancel all sessions, your cancellation fee may be refunded at your request. If no request is made the funds will be donated to Canyon Hills Community Church.

I have read and agree to these terms:

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If counselee is under 18 years of age)

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Fee received: \_\_\_\_\_ Date: \_\_\_\_\_ Pd by: Cash \_\_\_\_\_ or Check # \_\_\_\_\_

Fee received: \_\_\_\_\_ Date: \_\_\_\_\_ Pd by: Cash \_\_\_\_\_ or Check # \_\_\_\_\_