



PERSONAL DATA INVENTORY

*Paperwork must be completed by each individual seeking counseling. This is the application for those 18 and older.

Name _____

Contact Info: (list all that apply)

___ Home phone _____ ___ Cell _____ (text Y/N)

___ Email _____ ___ FB, Twitter _____

Address _____

City, State, Zip _____

Occupation _____

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 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 other than for 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___ How long? _____

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? (Please list leader) _____

Does your leader know you are seeking counseling? _____

Do you believe in God? Yes ___ No ___ uncertain _____

Are you saved? Yes ___ No ___ Not sure what you mean _____

Do you pray to God? Often ___ Occasionally ___ Rarely ___ Never ___

Do you read your Bible? Often ___ Occasionally ___ Rarely ___ Never ___

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 _____

Circumstances of meeting and dating your spouse? _____

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 or relationship)

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:

ANSWER THE FOLLOWING QUESTIONS:

**Please note: the more information you can give us, the better we can assist you.*

1. Describe why you are seeking help?
2. What have you done to deal with the problem?
3. What can we do? (What are your expectations in coming here?)
4. How do you desire to change?
5. As you see yourself, what kind of person are you? Describe yourself.
6. What, if anything, do you fear?
7. Is there any other information we should know?

I, the undersigned, give permission for counseling to proceed:

Signature _____

Date: _____



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.** Our counsel is not intended to replace the services of a medical doctor when organic problems are present or medication has been prescribed.

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. Your observer will have signed confidentiality paperwork prior to beginning.

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. By signing this consent form, you are waiving your right to a trial in the civil courts, including trial by jury. This will be according to the Rules of Procedure of the Institute for Christian Conciliation, available at Peacemaker Ministries' website (www.peacemaker.net)

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 _____



CONFIDENTIALITY WAIVER

The Bible teaches that Christians should carefully guard any personal and private information that others reveal to them. Protecting confidences is a sign of Christian love and respect (Matt. 7:12). It also discourages harmful gossip (Prov. 26:20), invites confession (Prov. 11:13), and thus encourages people to seek needed counseling. Since these goals are essential to the ministry of the gospel and the work of the local church, all members and attenders are expected to refrain from gossip and to respect the confidences of others. In particular, our leaders will carefully protect all information that they receive through pastoral counseling, subject to the following guidelines.

Although confidentiality is to be respected as much as possible, there are times when it is appropriate to reveal certain information to others. In particular, when our leaders believe it is biblically necessary, they may disclose confidential information to appropriate people in the following circumstances:

- when a counselor is uncertain of how to counsel a person about a particular problem and needs to seek advice from other leaders in our church or, if the person attends another church, from the leaders of that church (Prov. 11:14);
- when the person who disclosed the information, or any other person, is in imminent danger of serious harm unless others intervene (Prov. 24:11–12);
- when a person refuses to repent of sin and it becomes necessary to promote repentance through accountability and redemptive church discipline (Matt. 18:15–20); or,
- when leaders are required by law to report suspected abuse (Rom. 13:1).

Confidentiality is an important aspect of the counseling, and your counselor will carefully guard the information you entrust to him or her. We desire as much as possible to protect your privacy.

At the same time, you must realize that this confidentiality is only within the limits of biblical and civil law. Your counselor cannot guarantee absolute confidentiality in every situation. For example, to ensure that you are receiving consistent counsel and support, your counselor might need to discuss your situation with appropriate leaders of Canyon Hills Community Church, or, in some cases, with your attorney, if you have one. Furthermore, he or she might need to divulge information to appropriate civil authorities if there is indication that you or someone else might otherwise be harmed. In counseling minor children, your counselor might need to divulge information to parents or legal guardians.

Your counselor also asks you to agree not to discuss our communications with people who do not have a necessary interest in the counseling or conciliation process. In addition, where your situation might involve legal issues, you must agree to treat all dealings with him or her in regard to this counseling as settlement negotiations, which means they will be inadmissible in a court of law or for legal discovery. Furthermore, you must agree that you will not try to force your counselor to divulge any information acquired during the counseling process or to testify in any legal proceeding related to the process.

Signature _____ Date: _____



COUNSELING AGREEMENT

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. Scripture is sufficient for all needs in a believer's life and pursuit of godliness (2 Tim 3:16-17, 2 Pet 1:3-5). **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. Additionally, we will not make referrals to those who practice what is generally referred to as "psychotherapy."

I will be required to go to church once a weekend during counseling at Canyon Hills Community Church. 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, 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 the counseling office 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: _____



CANCELLATION POLICY

Please circle or highlight the hours you are available for counsel. Note that the more availability you have in your schedule, the easier it is for us to get you in. (***Evening spots are in high demand, limited, and require a longer wait***). We do not offer counseling times outside of what is listed. We do not take requests for specific counselors.

Monday: AM (9AM-noon) | PM (1-4:30 PM) | EVE (5-7:30 PM)
Tuesday: AM (9AM-noon) | PM (1-4:30 PM) | EVE (5-7:30 PM)
Wednesday: AM (9AM-noon) | PM (1-4:30 PM) | EVE (5-7:30 PM)
Thursday: AM (9AM-noon) | PM (1-4:30 PM) | EVE (5-7:30 PM)

Any additional scheduling concerns: _____

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: _____

For office use only

Fee received: _____ Date: _____ Pd by: Cash _____ or Check # _____

Fee received: _____ Date: _____ Pd by: Cash _____ or Check # _____



Place
Recent
Photo
Here

For internal use, we ask that you submit a recent photo that clearly shows your face, for security purposes. We can take your photo before your first appointment in office, if you prefer.