



PERSONAL DATA INVENTORY for ADOLESCENTS

Name _____

Contact Info: (list all that apply) _____

Home phone _____ Cell _____ (text Y/N)

Parent Phone(s) _____ | _____

Email _____

Parent Email _____

Social Media Accounts (circle): Facebook | Instagram | Twitter | other: _____

Address _____

City, State, Zip _____

School _____ Grade _____

Birth Date _____ Age _____ Sex _____

Referred to Canyon Hills by: _____

HEALTH INFORMATION

How healthy are you?

Very Good ____ Good ____ Somewhat ____ Not Very Good ____ Other _____

Any Change in Your Weight? Lost _____ Gained _____

List all important illnesses, injuries or handicaps you have now or had in the past: _____

Date of your last medical visit: _____

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 recently suffered the loss of someone close to you?

Yes ____ No ____ Explain _____

CHURCH BACKGROUND

How long have you attended Canyon Hills? _____

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

Are there any other churches you have attended? _____

Which program(s) do you attend Sunday mornings and throughout the week?

Do you attend a regular small group or Life Group? (Please list leader) _____

Do you serve in any ministry? _____

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? _____

Has anything changed recently about your faith? _____

PERSONALITY INFORMATION

What do you think counseling is all about? _____

Have you ever had any 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 angry/mad confident doesn't-give-up-easily nervous hardworking impatient impulsive calm
moody often-sad excitable imaginative serious easy-going shy good-natured introvert extrovert
likeable leader quiet rule-follower stubborn lonely self-conscious sensitive creative other _____*

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

Do you ever have trouble telling faces apart? Yes ___ No ___

Do colors ever seem too bright? Yes ___ No ___

Do colors ever seem too dull? Yes ___ No ___

Are you sometimes unable to judge how far or close something is? Yes ___ No ___

Have you ever heard or seen something that wasn't there? Yes ___ No ___

Are you afraid of being in a car? Yes ___ No ___

Is your hearing really good? Yes ___ No ___

Do you have problems sleeping? Yes ___ No ___

FAMILY INFORMATION

Briefly explain what your family life looks like:

If you were raised by anyone other than your own parents, please let us know who:

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:

FRIEND INFORMATION

Which clubs/sports/groups do you participate in throughout the week, in school or outside of school?

Describe some of the friends you spend time with:

What kind of influence do they have on your life?

ANSWER THE FOLLOWING QUESTIONS:

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

1. Describe why you want to come in to counseling?

2. What have you done to deal with the problem(s)?

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

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

5. What, if anything, do you fear?

6. Is there any other information we should know?

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

Signature _____ Date: _____

Parent's signature (If counselee is under 18 years of age) _____

*(**Parents: Please attach a separate sheet if you would like to give us any additional information**)*



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, 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

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).*

- Monday: AM (9AM-noon) | PM (1-4:30 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: _____

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

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

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