

PDI / Intake Form for Biblical Counseling at RBC



Reformation Baptist Church
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*Please help us by giving **advance notice** when missing/canceling an appointment! Thank you!*

IDENTIFICATION DATA

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Cell/Business Phone (_____) _____ - _____

Occupation _____

Biological sex M F Date of Birth _____ Age _____ Height _____ feet _____ inches

Nationality or Ethnic Background _____

Marital Status: Single ____ Separated ____ Going Steady ____ Divorced ____ Married ____ Widowed ____

Education (circle last year completed):

Grade School 1 2 3 4 5 6 7 8 9 10 11 12 College, 1 2 3 4 5 6+ Highest diploma/degree held: _____

Other training (list type and years) _____

I was referred here by (name) _____ (phone) (_____) _____ - _____

HEALTH INFORMATION

Rate your physical health: Very Good ____ Good ____ Average ____ Declining ____ Other (explain briefly) _____

Your approximate weight: _____ lbs. Recent weight changes: Lost _____ lbs. Gained _____ lbs.

List all *important* present or past illnesses, injuries or handicaps: _____

Date of last medical examination _____ Results? _____

Physician _____ Address _____

Phone (_____) _____ - _____

Have you used drugs for other than medical purposes? Yes No What drug(s)? _____

Are you presently taking medication? Yes No What? _____

Prescribing Physician: _____ Address _____

Phone (_____) _____ - _____

Have you ever been arrested? Yes No

Have you ever had a severe emotional upset? Yes No

Have you ever had any psychotherapy or counseling? Yes No If yes, list name(s) of counselor(s) and dates:

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes No

RELIGIOUS BACKGROUND

Denominational/religious preference: _____

Name of the church currently attending: _____

Are you a church member? Yes No Church attendance: how many times per month? (circle): 0 1 2 3 4 5 6 7 8 9 10+

Describe your church attendance in childhood: _____

Religious background of spouse (if married): _____

Do you consider yourself a religious person? Yes No Uncertain (describe) _____

Do you believe in God? Yes No Uncertain (describe) _____

Do you consider yourself a Christian? Yes No Uncertain (describe) _____

Are you saved? Yes No Not sure what you mean

Have you ever been baptized? Yes No When? _____ Where? _____

Do you pray to God? Never Occasionally Often

How much do you read the Bible? Never Occasionally Often

Describe/explain recent changes in your religious life, if any: _____

PERSONALITY INFORMATION

Circle any of the following words which best describe you now: *active ambitious self-confident persistent nervous hardworking impatient impulsive moody calm excitable imaginative serious easy-going shy introvert extrovert likable quiet lonely good-natured leader hard-boiled submissive self-conscious sensitive other* _____

Have you ever felt people were watching you? Yes No

Do people's faces ever seem distorted? Yes No

Do colors seem too bright? _____ Too dull? _____

Are you able to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

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

What difficulties do you have in hearing (if any)?

MARRIAGE INFORMATION (If never married, check _____ and skip this section; continue to pg. 5)

Name of spouse _____ Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ - _____ Cell/Business Phone (_____) _____ - _____

Spouse's Occupation _____

Your spouse's age _____ Education (years) _____ Religion _____

Is your spouse willing to come for counseling? Yes No Uncertain

Have you ever been separated? Yes No If so, how many times? _____ When? _____

Have either of you ever filed for divorce? Yes No If so, when? _____

Date of this marriage: _____ Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse? _____ Length of engagement? _____

Give brief information about any previous marriages: _____

Was your previous marriage(s) broken by divorce ____ or death ____?

This is my ____ (1st, 2nd, etc.) marriage and my spouse's ____ marriage.

INFORMATION ABOUT YOUR CHILDREN

*PM	Name	Age	Sex (M/F)	Living? (Y/N)	Education – years	Marital Status

*Check this column if child is by a previous marriage/relationship.

PARENTAL FAMILY HISTORY

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

Answer this section describing your own parents or parent substitute:

Still living? (yes/no) Father _____ Mother _____ Church attendance per month: Father 1 2 3 4 5+ Mother 1 2 3 4 5+

Religious affiliation: Father _____ Mother _____

Occupation: Father _____ Mother _____

Are your parents still living together? Yes No If not, cause of separation: _____

_____ When separated: _____

Rate your parents' marriage: Unhappy Average Happy Very Happy

As a child, did you feel closest to your: Father Mother Another person (Who? _____)

Rate your childhood life: Unhappy Average Happy Very Happy

How many brothers and sisters do you have? _____ brothers, _____ sisters, and I am the _____ (1st, 2nd, etc.) child.

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? What brings you here?

2. What have you done about it?

3. What can we do? What are your expectations in coming here?

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

5. Please list any previous counseling you have had and approximate dates, including hospitalizations:

6. Please list any medications you are presently taking, purpose of each medication, and dosage:

7. Is there any other information your counselor should know?

RBC Biblical Counseling Waiver of Confidentiality

Statement about Biblical Counseling:

At the heart of our biblical counseling ministry at Reformation Baptist Church is the conviction that the Scriptures are authoritative and sufficient. The Bible is the Word of God, and is the foundation for what we believe concerning such key areas as God, man, sin, man's relationship with God, and man's relationships with his fellow man (2 Timothy 3:16-17; Psalm 19:7-11). We believe that the gospel of Jesus Christ is the message which reveals how sinful people can be reconciled to their Creator through the Person and Work of Jesus Christ. All ministry in the church, including the ministry of counseling, is designed to help people experience a meaningful relationship with Jesus Christ. Stated concisely in Colossians 1:28-29, our aim is as follows: *We proclaim Him (Christ), admonishing and teaching everyone with all wisdom, so that we may present everyone perfect in Christ, striving according to His working which works in us mightily.*

Statement about Homework:

Each session will conclude with specific homework assignments which will help you to put into practice what God's word says regarding your situation. These homework assignments often include, but are not limited to, Bible reading, prayer, reading of a particular book/chapter/article/resource, Bible memory and recitation, conversation(s) to have, specific steps to take toward biblical change and growth, behaviors to start/stop, journal entries to record, etc.

Counseling Waiver and Agreement:

I, _____, the undersigned, hereby understand and acknowledge that I have been advised to my satisfaction concerning the following issues about receiving counseling and spiritual guidance at Reformation Baptist Church:

1. All of the counseling provided by the church is biblically-based rather than psychologically-based. As such, the type of counseling I will receive is not clinical counseling, but biblical and spiritual counseling (the essence of which is summarized above in the 'Statement about Biblical Counseling').
2. I recognize that all people have strengths and limitations when it comes to helping others. Thus, I understand that it may become necessary at some point for the church staff to refer me to another counselor/discipler, or to a professionally trained counselor, who is more specifically qualified to provide the help I need.
3. I understand that the church staff is committed to purity. This means (based on Titus 2) that spiritually mature men are to counsel men, and spiritually mature women are to counsel women. I am aware that in situations where this is not possible, the following parameters will be followed:
 - a. No counseling of the opposite sex shall take place without the presence of another person in the building.
 - b. Individual counseling of the opposite sex shall be limited to three sessions. After the third session, if further help is needed, it must be approved by the elders, with specific parameters stated.
4. While a degree of confidentiality exists with the particular pastor with whom I seek counseling and the church staff, I recognize that only limited rights of confidentiality exist within the laws of the State of Georgia . I am aware of the following:
 - a. I understand that my pastor/counselor will keep records of our counseling sessions which will be held confidential.

b. I understand that there are situations in which the law requires my pastor/counselor to divulge what has been said to him in confidence; pastors/counselors are mandated reporters in the state of Georgia. I realize that certain information revealed in the counseling process may need to be divulged at some future date under state law.

c. I understand that the pastor/counselor will seek to consult with me promptly regarding matters where disclosure is necessary.

5. The church staff and the particular pastor/elder from whom I receive counseling, and any counselor or volunteer to whom he refers me to further assist in spiritual guidance, shall not be liable under any circumstances, and I hereby waive all rights against the church, its staff, the particular pastor from whom I seek help, and any counselor or volunteer as mentioned, for any claims and damages arising directly or indirectly from any physical, emotional, or mental illness or psychological problem I now have or may develop in the future.

6. Should a dispute arise between myself and my counselor (or any volunteer to whom he refers me), I will submit the controversy to Christian arbitration rather than pursuing legal court action (1 Corinthians 6:1-6).

7. I will make a good-faith effort in undertaking my homework assignments, and unless providentially hindered, I will complete all homework and bring it with me for every session, every week. I understand that if I fail to complete my homework, any counseling progress will be significantly hindered. After 3 instances of failure to complete homework, counseling will be terminated until a willingness to participate is evidenced.

8. I will bring a good attitude and a "can-do" spirit because God's Word changes lives!

Signed: _____ Date: _____

We are delighted to serve you in the name of Jesus! Please know that you are loved, and you will be prayed for diligently. May God be glorified in you, as you seek to obey his Word in faith.

***Please turn in this entire form before your first session.
Thank you!***