



HARVEST
BIBLE CHAPEL

NORTH PHOENIX

Biblical Counseling

Application for Counsel



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Personal Data Inventory

This Personal Data Inventory is our way of getting to know you so we can best serve you. It is important to gather both past and present information. We want you to be as open and specific in your answers as possible. This will help us to be both prepared and effective in the counseling process.

PLEASE PRINT YOUR INFORMATION AND WRITE LEGIBLY

1. If not for yourself, for whom are you filling out this form: _____
2. You were referred to Biblical Soul Care by whom (mark one):
3. Pastor _____ Elder _____ Flock Leader _____ Small Group Leader _____ Other _____
4. Please provide their name: _____

Personal Information

1. Today's Date: _____
2. Your Name: First: _____ Last: _____
3. Gender: _____
4. Your birth date: _____ Your current age: _____
5. Email address: _____
6. Best contact phone number: _____

7. Alternative contact phone number: _____
8. Address: _____
9. City: _____
10. State: _____
11. Occupation: _____
12. Harvest Bible Chapel Status: Member _____ Attender _____ Other _____
13. If "other" where do you attend: _____
14. Are you in a Small Group? Yes _____ No _____
 Group Leader _____ How Long? _____

Family Information:

1. Marital Status: Single _____ Dating _____ Engaged _____
 Married _____ Separated _____ Divorced _____ Widowed _____
2. Date of 1st Marriage: From _____ To _____
3. Date of 2nd Marriage: From _____ To _____
4. Date of 3rd Marriage: From _____ To _____
5. Current Spouse's Name: _____
6. Spouse's Phone number: _____
7. Have you ever been separated from your current spouse? Yes _____ No _____
8. If "yes", please provide dates: From _____ To _____
 From _____ To _____
9. Have either of you filed for divorce? Yes _____ No _____
10. If "yes", who filed and when? _____

11. If you have children, please list their names and ages.

Name	Age	Member of Household

Health Information

1. General Health: Good_____ Average_____ Poor_____ Other_____
2. Do you exercise: No_____ Daily_____ 4-5x/week_____ 2-3x/week_____

Once/week_____ 2-3x/month_____ less than once a month_____
3. Type of exercise: cardio_____ cardio/weights_____ weights_____

team sports_____ other_____
4. Do you have problems sleeping: Yes_____ No_____ Just recently_____

Depends on Circumstances_____

Sleep hours are from _____ to _____

Number of hours usually slept: _____
5. Eating Habits - food choices: Very Healthy_____ Healthy_____ Normal_____

Mixed_____
6. Do you drink coffee or caffeinated beverages: Yes_____ No_____

If yes, how many caffeinated beverages do you consume in a day? _____
7. Do you smoke cigarettes: Yes_____ No_____ If yes, how many per day _____
8. Would you like to add information to the previous questions?

9. Do you take prescription medication: Yes _____ No _____

10. If "yes", please list names, strength, frequency and reasons for taking it:

Example: Zoloft, Depression, 50mg once a day/If you need more room, please provide on back.

Name and strength	Frequency	Reason for this medication

11. Have you ever used drugs for non-medical purposes? Yes _____ No _____

12. Have you ever used or were you controlled by illegal drugs? Yes _____ No _____

Please provide details:

Name	Frequency	Approximate time frame.

13. Are you currently using alcohol to self-medicate Yes _____ No _____

14. Do you consider yourself to be under the control of alcohol: Yes _____ No _____

15. How much alcohol do you consume in a day: _____

16. Would your spouse agree with your answers to questions 11 thru 15:

Yes _____ No _____

Please feel free to elaborate on any of the questions above by adding information below or to the back of this sheet.

Background Information

1. Other than your parent(s), did you have any significant childhood role model:

yes_____ no_____

If "yes", please explain: _____

2. Parenting was:

Authoritative _____ High control; rules without relationship

Permissive _____ Low control; much freedom, some relationship

Disengaged _____ Very little control or relationship

Other _____ _____

3. Were your parents divorced: Yes_____ No_____

Your age at the time of their divorce: _____

4. Home atmosphere: Affectionate_____ Critical_____ Outwardly religious_____

Perfectionistic_____ Hostile_____ Authentically Christian_____

5. Was there abuse in your past: No_____ Physical_____ Emotional_____ Sexual_____

If yes, please explain where and what: _____

6. Was there substance abuse in your family: Yes_____ No_____

If yes, please explain:

7. Have you ever been arrested: Yes _____ No _____

If yes, please provide details:

Date of Arrest	Charge	Disposition

8. Have you had significant major stressor in your life in the past 12 months, such as:

New job or promotion	_____	New baby	_____
New home	_____	Death of loved one	_____
Financial challenges	_____	Victim of a crime	_____
Car accident	_____	Pregnancy/miscarriage	_____
Major/sudden illness	_____	Child moving from home	_____
Other	_____		

Please provide details: _____

Personality

1. Check each word that describes you:

Excitable	_____	Moody	_____	Self-conscious	_____
Shy	_____	Despairing	_____	Depressed	_____
Lonely	_____	Sensitive	_____	Serious	_____
Impatient	_____	Angry	_____	Easy Going	_____
Impulsive	_____	Anxious	_____		

2. Have you ever had any counseling or psychotherapy: Yes _____ No _____

Please provide relevant details: (*why, where, how long, major issue at the time*)

Faith Background

1. Have you put your faith in Jesus Christ as your Lord and Savior: Yes _____ No _____

If yes, when: _____

2. Have you been baptized: Yes _____ No _____

If yes, when: _____

3. How often are you in God's Word: Multiple times a day _____ Daily _____

Several Times a week _____ At least a couple of times a week _____ not at all _____

4. How often do you pray: Multiple times a day _____ Daily _____

Several times a week _____ At least a couple of times a week _____ Not at all _____

5. Are you currently serving at Harvest Bible Chapel: Yes _____ No _____

If yes, where: _____

6. Has your spouse put his/her faith in Jesus Christ as their Lord and Savior:

7. Yes _____ No _____

If yes, when: _____

Summary Questions
Briefly Answer the following

1. From your perspective, what would you say are the challenges you want to address through counseling?

2. What have you done so far to address these challenges, if anything?

3. How can we help? What are your expectations in coming to counseling?

4. What, if anything, do you fear?

5. Is there any additional information you believe your counselor should be aware of?

6. Who will you be contacting to serve as your advocate while in counseling?

An advocate is someone who will come along side you and assist you in your walk with Christ. The advocate is typically a member of your small group and is expected to be present with you during your counseling session. Your advocate's role is to listen during the counseling session and then assist you by means of accountability during the week. If you are not currently part of a small group, the small group pastor will assist in placing you in the most appropriate small group and will work with the small group leader to identify an available advocate.

First Name: _____ Last Name: _____

What is their relationship to you: _____

7. What days and times would be your first and second choices for counseling availability:

BIBLICAL COUNSELING

Required Form

It is both our privilege and goal to help you toward Christ-likeness during this time in your life. Once these forms are complete, we will contact you as soon as possible.

Date: _____

Name: First _____ Last: _____

CONSENT TO COUNSEL & AUTHORIZATION TO REQUEST/RELEASE INFORMATION

Our Goal - Our goal in providing Christ centered counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life.

Biblical Basis - We believe that the Bible provides thorough guidance and instruction for faith and life; therefore, our counseling is based on Scriptural principles rather than those of secular psychology or psychiatry. Although some of the pastoral or lay counselors of Harvest Bible Chapel may be licensed in other fields, such as medicine or psychology, they will not practice in that capacity, but only as Biblical counselors under the authority of the Elders of Harvest Bible Chapel.

Not Professional Advice - If you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. None of the Harvest Bible Chapel counselors are licensed professionals. Our ministry staff and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

Confidentiality - Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four situations however when it may be necessary for us to share certain information with others:

- In discussions with a physician, previous counselor, Harvest Bible Chapel counselors and/or your advocate, for the sole purpose of gaining information for your care, or to help in follow up and after care.
- When a counselor is uncertain of how to address a particular problem and needs to seek advice and wisdom from another Harvest Bible Chapel staff member, we will make every effort to be sensitive to your situation.
- When there is a clear indication that someone may be harmed unless others intervene.
- When a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation. (see Proverbs 15:22, 24:11, Matthew 18:15-20)
- When required to report a crime, as mandated by Arizona Law, in the Arizona Revised Statutes (ARS) Title 13.

Please be assured that our counselors strongly prefer not to disclose personal information to others, and we will help you find ways to resolve a problem as privately as possible. As part of our mission to train and equip others for discipleship/biblical counsel, we will have a counselor-in-training observe your case.

Resolution of Conflicts - On rare occasions, a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts are resolved in a biblical manner, we require all of our counsees to agree that any dispute that arises with a counselor or with Harvest Bible Chapel staff as a result of counseling, will be settled by mediation under the leadership of HBC. We will make every effort to resolve conflict in a manner according to the principles of Scripture.

Reservation of Rights – Harvest Bible Chapel reserves the right to determine who will receive discipleship and who will be referred to other counseling outside of Harvest Bible Chapel. It is your responsibility to take the appropriate actions necessary to arrange for counseling and any payment with the outside counseling entity.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ. We desire to be used by God as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If these guidelines are acceptable to you, please sign below.

Date: _____

Signature: _____

Print Name _____