

C.H.O.I.C.E.S.

BIBLICAL COUNSELING

Applying the Counsel of God's Word to the Issues of Life

12109 Old Olean Rd (Box 385), Yorkshire, NY 14173 716-353-3686

Thank you for calling C.H.O.I.C.E.S. Biblical Counseling. Enclosed are information and data forms for you to read and complete. When you return the forms to our office, we will set an appointment time to meet together. There may be a waiting period before we are able to set our meeting time. We are honored and excited to have the opportunity to talk with you toward Biblical change and hope.

For His Glory,

“It doesn’t matter how great the pressure is. What really matters is where the pressure lies, whether it comes between me and God or whether it presses me nearer His heart...When we are pressed near the heart of God, He is faithful and He will hold us.”

- H. Taylor

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What is Nouthetic Counseling?

The Greek word nouthesia or noutheteo appears several times in the New Testament (i.e. Acts 20:31, Romans 15:14, I Thessalonians 5:14). It is translated "admonish, warn, or instruct". Nouthetic counseling upholds the sufficiency of the Scriptures as the source of answers, healing, and change. We are confident that the Bible has all the information necessary for life and godliness. There are no problems in our personal lives and between persons that the Bible does not generally or specifically address. All counseling will be conducted according to the counselor's understanding of Scripture, which is according to a literal, historical, hermeneutical approach.

General Practice

1. Counseling is provided on an offering basis. We do incur significant operating expenses and therefore, request that some offering be given. However, we feel impressed to allow each person to determine the amount he/she is able to give.
2. As a counseling ministry, we are accountable to our local church body, Central Baptist Church in Yorkshire, NY. We will, at times, seek Biblical advice from our pastor or another counselor without divulging identifying information.
3. Counselors are certified (or in the certifying process) with the National Association of Nouthetic Counselors and/or the International Association of Biblical Counselors.
4. Information disclosed in counseling sessions will be held confidential only as the counselor believes the Bible requires. Absolute confidentiality is not scriptural; under certain circumstances matters of church discipline and safety issues require disclosure of facts to appropriate legal or spiritual authorities. The counselee will be informed before any such disclosures are made.
5. At any time during the counseling, for reasons sufficient to himself, the counselor (as also the counselee) shall have the option of terminating counseling.
6. Biblical counseling at C.H.O.I.C.E.S. Biblical Counseling Ministries is free, as a service and blessing to our community. It is important that you attend all scheduled appointments, however, in the case of an emergency we ask at least 24 hours notice to reschedule. Should three cancellations occur, you will be placed on our waiting list for an available time slot to resume Biblical counseling. Others are waiting for counselors, and we must make the best use of our counselors' time. Also, since Biblical counseling works when you work, negligence in completing three homework assignments will warrant termination of Biblical counseling.
7. It should be understood that Biblical counseling consists of the giving of scriptural advice and the practical application of the same to each individual. Yet, the counselee is held fully responsible for how he or she implements that advice. As Biblical counseling, no state licensure or compliance is maintained or implied.

We look forward to prayerfully and Scripturally working with you as you seek hope and change.

For His glory,

C.H.O.I.C.E.S. Biblical Counseling Ministries

I agree to enter into counseling accordance with the statements listed in this paper.

Signed: _____ (counselee) Date: _____

_____ (parent, if minor)



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Personal Data Inventory

(Please completely fill out this form and submit it prior to your first session.)

Identification Data

Name: _____ Date: _____

Address: _____ (street, city, & zip)

Sex: _____ Date of Birth: _____ Age: _____

Home phone: _____ Cell phone: _____

OK to leave messages at these numbers? Yes No

Email _____

Education (last year completed): _____

Other training: _____

Referred here by: _____

Personal History

Parents:	Name	Age(if living)	Occupation	Marital Status
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Guardian:	_____ (if applicable)			
	Relation to you: _____	Reason for Guardianship _____	Date _____	to _____
	Which applicable, which parent raised you? _____			
	Did you live with anyone other than parents? _____			

Siblings:	Name	Age (if living)	Occupation	Marital Status
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

More than five? Yes _____ No _____

What is your position in the birth order of your brothers and sisters? _____

Would you rate your home-life growing up as well adjusted _____, average _____, or poor _____.

Has there been a death of a close member of your family? _____

If so, what relationship were they to you and when did they die?

Indicate which might have applied during your childhood and/or adolescence:

School problems: _____ Family Problems: _____ Medical Problems: _____

Drug/Alcohol problems: _____ Social problems: _____ Legal problems: _____
 Please explain: _____
 Describe relationship with your father _____
 Describe relationship with your mother _____

Marital History

Marital status: Single Engaged Married Remarried Separated Divorced Widowed

Your present marriage (if applicable):

Spouses name: _____ Age _____ Occupation: _____
 Spouses religious background: _____ Education: _____
 Date of marriage _____ Have you ever been separated from your present spouse? _____
 If yes, please specify when: 1) _____ to _____ 2) _____ to _____

Children: Name Relationship (son, step-son, etc) Living at Home Age Marital status Occupation

Date of marriage _____ Length of dating _____
 Give a brief statement of circumstances of meeting and dating _____

Your previous marriages (if applicable)

Date	Children from this marriage
_____ to _____	_____
_____ to _____	_____
_____ to _____	_____
_____ to _____	_____

Spouse's previous marriages (if applicable)

Date	Children from this marriage
_____ to _____	_____
_____ to _____	_____
_____ to _____	_____
_____ to _____	_____

Health History

Do you have any current health problems? _____ If 'yes', please specify? _____

Do you have any chronic conditions? _____ What? _____

Have you had any of the following physical problems? Please check.

Heart problems _____	Bulimia _____	Menstrual irregularities _____
Liver problems _____	Anorexia _____	Kidney problems _____
Visual problems _____	Hallucinations _____	Head injury/concussion _____
Sensory distortion _____	Change in sex drive _____	Stroke _____
Weakness _____	Seizures _____	Fatigue _____
Problems walking _____	Brain tumor _____	Heat/cold sensitivity _____
Unusual hair loss _____	Multiple Sclerosis _____	Rashes _____
Parkinson's disease _____	Bowel/bladder _____	Memory problems _____
Blackouts _____	Nausea/vomiting _____	Episodic distortions _____
Amnesia _____	Weight change _____	Tremors _____
Impotence _____	Personality change _____	Thyroid dysfunction _____
Physical change _____	Déjà vu _____	Diabetes _____
Constant hunger _____	Food cravings _____	Hypoglycemia _____
Changes in consciousness _____	Lung problems _____	Fever _____
Headaches _____	Allergies _____	Pneumonia _____
Dizziness _____	Cancer _____	Stiff neck _____
Speech problems _____	High Blood Pressure _____	Incoordination _____

Date of last medical exam _____

Physician's name and address _____

List previous surgeries (those which required anesthesia):

List all prescription and over-the-counter medications: Include diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin:

Have you ever been prescribed anti-depressants?

What is your average daily caffeine consumption? Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks:

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful?

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal) thinking and memory, or work habits?

Are you bothered by nervousness of any kind (trouble sleeping, upset stomach, jittery feelings, etc.)? _____

Have you ever had a severe emotional upset? Yes _____ No _____

Explain: _____

Have you ever been arrested? Yes _____ No _____ Explain: _____

Have you ever received counseling? _____ Presently? _____

If 'yes', please specify when and with whom: _____

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

Women Only

Have you had any menstrual difficulties _____

Do you experience tension, tendency to cry, or other symptoms prior to your cycle; please explain

Is your husband willing to come to counseling _____

Is he in favor of your coming _____ If no, explain _____

Occupational History

What jobs have you held in the past? _____

Employer _____ What is your job title? _____

How long have you been involved in this job? _____ Present annual income: _____

Does your present work satisfy you? If not, please explain. _____

Religious Background

Church presently attending (Name & address): _____
_____ Phone: _____

Member? Yes No

Pastor: _____ Permission to consult with pastor: Yes No

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you consider yourself born again? Yes _____ No _____ Uncertain _____ Not sure what you mean _____

How often do you attend church? _____ Are you actively involved? _____

In what ways do you serve in your local church? _____

Do you read the Bible: daily _____ occasionally _____ never _____

Do you pray: daily _____ occasionally _____ never _____

Does your family have family devotions: daily _____ occasionally _____ never _____

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond? _____

How would you describe your relationship with God? _____

About yourself

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

PROBLEM CHECK LIST _____ Anger _____ Envy _____ Appetite _____ Anxiety _____ Fear _____ Memory _____ Apathy _____ Gluttony _____ Moodiness _____ Bitterness _____ Guilt _____ Rebellion _____ Change in lifestyle _____ Health _____ Sex _____ Children _____ Homosexuality _____ Sleep _____ Depression _____ Impotence _____ Wife abuse _____ Deception _____ In-laws _____ A vice _____

Please take your time in answering the following questions:

State in your own words the nature of the main problem(s) that bring you for Biblical counseling:

When did your problems begin? Please specify a date if possible.

Please describe any significant events occurring at that time:

What have you done to try to resolve your problem(s):

What would you like us to do for you? What kind of help do you expect?

Is there any other information we should know?