



The Biblical Counseling Center

ARE YOU INTERESTED IN PASTORAL COUNSELING?

Then please read what follows:

Have you been having trouble? Don't know what to do or where to turn? The staff of The Biblical Counseling Center want you to know that they are available to help. You may apply for help by phoning the church at (716) 773-7303.

There are, however, several conditions upon which outside counseling cases will be initiated. They are as follows:

1. Counseling of members of the Bible Presbyterian Church always takes precedent over all outside counseling.
2. Counseling will be done by one pastor or the other, such decisions will be made by the pastors.
3. All counseling will be conducted in accordance with the pastor's understanding of the Scriptures. Your counseling will be Biblical, pastoral in which the Scriptures are in all cases the final authority. If you are not sure that you will be interested in Biblically-based counseling, you will be given the option of attending one or two sessions to discover what Biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling,. Sessions will be terminated
4. If you are a member of another church, it will be necessary for your pastor to be notified and to allow him to accompany you to counseling sessions. This is important since we want to recognize and respect the authority and the discipline of other congregations. And, in addition, this makes transfer back to the pastoral care of your church a lot easier to effect.
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. Information disclosed in counseling sessions will be held confidential only as the counselor

believes the Bible requires. Absolute confidentiality is not Scriptural; matters of church discipline (cf. Matthew 18:15 ff.) for instance, under certain circumstances, require one to disclose facts to others.

7. All counseling is done free of charge as a ministry of the Bible Presbyterian Church of Grand Island. Sometime, out of gratitude, one may wish to express his thanks in a tangible way. In such cases, checks should be made out to the church, not in a pastor's name.
8. 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 implements that advice.

We are confident that the Bible has all of the information necessary for life and godliness. There are no problems between persons that the Bible fails to address either in general or specific principles. While our counselors do not pretend to know all there is to know about Biblical teaching and its application to life, nevertheless, they do know much and will do their utmost to help you.

Counselors will honestly tell you if they are stymied and will seek help. If you are interested in counseling, kindly sign below as indicated.

I have read the conditions for counseling set forth in this paper and agree to enter into counseling in accordance with them.

Signed: _____ Date: _____



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INCOMING INFORMATION RELEASE

TO: _____ DATE: _____

ADDRESS: _____

_____ is involved in counseling with
(Name of Client)

Rev. Kevin M. Backus of The Biblical Counseling Center, Grand Island, NY. We would appreciate your sending us any information that you have that would assist us in working with this person. Feel free to contact us if you have any questions. Thank you in advance for your assistance.

Sincerely,

Rev. Kevin M. Backus Ph.D.

I hereby give permission to Rev. Kevin M. Backus of The Biblical Counseling Center, Grand Island, NY to receive any medical, psychological, educational, or social reports concerning:

NAME: _____ BIRTH DATE: _____

ADDRESS: _____ SEX: _____

_____ PHONE: _____

(Signature of Client)

(Date)

(Signature of Witness)

(Date)

This request expires in six months or when the counseling relationship in terminated - whichever occurs later. The client has the right, however, to revoke this consent at any prior time.



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PERSONAL DATA INVENTORY

IDENTIFICATION DATA:

Name: _____ Phone: _____
Address: _____ State: _____ Zip: _____
Occupation: _____

Sex: _____ Birth Date: _____ Age: _____
Marital Status: Single _____ Going Steady _____ Married _____ Separated _____ Divorced _____ Widowed _____

Education: (last year completed) _____ Other training (list type and years) _____

Referred here by: _____ Address: _____

HEALTH INFORMATION:

Rate your health (check): Very Good _____ Average _____ Declining _____ Other _____

Weight Changes Recently: Lost _____ Gained _____

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

Date of last medical examination: _____ Report: _____

Your physician: _____ Address: _____

Are you presently taking medication? Yes _____ No _____ State circumstances: _____

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

RELIGIOUS BACKGROUND:

Denominational preference: _____ Member: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood: _____ Baptized: Yes _____ No _____

Religious background of spouse: _____

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

Do you believe in God? Never _____ Occasionally _____ Often _____

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

How frequently do you read the Bible? Never _____ Occasionally _____ Often _____

Do you have regular family devotions? Yes _____ No _____

Explain recent changes in your religious life, if any: _____

MARRIAGE AND FAMILY INFORMATION:

Name of spouse: _____ Address: _____

Phone: _____ Occupation: _____ Business Phone: _____

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

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

Have you ever been separated? Yes _____ No _____ When? From _____ to _____

Has either of you filed for divorce? 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 with spouse _____ Length of engagement _____

Give brief information about any previous marriages:

Information about Children:

PM*	Name	Age	Sex	Living	Deceased	Education in years	Marital Status

*Check this column if child is by previous marriage

If you were reared 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?

Have there been any deaths in the family during the last year? Yes _____ No _____

If yes, who and when? _____

PERSONALITY INFORMATION:

Have you used drugs for other than medical purposes? Yes _____ No _____ If yes, what? _____

Have you ever had a severe emotional upset? Yes _____ No _____ If yes, explain: _____

Have you ever had any psychotherapy or counseling before? Yes _____ No _____

If yes, list counselor or therapist and dates: _____

What was the outcome? _____

Circle any of the following words that best describe you now : Ambitious Self-confident Persistent Nervous
Hardworking Inpatient Impulsive Moody Often-blue Excitable Imaginative Calm Serious Easy-
going Shy Good-natured Introvert Extravert Likable Leader Quiet Hard-boiled Submissive Self-
conscious Lonely Sensitive Other:

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

Do people's faces ever seem distorted? Yes _____ No _____

Do you ever have difficulty distinguishing faces? Yes _____ No _____

Do colors ever seem too bright? Yes _____ No _____

Are you sometimes unable to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

Is your hearing exceptionally good? Yes _____ No _____

Do you have problems sleeping? Yes _____ No _____

How many hours of sleep do you average each night? _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is your problem? (What brings you here?)

2. What have you done about it?

3. What do you want us to do? (What are your expectations in coming here?)

4. What brings you here at this time?

5. Is there any other information we should know?