

# Hope Biblical Counseling

## A Discipleship Ministry of Webster Bible Church

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Dear Friend,

Welcome to HBC. We know how hard it is to ask for help, and we understand that it takes courage, faith and humility to take that step. It is our prayer that the Lord will bless this initial step and our subsequent counseling sessions.

Our mission is two-fold. **First**, we provide training for counseling that is biblical, high quality and Christ-centered. **Second**, our counseling is for individuals and families who are hurting and in conflict. To complete our mission, the process of counseling may involve supervision by a ‘fellow’ associated with ACBC (Association of Certified Biblical Counselors). Some counseling sessions may be recorded or attended by an observer who will take notes on how to counsel biblically. The observers sign confidentiality forms and are instructed to pray each week for those that they observe.

**Forms:** Your next step is to complete the attached forms. Please print out a set for each person seeking counsel and allow enough time to complete the forms thoroughly. Then, bring them with you for your scheduled time and be here approximately ten minutes early for the first appointment in order to process the forms and have them ready for the counselor.

**Costs/Donations:** While you are not obligated to pay for the counseling you receive, we are in constant need of donations in order to continue to provide counseling for those in need. It costs the Webster Bible Church to service you, so we would ask that you prayerfully consider donating whatever you are able to afford each week. As God’s word says, “the worker is worthy of his wages” (Matt. 10:10). Your gifts are considered tax deductible as well. Since we are donation based, and not fee based, we don’t want to make the cost of counseling a hindrance for anyone seeking help. Donations may be made to Webster Bible Church.

**Resources:** Besides the Bible, we may suggest that you listen to audios or purchase CDs and /or books to help you deal with your particular problems. You are not obligated to purchase anything from us, but we attempt to sell the resources at our cost. Please bring either cash or check for these purchases; we prefer that method of payment over credit card, if possible.

**Childcare:** We do not offer child care, so we ask that you obtain a babysitter for your children, but if that is not possible and your children are old enough and able to sit and /or play quietly in our nursery, you may ask us about that possibility beforehand.

Feel free to call the office (585-872-5150, extension 255) should you have any questions at this time.

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. Is there any other information we should know?

# PERSONAL DATA INVENTORY

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*(CONFIDENTIAL\*)*

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

Place of employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Going Steady \_\_\_\_\_ Separated \_\_\_\_\_

Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Education (last year completed): \_\_\_\_\_ Degrees or certificates: \_\_\_\_\_

Other training: \_\_\_\_\_

Referred here by: \_\_\_\_\_

## Health Information:

Rate your health (check): Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Poor \_\_\_\_\_

Weigh changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_ (number of pounds)

List all important present or past illnesses or injuries or handicaps: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_

\*All information provided on this form will be kept confidential in the same manner as that disclosed during counseling sessions. Please see our Confidentiality Policy.

Report: \_\_\_\_\_

Physician's name and address \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_\_ No \_\_\_\_ (We want to make sure that any serious incidents in your past have been dealt with in a biblical manner.) When? \_\_\_\_\_

State circumstances: \_\_\_\_\_

If the counselor believes that it would be helpful to see your social, psychiatric or medical reports, would you be willing to sign a release of information form? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Religious Background:**

Denominational preference: \_\_\_\_\_

Membership: \_\_\_\_\_

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

Church attended in childhood \_\_\_\_\_

Religious background of spouse (if married) \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_ No \_\_\_\_ Uncertain \_\_\_\_

Do you pray to God? Yes \_\_\_\_ No \_\_\_\_ Occasionally \_\_\_\_ Often \_\_\_\_

Are you saved? Yes \_\_\_\_ No \_\_\_\_ Not sure what you mean \_\_\_\_

Have you been baptized? Yes \_\_\_\_ No \_\_\_\_ At what age? \_\_\_\_

How frequently do you read the Bible? Never \_\_\_\_ Occasionally \_\_\_\_ Often \_\_\_\_

Do you have regular family devotions? Yes \_\_\_\_ No \_\_\_\_

Explain any recent changes in your religious life: \_\_\_\_\_

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## Marriage and Family Information:

Name of spouse: \_\_\_\_\_

Address (If different) \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Business phone \_\_\_\_\_

Spouse's age \_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_

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

Have you ever been separated? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_

Date of marriage \_\_\_\_\_

Your ages when married: Husband \_\_\_\_ Wife \_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of dating with spouse: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

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## Information about children:

PM**	Name	Age	Sex	Living?	Education	Marital Status
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

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

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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 \_\_\_\_

Who and when: \_\_\_\_\_

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**Personality Information:**

Have you ever used drugs for other than medical purposes? Yes \_\_\_\_ No \_\_\_\_

What: \_\_\_\_\_

When: \_\_\_\_\_

Have you ever had a severe emotional upset? Yes \_\_\_\_ No \_\_\_\_

Explain : \_\_\_\_\_

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

If yes, list dates:

\_\_\_\_\_

What was the outcome? \_\_\_\_\_

Circle any of the following words that best describe you now:

Active ambitious self-confident persistent nervous hardworking impatient

Impulsive moody often-blue excitable imaginative calm serious easy-going

Shy good-natured introvert extrovert likable leader quiet hard-boiled

Submissive self-conscious lonely sensitive other \_\_\_\_\_

Have you ever had hallucinations? Yes \_\_\_\_ No \_\_\_\_

Do you have problems sleeping? Yes \_\_\_\_ No \_\_\_\_

How many hours of sleep do you average each night? \_\_\_\_

**Pastoral Information:**

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Address \_\_\_\_\_ Phone \_\_\_\_\_

Permission to consult with pastor as deemed helpful by counselor:

Yes \_\_\_\_ No \_\_\_\_

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