

# Youth Personal Data Inventory

Date \_\_\_\_\_

## Identification Data

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Email Address \_\_\_\_\_

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

Job /School Information \_\_\_\_\_

## Parent / Guardian Information

Parent / Guardian Names \_\_\_\_\_

Phones - Mother: Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Father: Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birth Dates: Mother \_\_\_\_\_ Father \_\_\_\_\_

Custodial Parent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Mother Occupation / Employer: \_\_\_\_\_ Father Occupation / Employer: \_\_\_\_\_

Mother Education (last year completed): \_\_\_\_\_ Father Education (last year completed): \_\_\_\_\_

## Parents' Marital Status:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Youth primarily resides with** (check all that apply – also, please print the name of the person with whom the child resides):

- ◇ Mother
- ◇ Parent's boy/girlfriend \_\_\_\_\_
- ◇ Uncle \_\_\_\_\_
- ◇ Father
- ◇ Grandfather \_\_\_\_\_
- ◇ Aunt \_\_\_\_\_
- ◇ Step-Parent \_\_\_\_\_
- ◇ Grandmother \_\_\_\_\_
- ◇ Adoptive parents \_\_\_\_\_

If you were raised by anyone other than your own parents, briefly explain: \_\_\_\_\_

## Youth in Counseling:

Is your child coming to counseling voluntarily? Yes ( ) No ( ) Uncertain ( )

Has your child ever lived outside the home? Yes ( ) No ( ) When?

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

\_\_\_\_\_

\_\_\_\_\_

Information about siblings:

Name	Age	Gender	Living? Yes / No	Marital Status Yes / No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*\* Indicate if sibling is by another marriage or adoption*

**Health Information:**

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

Height \_\_\_\_\_

Your approximate weight \_\_\_\_\_ lbs. Weight changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

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

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

Your physician \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you presently taking medication? Yes  No  What? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes (  ) No (  ) What? \_\_\_\_\_

Have you had a problem with alcohol or drug abuse(prescription or non-prescription) \_\_\_\_\_

Have you ever had a severe emotional upset? Yes (  ) No (  ) Explain: \_\_\_\_\_

Have you ever been physically abused? \_\_\_\_\_

Have you ever been sexually molested? \_\_\_\_\_

Have you ever been arrested? Yes (  ) No (  )

Have you had counseling, psychotherapy, or seen a psychiatrist before? Yes (  ) No (  ) \*If Yes, list below:

Age	Duration	Name of Counseling/Center	Issue/Topics/Diagnosis	Evaluation/Result
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*\*use back of page if needed*

**Religious Background:**

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

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

Church attended: \_\_\_\_\_ Baptized? Yes \_\_\_ No \_\_\_

Do you consider yourself a religious person? Yes\_ No \_\_\_ Uncertain \_\_\_

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

Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

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

How much 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 \_\_\_\_\_

**Personality Information:**

Circle any of the following words which 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 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 \_\_\_ Too dull? Yes \_\_\_ No \_\_\_

Are you sometimes unable to judge distance? Yes\_ No \_\_\_

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

Are you afraid of being in a car? Yes No \_\_\_

Is your hearing exceptionally good? Yes \_\_\_ No \_\_\_

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

**Other Information:**

Any children? Yes ( ) No ( ) If Yes, please list below:

Name	Age	Gender	Living?	Yes / No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME \_\_\_\_\_

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?

## **Consent to Biblical Counseling**

### West Cannon Baptist Church

#### **Our Goal**

Our goal in providing biblical 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. (II Peter 1:3 and Romans 15:4) Therefore, our counseling is based solely on scriptural principles rather than those of secular psychology or psychiatry.

#### **Our Counselors**

All of our counselors are certified or currently pursuing their ACBC (*Association of Certified Biblical Counselors*) certification in counseling. The certifying process is a rigorous process which consists of the completion of an approved training course, the completion of a theological and a practical counseling test, several references, and a minimum of 50 hours of supervised counseling experience.

#### Appointment Cancellation Policy

1. The counselee is asked to cancel an appointment at least 24 hours in advance. This will enable another person to take advantage of that counseling hour, helping each of us to be a good steward of time and resources.
2. Appointments can be cancelled by calling 616-874-6740. If you reach the answering machine, please leave your name, telephone number, and message. The machine is monitored regularly to receive all messages.
3. Two cancelled appointments allowed. A third cancelled appointment constitutes permanent termination of future counseling sessions.

#### Counselor-In-Training Observation Consent

1. I give permission to the biblical counselor to allow counselors-in-training to observe during my counseling session.
2. The counselors-in-training will not participate in my counseling session, but quietly observe. I understand the purpose of their observation is to develop their counseling skills.
3. I understand that my counselor will dialogue with the counselors-in-training about my counseling session to develop their counseling skills, and the counselors-in-training will maintain the strictest and highest level of confidentiality

#### **Confidentiality**

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information our counselees entrust to us. Counseling at WCBC, including statements made during counseling, shall remain confidential, with the following qualifications and exceptions:

1. Counselors shall be free to discuss counseling sessions and cases with other WCBC counselors and Pastors/Elders of West Cannon Baptist Church, Belmont, Michigan in order to gain benefit of additional insight and input;

2. Counselors and Pastors shall be entitled to seek confidential legal opinion or advice from an attorney when it is deemed appropriate and helpful;
3. If any WCBC policy concerning the reporting of child abuse or child neglect, or reporting of elder abuse or elder neglect, mandates a report to Child Protective Services or other authorities in compliance with the laws of the state of Michigan, then such report will be made;
4. If a suicide risk is indicated, the counselors or Pastors may seek necessary help and make whatever reports or disclosures as they deem to be proper and necessary;
5. If a counselee indicates an intention to commit a crime, such intention may be reported and disclosed to the proper authorities;
6. If the counselee is a member of a local church other than West Cannon Baptist Church, and if the Pastors/Elders of West Cannon Baptist Church deem it necessary or helpful to communicate information or facts to the pastor of the counselee's local church, they may do so.
7. 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).

Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible. Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

***If these guidelines are acceptable to you, please sign below.***

I, \_\_\_\_\_, grant permission for West Cannon  
*(print name of parent or guardian)*

Baptist Church Biblical Counseling Ministry to render counseling services to me and the names listed below (minors):

Name	Age	Gender
_____		
_____		

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_