



## Lighthouse Biblical Counseling Center 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: \_\_\_\_\_

Work Phone: \_\_\_\_\_ OK to contact at work?  Yes  No

Email Address: \_\_\_\_\_

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

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

Referred to LBCC by: \_\_\_\_\_

What church do you attend and for how long? \_\_\_\_\_

\_\_\_\_\_

If not currently attending church, when last did you attend and where? \_\_\_\_\_

\_\_\_\_\_

Who else knows of the situation that brings you in to us for help?

\_\_\_\_\_

### Personal History

<u>Parents: Name</u>	<u>Age (if living)</u>	<u>Occupation</u>	<u>Marital Status</u>
Father _____			
Mother _____			

Guardian: \_\_\_\_\_ (if applicable)

Which parent raised you? \_\_\_\_\_

Describe relationship with your father \_\_\_\_\_

Describe relationship with your mother \_\_\_\_\_

Did you live with anyone other than parents? \_\_\_\_\_

**Siblings:      Name                                      Age(if living)                                      Marital Status**

- 1.
- 2.
- 3.
- 4.
- 5.

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, when did they die, how 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: \_\_\_\_\_

**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    Living at Home    Age    Marital status    Occupation**

- 1.
- 2.
- 3.
- 4.

Date of marriage \_\_\_\_\_ Length of dating \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating \_\_\_\_\_

\_\_\_\_\_

Children from your previous marriages (if applicable)

- 1.
- 2.
- 3.
- 4.

Children from your spouse's previous marriages (if applicable)

- 1.
- 2.
- 3.
- 4.

## Health History

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

Do you have any chronic conditions, if so list them? \_\_\_\_\_

### **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 \_\_\_\_\_ Diabetes \_\_\_\_\_  
Constant hunger \_\_\_\_\_ Foodcravings \_\_\_\_\_ Hypoglycemia \_\_\_\_\_  
Changes 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? If so, how long ago?

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 \_\_\_\_\_?

Have you ever had an abortion or miscarriage? \_\_\_\_\_. If so, when \_\_\_\_\_

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: \_\_\_\_\_

Are you a 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 likable 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

**On a scale from 1-10 (10 being very well) rate yourself on these spiritual areas:**

**Humility \_\_\_ Bible reading \_\_\_ Prayer \_\_\_ Honesty \_\_\_ Obeying God \_\_\_  
Serving others \_\_\_ Compassion \_\_\_ Sin Confession**

**Please take your time in answering the following questions:**

1. State in your own words the nature of the main problem(s) that bring you for Biblical counseling?
2. Does your Pastor or anyone in leadership know about your current situation?
3. If so, how have they helped you?
4. When did your problems begin? Please specify a date if possible.
5. Please describe any significant events occurring at that time.
6. Would you say you have contributed to this problem? If so, in what way?





## Lighthouse Biblical Counseling Center Consent to Biblical Counsel

**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. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry.

**Not Professional Advice** – Some of our Biblical counselors work in professional fields outside the counseling center. When serving as Biblical counselors within the counseling center, however, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore, if you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our lay Biblical counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principle.

**Confidentiality** – Confidentiality is an important aspect of the Biblical 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: When a biblical counselor is uncertain of how to address a particular problem and seeks advice from a pastor or biblical counselor in this counseling center; when there is clear indication that someone may be harmed unless others intervene or when a counselor(s) work(s) with (a) counselor(s) in training. Please be assured that our Biblical 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.

**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 will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with this counseling center as a result of counseling will be settled by mediation within the counseling center according to the principles of scripture and the authority of this counseling center.

**Faithful Attendance** – As part of your assigned homework from your counselor we expect you to faithfully attend Sunday morning worship at your current church. If you do not have a church, you are expected to attend Lighthouse on the Rock fellowship. 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.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_





## Lighthouse Biblical Counseling Center

### COUNSELEE CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize and consent to allow the herein designated individual(s) to release personal information gained through our counseling sessions to the individual(s) and/or organization(s) named below:

*Individual(s) who may release information about me:*

1. \_\_\_\_\_
2. \_\_\_\_\_

*Individual(s) and organization(s) to whom information may be released:*

1. \_\_\_\_\_
2. \_\_\_\_\_

*Specific information to not be released: (check here \_\_\_\_\_ if no restriction):*

1. \_\_\_\_\_
2. \_\_\_\_\_

*The purpose for this release:*

1. \_\_\_\_\_
2. \_\_\_\_\_

I understand that I have no obligation to disclose this requested information and may revoke this consent at any time by informing any and all individuals or organizations listed above.

I waive, on behalf of myself and any persons who may have an interest in this matter, all provisions of the law relating to the disclosure of confidential information and release you from all legal responsibility or liability that may arise from this authorization.

\_\_\_\_\_  
Counselee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relation to counselee (relative if minor)

\_\_\_\_\_  
Date

**LIGHTHOUSE BIBLICAL COUNSELING CENTER**

**Guidelines for Weekly Counseling Contract**

***Although LBCC does not charge for counseling, there is a suggested donation of \$40.00 which is tax deductible, as well as, a charge for all books and material given for homework assignments. Checks can be made out to Lighthouse Biblical Counseling Center or you can donate on-line. Thank you.***

1. I understand my weekly or bi-weekly counseling session is 60 minutes. (To be determined by the counselor.)
2. I understand, I am expected to arrive promptly every week for my weekly counseling session.
3. I understand my time changes can only be made with the consent of the Counselor. If a time change is not made, and you do not keep your appointment you will lose that week's session.
4. I understand, if I am unable to keep my scheduled counseling appointment, I must call the office IN ADVANCE and notify my counselor. The number to do this is (859) 428-1862. Failure to comply with this request will be documented.
5. I understand, LBCC must receive my homework one day before my scheduled session. If we do not receive your homework on time, LBCC reserves the right to cancel your appointment for that week.
6. I understand only two missed sessions will be permitted. After the third time you fail to call without notifying your counselor prior to your scheduled time, your counseling with LBCC will be terminate.
7. I understand that part of my counseling requirements will be to attend Lighthouse on the Rock Fellowship services every week, while I am in counseling; if I do not already have a home church.

**Counseling Telephone Number: (859) 823-0019**

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Signature

Date

Revised December 2022