



PERSONAL DATA INVENTORY

Name: _____

(list all that apply - check preferred method of contact)

Home phone: _____

Cell phone: _____ (Text: Y / N)

Email: _____

FB: _____ Instagram: _____

Business Phone: _____

Age: _____ Date of Birth: ____/____/____ Sex: (M / F)

Address: _____

City: _____ State: _____ Zipcode: _____

Occupation: _____

Status: Single ___ Dating ___ Married ___ Separated ___ Divorced ___ Widowed ___

Education: _____

Other training (List the type and years completed):

Referred To Fishers Farm by: _____

HEALTH INFORMATION

Rate your health by checking the box:

Very Good: _____ Good: _____ Average: _____ Declining: _____ Other: _____

Weight Changes in the last six months Lost: _____ Gained: _____

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

Date of last medical examination: _____/_____/_____

Report: _____

Do you take any medications: Yes: _____ No: _____

If yes, please list them: _____

Do you use Alcohol or other drugs? _____

Have you ever been arrested? _____

Have you used drugs for other than medical purposes? _____

Have you had a severe emotional upset? _____

(If so, explain) _____

Have you recently suffered the loss of someone close to you? _____

(If so, explain) _____

Have you recently suffered loss from serious social, business or other reversals? _____

(If so, explain) _____

CHURCH BACKGROUND

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

Church attended: _____

Are you a member or serving in ministry? _____

(If so, explain) _____

Baptized: Yes ___ No ___

Do you attend a regular small group or Life Group? _____

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

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

How often do you pray to God?

Never: _____ Rarely: _____ Occasionally: _____ Often: _____

How often do you read your Bible?

Never: _____ Rarely: _____ Occasionally: _____ Often: _____

How often do you have regular family devotions?

Never: _____ Rarely: _____ Occasionally: _____ Often: _____

Explain any recent changes in your spiritual life:

PERSONALITY INFORMATION

What do you think counseling is all about?

Have you ever had any psychotherapy or counseling before?

Yes _____ No _____

If yes, list counselor or therapist and dates: _____

What was the outcome? _____

What kind of involvement do you think a counselor should have in your life?

CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW:

*active ambitious self-confident persistent nervous hardworking
impatient impulsive calm moody often-blue excitable imaginative
serious easy-going shy good natured introvert extrovert likeable
leader quiet hard-boiled submissive lonely self-conscious sensitive other*

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

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

Do colors ever seem too bright? Yes _____ No _____

Do colors ever seem 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 ____

MARRIAGE AND FAMILY INFORMATION

Name of spouse: _____ Phone: _____

Address of spouse: _____

Spouse's Occupation: _____

Your spouse's age: _____

Is spouse willing to come for counseling? Yes ____ No ____

Spiritual background of spouse: _____

Have you ever been separated? Yes: _____ No: _____

If so, when? _____

Date of marriage: _____

Your ages when married: Husband: _____ Wife: _____

How long did you know your spouse before marriage? _____

Length of steady dating of spouse before marriage: _____

Length of engagement: _____

4. As you see yourself, what kind of person are you? Describe yourself.

5. What, if anything, do you fear?

6. Is there any other information we should know?



BIBLICAL COUNSELING POLICY

Sound biblical and compassionate shepherd care are some of the blessings God has given his people in the person of pastors and teachers. We thank God with you that these resources are available as part of the ministry of Fishers Farm.

The counsel is pastoral in nature intended to provide you with sound biblical instruction and application to the issues of life. The counsel you receive is not intended to be professional mental health care or legal counsel. The counselor you speak with has not received specialized training in medicine, psychology, psychiatry, or law.

Fishers farm will honor the principal of disclosure of information only on a need to know basis. It is the policy fishers farm to report to appropriate persons and legal authorities evidence of child abuse, evidence of elder or dependent adult abuse, threat of physical harm to another, threat of self-inflicted physical harm, and information that poses a threat or harm to members of Fishers Farm. At Fishers Farm, we are continually training others to be biblical counselors. Part of the training includes the opportunity to observe another counselor in actual counseling sessions. Because of this ministry model, we ask that you agree to allow a person or couple who is training to sit in on your counseling sessions for the purpose of prayer, training, and observations.

In your request for biblical care counseling, Fishers Farm and you agree that any dispute arising out of the care relationship between you and fishers farm and an employee, trainee, or volunteer of Fishers Farm, the exclusive forum for resolving the dispute are mediation, and consultation and if necessary, arbitration services of a mutual agreed upon Christian mediator/arbitrator. Any resulting arbitration is mutually agreed to be binding on all parties. I have read, understood and agreed to be bound by the above stated policies of fishers farm. In addition, I authorize release of the information accordingly.

I, the undersigned, give permission for counseling to proceed:

Signature: _____ Date: _____

Parent's signature (If counselee is under 18 years of age):

_____ Date: _____



COUNSELING AGREEMENT

Counselor Name: _____

I understand that my counselor is counseling from the Word of God and that no outside resources (specifically psychological input) shall be used during any of the counseling sessions. I understand that my counselor is not certified by the state, rather is held to the Word of God and the standards that come from within the Bible.

In addition to this, I understand that my counselor will be opposed to any outside counseling that I might be involved in. I will stop counseling with anyone else and allow my counselor to be the only one to counsel me. I understand that if I have more counselors than one, that I am putting myself at risk for confusion, which will only add to my problems.

I will be required to go to church once a weekend during counseling. This is to allow for further counseling from the Word of God. If I fail to go to church one weekend, counseling will be suspended for that week and that week only. I understand that if I am too busy to spend one hour of my time with God on Sunday morning, then I am too busy to spend an hour of my time in counseling with my counselor.

In addition to this, I will be on time for all counseling appointments. I understand that my counselor will only wait for ten minutes after my scheduled counseling appointment before he/she leaves. Each time we meet, I understand that we will meet for one hour. I will honor and respect his/her time and call to inform him/her if I am going to be late or if I need to reschedule and I will not come to him/her with counseling issues apart from the time that I have scheduled with him/her. I am aware that if I miss two appointments without having called to inform him/her of my situation that he/she will discontinue his/her counseling services with me.

I will be given homework each and every week of counseling and I agree to complete all of the homework given to me before I come to the counseling session. I realize that only through the help and guidance of the Holy Spirit mixed with my own personal involvement can I change into the person who can glorify God. If I fail to do the homework assigned to me, I will have a valid reason for why I was not able to complete the homework. In addition, if I go three weeks without doing my homework,

my counselor will understand that I do not want to change and he/she will discontinue counseling until the point in time that I am willing to change.

Finally, I believe that God can change me and make me into the person that He wants me to be through having the Holy Spirit in my life and obeying God's Word.

I have read and agree to counseling under these terms:

Signature _____ Date: _____

Parent's signature (If counselee is under 18 years of age):

_____ Date: _____