



## Personal Information Form: USA Ministry Leader

Everyone needs biblical hope, care, and renewal in every stage of life, and God graciously supplies us with His sufficient hope and help (Rom. 15:4; 15:13). We consider it a great privilege to walk alongside you in your current season of life. By God's grace, we desire to provide you with excellent biblical counseling care, and this "Personal Information" form helps us to accomplish this. *Please fill out this form to the best of your ability, so that we may get to know you and your life situation.* - SICM

### GENERAL INFORMATION

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Referred to us by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation(s) (Ministry and/or other): \_\_\_\_\_

Education:  Elementary  High School  GED  College  Graduate/Seminary

Degree(s): \_\_\_\_\_

Other Training (Please list type and years):  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status:  Single  Engaged  Married  Separated  Divorced  Remarried  Widowed

Siblings: Older Brothers: \_\_\_ Older Sisters: \_\_\_ Younger Brothers: \_\_\_ Younger Sisters: \_\_\_

### MARRIAGE & FAMILY INFORMATION

Name of Spouse: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation(s) (Ministry and/or other): \_\_\_\_\_

Education:  Elementary  High School  GED  College  Graduate/Seminary

Degree(s): \_\_\_\_\_

Other Training (Please list type and years):  
\_\_\_\_\_  
\_\_\_\_\_

Does your spouse know you are coming for counseling?  Yes  No

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

Have you ever been separated?  Yes  No When? From: \_\_\_\_\_ Till: \_\_\_\_\_

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

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

Length of steady dating before marriage: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

How often do you spend meaningful time with your spouse outside of your regular ministry activities?

Not often  Occasionally  Regularly

If applicable, please give brief information about any previous marriages:

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Information about children:

**\*Please place "PM" beside any children from a previous marriage**

**\*Please place "NL" beside any children not living**

**\*Please place "A" beside any adopted children**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Education: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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Does your family regularly read the Bible and pray together?  Yes  No

## HEALTH INFORMATION

Approximately how many hours of sleep do you get each night? \_\_\_\_\_

When do you go to sleep at night? \_\_\_\_\_ When do you get up? \_\_\_\_\_

Rate your health:  Excellent  Good  Average  Poor  Declining

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Any weight changes recently? \_\_\_\_\_

Do you have any chronic medical conditions? Please list and describe:

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

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Date of last medical examination: \_\_\_\_\_ What was the report? \_\_\_\_\_

Name and address of your physician:

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Are you presently taking medication?  Yes  No

Medication(s): \_\_\_\_\_  
\_\_\_\_\_

Have you ever used illegal or abused prescription drugs?  Yes  No  Unsure

How much alcohol do you consume?  Daily  Weekly  Occasionally  Very little  Never

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

How many times per week do you exercise? What type of exercise?

Do you have any diet restrictions? \_\_\_\_\_

How would you rate your overall eating habits?  Poor  Good  Excellent

### **RELIGIOUS INFORMATION**

Have you come to a place in your spiritual life where you know for certain that if you were to die today you would go to heaven?  Yes  No  Uncertain

Suppose you died today, and God asked you: "Why should I let you into my heaven?" What would you say?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been baptized?  Yes  No

How would you describe what God is like?

\_\_\_\_\_  
\_\_\_\_\_

Number of days you read the Bible in any given week (Circle or highlight):

0    1    2    3    4    5    6    7

How often do you pray to God?  Rarely  Occasionally  Daily

What do you pray for?

\_\_\_\_\_  
\_\_\_\_\_

Explain any recent changes in your spiritual life, if any?

\_\_\_\_\_  
\_\_\_\_\_

Religious background of spouse: \_\_\_\_\_

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

Church attended in childhood: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of church you attend: \_\_\_\_\_ City/State: \_\_\_\_\_

Name of pastor: \_\_\_\_\_

Do you have any other leaders in your church? (List their names and positions):

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Do you consider yourself to be spiritually accountable to anyone? Who?

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Number of church services you attend per month (Circle or highlight):

0    1    2    3    4    5    6    7    8    9    10    10+

## **PERSONAL INFORMATION**

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

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What are your some of your favorite things to do?

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What does a typical day look like for you?

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What relationships give you the most joy? The most sorrow?

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What do you see as your greatest strength? Greatest weakness?

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Check off any of the following words which best describe you now:

- |                                      |                                      |                                     |                                     |                                    |   |
|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Active      | <input type="checkbox"/> Ambitious   | <input type="checkbox"/> Lonely     | <input type="checkbox"/> Persistent | <input type="checkbox"/> Anxious   | <input type="checkbox"/> Self-confident     |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Impatient   | <input type="checkbox"/> Impulsive  | <input type="checkbox"/> Moody      | <input type="checkbox"/> Often sad | <input type="checkbox"/> Angry              |
| <input type="checkbox"/> Excitable   | <input type="checkbox"/> Imaginative | <input type="checkbox"/> Calm       | <input type="checkbox"/> Serious    | <input type="checkbox"/> Easygoing | <input type="checkbox"/> Bitter             |
| <input type="checkbox"/> Shy         | <input type="checkbox"/> Fearful     | <input type="checkbox"/> Introvert  | <input type="checkbox"/> Extrovert  | <input type="checkbox"/> Likeable  | <input type="checkbox"/> Self-conscious     |
| <input type="checkbox"/> Leader      | <input type="checkbox"/> Quiet       | <input type="checkbox"/> Inflexible | <input type="checkbox"/> Submissive | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Performance-driven |

## **MINISTRY INFORMATION**

What do you see as the best or most fulfilling aspect of your present ministry?

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What do you see as the most difficult or challenging aspect of your present ministry?

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How often do you take personal time off or breaks from your ministry?

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Who do you consider your closest companion(s) in your present ministry?

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How long have you been in your present ministry? Any prior ministries?

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### **HISTORY INFORMATION**

Have you dealt with severe emotional struggles in the past or present?  Yes  No

Have you experienced any traumatic events?  Yes  No  Uncertain

If yes, what? \_\_\_\_\_

Have you ever had any therapy or counseling before?  Yes  No

If yes, please list therapist or counselor and dates:

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What was the outcome or result of your previous therapy/counseling?

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At any time, have you:

Felt people were watching you?  Yes  No

Had difficulty recognizing faces?  Yes  No

Been unable to judge distance?  Yes  No

Had visual hallucinations?  Yes  No

Had auditory (hearing) hallucinations?  Yes  No

Been addicted to anything?  Yes  No

Have you ever been arrested?  Yes  No Reason: \_\_\_\_\_

List any fears or worries you have:

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## **FIVE BASIC QUESTIONS**

1. What are the main issues you are struggling with at this time? When did you first begin to experience these problems?

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2. What have you done about it?

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3. What do you hope is accomplished by coming to counseling at this time? (Your expectations?)

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4. What circumstances led you to seek counsel here at this time?

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5. What other information is important to your specific situation that you would like for us to know?

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**\*\*PLEASE READ AND SIGN THE CONSENT TO COUNSEL FORM BELOW TO COMPLETE THIS FORM\*\***

# Distinctives and Consent to Counsel

## Our Confidence in Biblical Counseling

At Selah International Counseling Ministries, we are confident that the Bible contains all the necessary information for your life and your need for godliness (2 Peter 1:24). We do not need to go outside its pages to find the answers. Though it is not a medical book, it is a spiritual, relational, and behavioral Book from God Himself. When God's Word speaks to our problem or trouble, it is the authority in explaining why the problem exists. There is no other book or counsel so worthy of our attention as we seek explanations and solutions to all our woes. Those who put their hope in His Word will never be ashamed. If we follow His counsel, we will always be led in the right way – to a deeper faith and practical obedience in Jesus Christ. Simply stated, the Bible guides us through our problems to Jesus Christ. There is not and never will be another counselor more wise, more powerful, more loving, more insightful, and more worthy than Him. In Him, we will find all we need. He is sufficient and His Word is sufficient in leading us to Him.

## What You Can Expect

- 1) We will carefully gather all the information needed to understand your unique situation.
- 2) You will receive biblical hope and encouragement that your problems can be solved.
- 3) You will gain biblical insights into the root causes of your problems.
- 4) You will learn to think and respond to your trouble in ways that will lead to lasting changes and solutions.

## Our Expectations

Please bring your Bible and notebook to take notes (whether in person or virtual), ready to prayerfully work on specific changes God's Word prescribes for you. You will be asked to complete homework between sessions. Each assignment will be relevant to your presenting problem and will help you find biblical resolution more quickly.

It is important for you to attend a local Christian church that believes and teaches God's Word clearly and unashamedly. Fellowship with God's people is essential to promoting and sustaining the things God will be doing in your life through biblical counseling. In some cases, and with your approval, we will ask a Pastor or another mature Christian or to join us in the counseling process for the purpose of supporting you more personally through prayer and a caring relationship.

## Confidentiality Policy

The Bible clearly says gossip is wrong. Therefore, SICM will not release information about counselees except in the few situations required by the Bible or by the law. Those situations are:

- 1) When the information presented by the counselee may involve criminal or illegal practices or if the counselee poses a threat to himself/herself or others.
- 2) When there is a clear indication that someone may be physically or sexually abused unless others intervene.
- 3) When a child or elder over the age of 65 is physically or sexually abused
- 4) When a person persistently refuses to biblically repent of and renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation. (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.

## Cost

It costs Selah International \$130 per session to provide this level of personalized counseling and solutions. However, we do not want financial reasons to keep anyone from receiving biblical counseling. If the cost of counseling is a concern, we have a limited number of scholarships available for those in full-time ministry. Please contact us directly for more information regarding these scholarships at [info@selahinternational.org](mailto:info@selahinternational.org). Please note that we require a notification of one, full business day before a cancellation or rescheduling of an appointment. The only exceptions are in the case of an emergency.

## CONSENT TO COUNSEL (Initial at each number)

\_\_\_\_\_ 1) I agree not to subpoena or require any biblical counselor to appear in any legal proceedings related to any matters or any persons discussed in any counseling appointments; Furthermore, I agree not to attempt to subpoena any notes or records related to the counseling process.

\_\_\_\_\_ 2) I understand that I may be asked to allow two counselors to work together with me on helping me find biblical solutions to the problems. This is because of the benefits to the counselees that this team approach has produced. The primary counselor will be a staff biblical counselor, but a team counselor may join him.

\_\_\_\_\_ 3) I understand SICM counselors do not use psychological models or insights to help me with explaining or solving my problems. I understand that SICM counselors are biblically trained and certified to counsel. I understand SICM seeks to use the Scriptures to interpret, instruct, and inspire solutions.

\_\_\_\_\_ 4) I understand that depending on the presenting issue(s) involved, recommendations for spiritual accountability and transparency with church authority may need to be implemented for ongoing counseling.

## Counselee's Name

(Please Print) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date