



Personal Information Form: Parent of Child (International)

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

FAMILY INFORMATION

Child's Information:

Child's Name: _____ Age: _____

Birth Date: _____ Sex: ☐ Male ☐ Female Grade: _____

Referred to us by: _____ Relationship: _____

Please list the days and times your child is available for counseling sessions between Monday-Friday:

Father's Information:

Father's Name: _____ Age: _____

Address: _____ City: _____

State (if applicable): _____ Zip: _____ Country: _____

Phone #: _____ Email: _____

Occupation(s): _____

Education: ☐ Elementary ☐ High School ☐ GED ☐ College ☐ Graduate/Seminary

Degree(s): _____

Mother's Information:

Mother's Name: _____ Age: _____

Address (if different from Father's address): _____ City: _____

State (if applicable): _____ Zip: _____ Country: _____

Phone #: _____ Email: _____

Occupation(s): _____

Education: ☐ Elementary ☐ High School ☐ GED ☐ College ☐ Graduate/Seminary

Degree(s): _____

Marriage and Children Information:

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widowed

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: _____

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

Do both biological parents live with the child coming for counseling? ☐ Yes ☐ No

Are either of you a stepparent? _____

Who is the child's custodian/guardian(s)? _____

Information about children (include all children, including the one(s) coming for counseling):

***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:

Who currently lives in the same household as the child? (Please list all persons, including any house guests or extended relatives.)

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

Do you have any immediate family members currently living in another country?

YOUR CHILD'S HEALTH INFORMATION

Approximately how many hours of sleep does he/she get each night? _____

When does he/she go to sleep at night? _____ When does he/she get up? _____

Rate his/her health: ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Declining

Weight: _____ Height: _____

Any weight changes recently? _____

Does he/she have any chronic medical conditions? Please list and describe:

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

Date of last medical examination: _____ What was the report? _____

Name and address of his/her physician:

Is he/she presently taking medication? ☐ Yes ☐ No

Medication(s):

Has he/she ever used illegal or abused prescription drugs? ☐ Yes ☐ No ☐ Unsure

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

How many times per week does he/she exercise? What type of exercise?

Does he/she have any dietary restrictions? _____

How would you rate his/her overall eating habits? ☐ Poor ☐ Good ☐ Excellent

PARENTS' RELIGIOUS INFORMATION

Have both you and your spouse repented of your sin and placed your faith in Christ? When?

Have both you and your spouse been baptized? When?

Sending church (if applicable): _____ City/State: _____

Sending church pastor's name: _____

Name of mission board/agency: _____ 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):

Denominational preference: _____

Do both you and your spouse regularly attend church together? ☐ Yes ☐ No

Number of church services your family attends per month (Circle or highlight):

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

Do both parents regularly spend personal time in God's Word and in prayer? ☐ Yes ☐ No

Please explain any recent changes in your spiritual life or your spouse's spiritual life, if any:

YOUR CHILD'S RELIGIOUS INFORMATION

Does your child believe in God? ☐ Yes ☐ No ☐ Uncertain

Has your child repented of his/her sin and placed his/her faith in Christ? When?

Has your child been baptized? When? _____

Is there evidence of faith and a walk with Christ in your child in the past? In the present? Please explain your answer to the best of your ability:

Explain any recent changes in your child's spiritual life, if any:

YOUR CHILD'S PERSONAL INFORMATION

If your child was raised by anyone other than his/her biological parents, please briefly explain:

Was your child born and raised in the place of your current ministry? ☐ Yes ☐ No

If not, please list the age of your child at the time when your family relocated to the place of your current ministry: _____

Where does your child attend school? _____

Does your child speak any foreign languages? How fluently?

Who are your child's closest companions?

What do you see as your child's greatest strength? Greatest weakness?

How does your child handle stress?

Please provide a brief timeline and explanation of any major/impactful events in your child's life:

Check off any of the following words that best describe your child 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 |

YOUR CHILD'S HISTORY INFORMATION

Has your child dealt with severe emotional struggles in his/her past or present? ☐ Yes ☐ No

Has your child experienced any traumatic events? ☐ Yes ☐ No ☐ Uncertain

If yes, what? _____

Has your child ever had therapy or counseling before? ☐ Yes ☐ No

If yes, please list therapist or counselor and dates:

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

At any time, has your child:

Felt people were watching him/her? ☐ 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

List any fears or worries your child has about which you are aware:

FIVE BASIC QUESTIONS

1. What are the main issues your child is struggling with at this time? When did he/she first begin to experience these problems? Is this a time of crisis?

2. What has he/she done about it? What have you as parents done about it?

3. Has anyone in the family experienced similar problems?

4. What do you hope to be accomplished by bringing your child to counseling at this time? What are your expectations?

5. What other information is important to you and your child's situation that you would like for us to know?

****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. 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.

COUNSELEE'S NAME

(Please Print) _____

PARENT/GUARDIAN NAME (If counselee is under the age of 18, guardian authorization is necessary)

(Please Print) _____

Parent/Guardian Signature

Date