



Personal Information Form: Teen (USA)

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 Grade: _____

Referred to us by: _____ Relationship: _____

Please list the days and times you are available for counseling sessions between Monday-Friday:

Do you have a job or do any specific kind of work? _____

Where do you go to school? _____

FAMILY INFORMATION

Parents' Names: _____

Dad's Phone #: _____ Mom's Phone #: _____

Parents' Email Addresses: _____

Parents' Occupation(s): _____

Parents' Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widowed

Do both parents know you are coming for counsel? ☐ Yes ☐ No

Are either of your parents a stepparent? _____

If yes, who do you live with? _____

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

Siblings: Older Brothers: ____ Older Sisters: ____ Younger Brothers: ____ Younger Sisters: ____

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

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

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:

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

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

Name and address of your physician:

Are you presently taking medication? ☐ Yes ☐ No

Medication(s):

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

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

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

Do you have any dietary restrictions?

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

RELIGIOUS INFORMATION

Do you believe in God? ☐ Yes ☐ No ☐ Uncertain

Have you come to a place in your spiritual life where you can say that 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:

Church attended in childhood: _____ City/State: _____

Do you attend the same church as your parents? ☐ Yes ☐ No

Name of church you attend: _____ City/State: _____

Name of pastor: _____

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

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

What does a typical day look like for you?

What are your goals in life?

What do you think you need?

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

Check off any emotions you feel frequently:

- | | | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Bored | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Sad | <input type="checkbox"/> Helpless | <input type="checkbox"/> Content | <input type="checkbox"/> Discouraged |
| <input type="checkbox"/> Sorry | <input type="checkbox"/> Crazy | <input type="checkbox"/> Positive | <input type="checkbox"/> Anxious | <input type="checkbox"/> Ashamed | <input type="checkbox"/> Proud |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Calm | <input type="checkbox"/> Guilty | <input type="checkbox"/> Excited | <input type="checkbox"/> Hyper |
| <input type="checkbox"/> Peaceful | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Regret | <input type="checkbox"/> Shy | <input type="checkbox"/> Negative | <input type="checkbox"/> Embarrassed |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Friendly | <input type="checkbox"/> Happy | <input type="checkbox"/> Loved | <input type="checkbox"/> Afraid | <input type="checkbox"/> Disappointed |

GETTING TO KNOW YOU

What are your favorite subjects? _____

What are your least favorite subjects? _____

What extracurricular activities do you do? _____

What are your favorite things to do? _____

What are your least favorite things to do? _____

What are you good at? _____

What are you not good at? _____

When you are alone, what do you think about? _____

When do you feel happy? _____

What do you worry about? _____

When do you feel sad? _____

Finish this sentence: I can share my feelings better when _____

Who are your favorite people to be with? _____

Who do you find it hard to spend time with? _____

Who do you spend the most time with? _____

What do you like to do with your family? _____

What do you not like to do with your family? _____

Who do you look up to? Why? _____

What do you not like to tell other people? _____

When is it easy to talk to others? _____

Finish this sentence: I wish other people would _____

Who are your safe people? _____

Who are your unsafe people? _____

Check off any of the following words that 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 |

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 therapy or counseling before? ☐ Yes ☐ No

If yes, please list therapist or counselor and dates:

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

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:

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?

2. What have you done about it?

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

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

5. What other information is important to your specific 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