



## Personal Information Form: Parent of Teen (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

#### Teen's Information:

Teen's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Please list the days and times your teen 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:

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

Are either of you a stepparent? \_\_\_\_\_

Who is the teen'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:

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

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

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

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## **YOUR TEEN'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:

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

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

Name and address of his/her physician:

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Is he/she presently taking medication?  Yes  No

Medication(s):

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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?

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Does he/she have any dietary restrictions?

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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?

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Have both you and your spouse been baptized? When?

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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):

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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:

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### **YOUR TEEN'S RELIGIOUS INFORMATION**

Does your teen believe in God?  Yes  No  Uncertain

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

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Has your teen been baptized? When? \_\_\_\_\_

Does your teen attend the same church as you?  Yes  No

If not, what church does your teen attend? \_\_\_\_\_

City/State: \_\_\_\_\_

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

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

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### **YOUR TEEN'S PERSONAL INFORMATION**

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

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

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

Where does your teen attend school? \_\_\_\_\_

Does your teen speak any foreign languages? How fluently?

Who are your teen's closest companions?

How does your teen handle stress?

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

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

Check off any of the following words that best describe your teen 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 TEEN'S HISTORY INFORMATION

Has your teen dealt with severe emotional struggles in the past or present?  Yes  No

Has your teen experienced any traumatic events?  Yes  No  Uncertain

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

Has your teen 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 teen's previous therapy/counseling?

At any time, has your teen:

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

Has your teen ever been arrested?  Yes  No Reason: \_\_\_\_\_

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

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### **FIVE BASIC QUESTIONS**

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

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

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3. Has anyone in the family experienced similar problems?

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4. What do you hope is accomplished by bringing your teen to counseling at this time? (Your expectations?)

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5. What other information is important to you and your teen's 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.

### 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

Please inform SICM of specific communication instructions if security concerns exist for transmission of sensitive information online. While SICM seeks to be confidential in its storage of sensitive information, we cannot guarantee complete security of information that is transmitted online.