

Appendix 1

WEEKLY COUNSELING RECORD

Name _____
 Date _____
 Session # _____
 Counselor _____
 Next Session _____



1) Review Last Week's Homework

AGENDA
 To Be Explored Later

2) Gather Further Data

Hope

Problem List

3) Discern What Counselee is Doing/
 Not Doing Biblically

Homework

Curing the Heart

Name _____
Date _____
Session # _____
Counselor _____
Next Session _____

Review Last Week's Homework:

Gather Further Data:

Discern What Counselee is Doing/
Not Doing Biblically:

AGENDA:
To Be Explored Later:

Hope:

Problem List:
(Isolated Problem):

Homework:

Appendix 2¹

PERSONAL DATA INFORMATION FORM

This form must be completed in full before the first counseling session. All information is confidential.

IDENTIFICATION DATA

Name _____

Phone _____

Address _____ City _____ Zip _____

Occupation _____

Phone (H) _____ (W) _____

Sex: (M) _____ (F) _____ Birthdate _____ Age _____

Referred here by _____

HEALTH INFORMATION

Rate your health (check): Very Good _____ Good _____ Average _____

Declining _____ Other _____

Height _____ Your approximate weight _____ lbs.

Weight changes recently (+/--) _____

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

Date of last medical examination _____

1. This document was inspired by Jay Adams (see Christian Counselor's Manual), but has been expanded over the years out of our experience and from the suggestions of students. The authors take no legal responsibility for the use of this document. It is strongly recommended that any prospective user check with his/her attorney for liability issues in the state of residence.

Curing the Heart

Report: _____

Your physician _____

Address _____

Are you presently taking medication: Yes ___ No ___

What? _____

Have you used drugs for other than medical purposes? Yes ___ No ___

What? _____

Have you ever been arrested? Yes _____ No _____

Are you willing to sign a release or information form so that your counselor may write for social, psychiatric, or medical reports? Yes ___ No ___

Have you recently suffered the loss of someone who was close to you?

Yes ___ No ___ last

Explain:

EDUCATION

Education (last year you completed) _____ (grade)

Other training (list type and years)

(Include any degrees)

MARRIAGE AND FAMILY INFORMATION

Marital Status: Single ___ Going Steady ___ Engaged ___ Married ___

Separated ___ Divorced ___ Widowed _____

Name of Spouse _____

Address _____ - _____

Occupation _____

Phone (H) _____ (W) _____

Your spouse's age _____ Education (in years) _____

Religion _____

spouse willing to come for counseling? Yes ___ No ___ Uncertain ___

Have you ever been separated? Yes ___ No ___ When?

from _____ to _____

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Have either of you ever filed for divorce? Yes ___ No ___

When _____

Date of marriage _____

Your ages when married: Husband ___ Wife ___

How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____

Length of engagement _____

Give brief information about any previous marriages:

Information about children:

PM* Name Age Sex Living? Years/ Education Marital Status

*Check column if child is by previous marriage)

RELIGIOUS BACKGROUND

Denominational preference: _____

Member of _____ (church)

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

What church did you attend as a child? _____

Baptized? _____

Religious background of spouse (if married) _____

Baptized? _____

Do you consider yourself a religious person? Yes ___ No ___ Uncertain ___

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

Do you believe Satan exists? Yes ___ No ___ Uncertain ___

Have you ever "dabble" with the "Occult"? Yes ___ No ___ Uncertain ___

(Seances, devil worship, witchcraft, etc.)

Do you pray to God? Yes ___ No ___ Never ___ Occasionally ___ Often ___

Would you say you are a Christian? Yes ___ No ___; or would you say you are still in the process of becoming a Christian? _____

How often do you read the Bible? Never ___ Occasionally ___ Often ___

Curing the Heart

Do you have regular devotions? Yes ___ No___ Not sure what you mean___
Explain recent changes in your religious life, if any

PERSONALITY INFORMATION:

Have you ever had any psychotherapy or counseling before? Yes___No___
If yes, list counselor or therapists and dates:

What was the outcome?

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

What, if anything, do you fear?

Is there any other information that would help us to help you? Have you recently suffered a loss from serious social, business, or other reversals, etc.?
Yes___ No___ Explain:

Circle any of the following words which best describe you now:

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive
Irresponsible Cruel Uneducated Proud Embarrassing Active Ambitious
Self-confident Persistent Nervous Hardworking Impatient Impulsive
Moody Often-blue Excitable Imaginative Calm Serious Easy-going Shy
Good-natured Introvert Extrovert Likable Leader Quietboiled Hard-
boiled Submissive Lonely Selfconscious Sensitive Humorous Sloppy Well-
groomed Selfdisciplined Whiner Selfish Lots of Friends Failure Success
Other_____

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FAMILY AND CHILDHOOD INFORMATION:

If you were reared by anyone other than your own parents, briefly explain:

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Are you on good terms with your Mother ___ Father ___ Brother _____
Sisters _____?

List the people that you hate or are extremely angry with, and the reasons:

What kind of home did you grow up in? (Check all that apply)

___ Traditional (Father, Mother, Kids)

___ Authoritarian (Father or Mother made all the rules without discussion.

Would not allow for other opinions.

___ Divorced (Who did you live with? ___ Mom ___ Dad Other _____)

___ Alcoholic (___ Skid row ___ Functional, but affected ___ Dysfunctional
effect on family)

___ Drug Affected (___ Cocaine ___ Heroin ___ Marijuana ___ Other _____)

___ Perfectionist (Everything had to be done just right to please ___ Mom
___ Dad ___ Both

___ Critical (One or both parents could only remark about the negatives.
Little praise for good things).

___ Affectionate (___ Demonstrative with hugs, kisses, etc. ___ Affection
there, but not openly shown).

___ Emotional (___ Crying allowed, but controlled. ___ Anger, screaming
freely allowed).

___ Repressed (___ Emotions not allowed to show. ___ Parents showed
emotion, but kids not allowed to do so).

___ Religious (___ In name only ___ Strict, negative ___ Hypocritical
___ Genuine Happy Experience).

___ Step-family (___ Which of parents remarried? _____ ___ Had to
live with step-brothers or step-sisters)

___ Abusive (In what way? ___ Sexual ___ Physical Beatings ___ Emotional
___ Other: _____)

Curing the Heart

What kind of home did your Father grow up in? ___ Traditional (Father, Mother, Kids)

___ Authoritarian (Father or Mother made all the rules without discussion Would not allow for other opinions.

___ Divorced (Who did you live with? ___ Mom ___ Dad Other _____)

___ Alcoholic (___ Skid row ___ Functional, but affected ___ Dysfunctional effect on family)

___ Drug Affected (___ Cocaine ___ Heroin ___ Marijuana ___ Other _____)

___ Perfectionist (Everything had to be done just right to please ___ Mom ___ Dad ___ Both)

___ Critical (One or both parents could only remark about the negatives. Little praise for good things).

___ Affectionate (___ Demonstrative with hugs, kisses, etc. ___ Affection there, but not openly shown).

___ Emotional (___ Crying allowed, but controlled. ___ Anger, screaming freely allowed).

___ Repressed (___ Emotions not allowed to show. ___ Parents showed emotion, but kids not allowed to do so).

___ Religious (___ In name only ___ Strict, negative ___ Hypocritical ___ Genuine Happy Experience).

___ Step-family (___ Which of parents remarried? _____ Had to live with step-brothers or step-sisters)

___ Abusive (In what way? ___ Sexual ___ Physical Beatings ___ Emotional ___ Other: _____)

What kind of home did your Mother grow up in? ___ Traditional (Father, Mother, Kids) ___ Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.

___ Divorced (Who did you live with? ___ Mom ___ Dad Other _____)

___ Alcoholic (___ Skid row ___ Functional, but affected ___ Dysfunctional effect on family)

___ Drug Affected (___ Cocaine ___ Heroin ___ Marijuana ___ Other _____)

___ Perfectionist (Everything had to be done just right to please ___ Mom ___ Dad ___ Both)

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___ Critical (One or both parents could only remark about the negatives. Little praise for good things).

___ Affectionate (___ Demonstrative with hugs, kisses, etc. ___ Affection there, but not openly shown).

___ Emotional (___ Crying allowed, but controlled. ___ Anger, screaming freely allowed).

___ Repressed (___ Emotions not allowed to show. ___ Parents showed emotion, but kids not allowed to do so).

___ Religious (___ In name only ___ Strict, negative ___ Hypocritical ___ Genuine Happy Experience).

___ Step-family (___ Which of parents remarried? _____)

___ Had to live with step-brothers or step-sisters)

___ Abusive (In what way? ___ Sexual ___ Physical Beatings ___ Emotional ___)

Other: _____)

Would you characterize your Father as: (Circle the appropriate words)

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive

Irresponsible Cruel Uneducated Proud Embarrassing Active Ambitious

Self-confident Persistent Nervous Hardworking Impatient Impulsive

Moody Often-blue Excitable Imaginative Calm Serious Easy-going Shy

Good-natured Introvert Extrovert Likable Leader Quietboiled Hard-

boiled Submissive Lonely Selfconscious Sensitive Humorous Sloppy Well-

groomed Selfdisciplined Whiner Selfish Lots of Friends Failure Success

Other _____

Would you characterize your Mother as:

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive

Irresponsible Cruel Uneducated Proud Embarrassing Active Ambitious

Self-confident Persistent Nervous Hardworking Impatient Impulsive

Moody Often-blue Excitable Imaginative Calm Serious Easy-going Shy

Good-natured Introvert Extrovert Likable Leader Quietboiled Hard-

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boiled Submissive Lonely Selfconscious Sensitive Humorous Sloppy Well-groomed Selfdisciplined Whiner Selfish Lots of Friends Failure Success
Other _____

Where did you grow up? ___Urban Area ___Suburban Area ___ Small Town ___Rural ___Farm City, State _____
Population _____

What was your family's economic situation when you were a child?
___ Extremely poor ___Poor ___Lower Middle Income ___ Middle Income ___ Higher Middle Income ___Wealthy ___ Extremely wealthy
Where you ever sexually abused by anyone? ___No ___Yes

(Please detail: ___Were you abused by a relative? ___Were you abused by a stranger? ___A neighbor? How old were you at the time?____ Was the person who abused you ever prosecuted?_____)

What was your happiest memory as a child? _____

What was your unhappiest memory as a child? _____

Did you experience a major trauma when you were a child? Detail:
___ At Home _____
___ At School _____
___ At Neighbor's Home _____
___ At Relative's Home _____
___ Other: _____

TELEVISION & ENTERTAINMENT

How much television do you watch each day? _____ hrs.
List your favorite programs: _____

What is your favorite type of music? _____

List your favorite entertainers:

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BIO-PSYCHOLOGICAL INFORMATION

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

Do people's faces ever seem distorted? Yes _____ No _____

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

Do colors ever seem too bright? 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 _____

PERSONAL BEHAVIORAL HABITS

1. Do you drink coffee or other caffeinated drinks? Yes ___ No___ How much per day? _____

2. Do you smoke? Yes _____ No _____ How much? _____

3. Do you explode when you get angry? Yes _____ No _____

4. Do you withdraw when you get angry or hurt? Yes _____ No _____

5. Do you frequently argue with significant other people? Yes ___ No ___

WOMEN ONLY

Have you had any menstrual difficulties? _____

Do you experience tension, tendency to cry, other symptoms prior to your cycle? Please explain:

Is your husband willing to come for counseling?

Is he in favor of your coming ? _____ If no, explain

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem? _____

Curing the Heart

2. What have you done about it? _____

3. What can we do? (What are your expectations in coming here?) _____

4. Is there any other information we should know? _____

PROBLEM CHECK LIST: (Check those which are current)

- Anger Envy Appetite
 Anxiety Fear Memory
 Apathy Gluttony Moodiness
 Bitterness Guilt Rebellion
 Change in Lifestyle Health Sex
 Children Homosexuality Sleep
 Depression Impotence Wife Abuse
 Deception In-laws A Vice

COUNSELING INFORMATION AND CONTRACT

1. Diagnostic Tools: We use helpful counseling forms such as this Personal Data Information form, the Problem Pattern Analysis form, and other aids to gain an understanding of the central problems a person is experiencing.

2. Intent Listening: We encourage the counselee to speak his mind in an appropriate fashion and to discuss his thoughts, anxieties, resentments, and fears so that the counselor will have a clear understanding of the central problems.

3. Team Counseling: There are times when a counseling situation may call for a team approach. In this event, we may have more than one counselor involved in a session. The counselors share insights and opinions with one another which pertain to the case. Team Counseling can be especially helpful in marital counseling; a husband and wife team can help put both counsees at ease.

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4. Assignments: Counselees make more rapid progress when they are required to study or to perform specific informational or behavioral assignments which pertain to the problem. We tailor these assignments to the individual counselee and the circumstances.

5. Accountability: We are not interested in wasting the time of the counselors or the counsees. We are interested in believers learning how to experience the peace and joy that result from a walk of obedience to God's Word, and we hold the counsees accountable for doing the assignments on schedule.

How long does biblical counseling take?

Counseling will vary in the amount of time required according to the individual, his motivation, and the particular problem. On the average, however, biblical counseling requires far less time than conventional secular counseling. One reason is that biblical counselors are not interested in prolonging the number of sessions in order to increase their income. Simple problems are often solved in one session. Severe problems may require a longer period. Marital counseling may require as many as 12 to 18 sessions. Substance abuse problems may require many more sessions, with intensive accountability and follow-up.

How much does it cost?

The counselor will discuss this with the counselee.

About confidentiality

We are careful to protect each counselee's confidentiality. There are times, however, when a counselor must consult with other counselors for advice. If information is revealed in counseling which indicates a genuine potential for harm to a counselee or others, the counselor may be required by law or biblical mandate to share that information with the appropriate authorities or family members.

COUNSELING CONTRACT

I, (name) _____, affirm the accuracy of the personal information provided herein, and have read the information above and agree to the conditions set forth therein. I hereby agree to the following conditions:

Curing the Heart

1. I am committed to changing my life by coming into obedience to the Word of God.
2. I will keep the appointment time, or will call to cancel in advance with a legitimate reason.
3. I will fulfill the weekly assignments.
4. I will attend church each Sunday while I am in counseling.
5. I understand that confidentiality cannot be guaranteed in the case of information as indicated above.

(Signed) _____ (Date) _____