



## Appendix 1

### WEEKLY COUNSELING RECORD

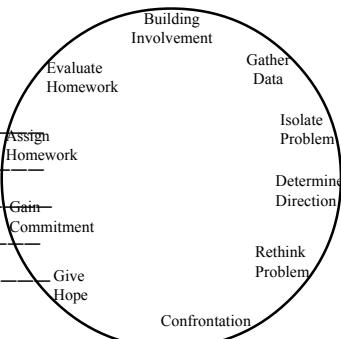
Name \_\_\_\_\_

Date \_\_\_\_\_

Session # \_\_\_\_\_

Counselor \_\_\_\_\_

Next Session \_\_\_\_\_



1) Review Last Week's Homework

#### AGENDA

To Be Explored Later

2) Gather Further Data

Hope

3) Discern What Counselor is Doing/ Not Doing Biblically

Homework





## Appendix 1 (Alternative)

WEEKLY COUNSELING RECORD	
Name _____	
Date _____	
Session # _____	
Counselor _____	
Next Session _____	
<b>Review Last Week's Homework:</b>	
<b>AGENDA:</b> To Be Explored Later:	
<b>Hope:</b>	
<b>Gather Further Data:</b>	
<b>Problem List:</b> (isolated problem):	
<b>Discern What Counselee is Doing/ Not Doing Biblically:</b>	
<b>Homework:</b>	



## Appendix 2<sup>41</sup>

### PERSONAL DATA INFORMATION FORM

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

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#### 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 \_\_\_\_\_

Report: \_\_\_\_\_

Your physician \_\_\_\_\_

Address \_\_\_\_\_

<sup>41</sup> 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.

2. 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

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 \_\_\_\_\_

Have either of you ever filed for divorce? Yes \_\_\_ No \_\_\_

When \_\_\_\_\_



## APPENDIX 2

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 \_\_\_

Do you have regular devotions? Yes \_\_\_ No \_\_\_ Not sure what you  
mean \_\_\_ Explain recent changes in your religious life, if any





## CURING THE HEART

### PERSONALITY INFORMATION:

Have you ever had any psychotherapy or counseling before?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list counselor or therapists and dates:

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What was the outcome?

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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 \_\_\_\_\_



## APPENDIX 2

### 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

### FAMILY AND CHILDHOOD INFORMATION CONTINUED:

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





## APPENDIX 2

- 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: \_\_\_\_\_)



### FAMILY AND CHILDHOOD INFORMATION CONTINUED

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 \_\_\_\_\_





## CURING THE HEART

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-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  
\_\_\_\_\_





## APPENDIX 2

- 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:  
\_\_\_\_\_

### 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:





## CURING THE HEART

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Is your husband willing to come for counseling?

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

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### BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem?

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 counselees at ease.

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 counselees. 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 counselees 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



## CURING THE HEART

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:

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)\_\_\_\_\_



## Appendix 3

### Four Levels of Problems and their Solutions

↓ Downward Spiral

Upward Spiral

#### Perception Level: Where the Problem Begins

Mind-set, belief, established attitude  
interpretation of reality, idols of the heart

#### Preconditioning Level

Learn patterns, chronic anger, avoidance  
of conflict, lying, self-pity, deceit,  
immorality, self-orientated fulfillment.

#### Performance Level

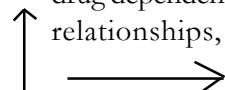
This is the “doing level.” Ask what,  
when, how and who questions to discover  
“why” this behavior is characteristic of the  
counselor.

Performance includes: brooding, slander,  
perversion, short-tempered, overeating,  
slamming doors, holding grudges, critical,  
clamping up, etc.

#### Developing Spiritual Dimensions

##### Presences level

What is felt: This includes what a person  
projects – constant frown, rigid muscle tone  
– and what he feels and talks about feeling.  
Severely depressed, listless, confused, fearful,  
drug dependent, poor interpersonal  
relationships, unable to control anger, suicidal.



Grateful acknowledgement is made to Jay E. Adams for the basic ideas presented here. Some information has been added by the authors.

