

CENTER FOR BIBLICAL COUNSELING

Northeast Houston Baptist Church
18000 West Lake Houston Parkway
Humble, Texas 77346
281-812-8688

Welcome to the Center for Biblical Counseling!

We are glad that you are here and we look forward to guiding you through Scripture to help you with the issues that you are facing. We wish to be clear on the counseling process here at the Center for Biblical Counseling, so please read the following information. Indicate your agreement by signing and dating the bottom of the page.

What is the Center for Biblical Counseling?

We believe the Bible provides sufficient counsel for every situation we face in life and is completely trustworthy and accurate. We believe that the Bible is the only tangible source of objective truth for mankind. We follow the Bible’s description of man as a fallen creature living in a fallen world. The solution for living in this world is found in God’s Word. Here at the Center for Biblical Counseling, our guides will lead you to Scripture that deals directly with the issues you are facing. We rely strictly on the instruction of Scripture in all counsel and place the choice to follow that instruction solely on the counselee.

Are counseling sessions kept confidential?

The Bible clearly states that gossip is wrong. Therefore, the Biblical Guides at the Center for Biblical Counseling will not release any information about particular participants except in a few situations where required by the Bible or the laws of the state. These situations are: (1) when someone is in physical danger of being harmed, (2) when a child is physically or sexually abused, (3) when someone refuses to stop a sinful pattern and it becomes necessary to seek assistance from his/her church to encourage proper change. (See Matthew 18:15-20 and Romans 13:1-7)

What are the fees for this ministry?

Currently there is no charge for this ministry at Northeast Houston Baptist Church. Our Guides are made up of church staff and lay people committed to positive change in people’s lives. Small charges may be necessary for book and materials used in homework assignments.

What about missed appointments?

Because our guides volunteer their time to this ministry it is important to be respectful of their families and their time. Participants are requested to cancel appointments at least 24 hours prior to the appointment. This gives others the opportunity to have counseling. Only two missed appointments will be allowed for each participant before the counseling will end. Beyond that, the participant must contact the CBC to reschedule appointments.

What if I have a dispute with my guide or the Center for Biblical Counseling?

If you have a dispute with your counseling, the procedure for addressing your concerns involves: (1) contacting the Director of the Center for Biblical Counseling in writing, explaining your concern, (2) trying to settle the dispute by mediation, and if necessary, (3) reassigning the participant to another Guide.

I have read and understand the policies and procedures stated above and I consent to abide by them.

Signed: _____

Date: _____

Print: _____

Date: _____

Biblical Guide: _____

Date: _____

PERSONAL DATA INVENTORY

IDENTIFICATION DATA:

Name: _____ Phone: _____

Address: _____

Occupation: _____ Business Phone: _____

Sex: _____ Birth Date: _____ Age: _____ Height: _____

Marital Status: Single _____ Going Steady _____ Married _____ Separated
_____ Divorced _____ Widowed _____

Education (last year completed): _____ (grade) Other training (list type and years):

Referred here by: _____ Address: _____

HEALTH INFORMATION:

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

Your approximate weight: _____ lbs. Weight changes recently: Lost _____ Gained

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

Date of last medical examination: _____ 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 had a severe emotional upset? Yes _____ No _____ Explain

Have you ever been arrested? Yes _____ No _____

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

RELIGIOUS BACKGROUND:

Denominational preference: _____ Member

Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church Attended in childhood _____ Baptized? Yes _____
No _____

Religious background of spouse (if married)

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

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

Do you pray to God? Never ___ Occasionally ___ Often ___
Are you saved? Yes ___ No ___ Not sure what you mean ___
How much do you read the Bible? Never ___ Occasionally ___ Often ___
Do you have regular family devotions? Yes ___ No ___
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 therapist and dates:

What was the outcome?

Circle any of the following words which best describe you now: active ambitious self-confident
persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm
serious easy-going shy good-natured introvert extravert likeable leader quiet hard-boiled
submissive self-conscious lonely sensitive
other

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? ___ Too dull? ___
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 ___

MARRIAGE AND FAMILY INFORMATION:

Name of spouse: _____ Address: _____

Phone: _____ Occupation: _____ Business Phone: _____

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

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

Have you ever been separated? Yes ___ No ___ When? from _____ to _____

Has 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

Yes No

Education

in years

Marital

status

*Check this column if child is by previous marriage

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?

NEED ASSESSMENT

NAME: _____ DATE: _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? What brings you here?

2. What have you done about it?

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

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

5. Is there any other information we should know?