

**WMBC Counseling Ministry
Personal Data Inventory**

Please complete this inventory carefully
(Question marks have been eliminated.)

Personal Identification

Name: _____ Birth Date: _____
Physical Address: _____
Mailing Address (if different): _____
Age: _____ Sex: _____ Referred By: _____
Marital Status: Single: _____ Engaged: _____ Married: _____ Separated: _____
Divorced: _____ Widowed: _____
Education (last year completed): _____
Home Phone: _____ Mobile Phone: _____ Work Phone: _____
Employer: _____ Position: _____ Years: _____

Marriage and Family

Spouse: _____ Birth Date: _____
Age: _____ Occupation: _____ How Long Employed: _____
Home Phone: _____ Mobile Phone: _____ Work Phone: _____
Date of Marriage: _____ Length of Dating: _____
Give a brief statement of circumstances of meeting and dating: _____

Have you ever been separated in current marriage: _____ Filed for divorce in current marriage: _____
Have you been previously married: _____ How many marriages, including current: _____
Reasons no longer in other marriages (divorce or death): _____
Has your spouse been previously married: _____ How many marriages, including current: _____
Reasons no longer in other marriages (divorce or death): _____

Information about living children and stepchildren:

Name: _____ Age: _____ Sex: _____ Living with: _____ School Grade: _____ Step-Child: _____
1) _____
2) _____
3) _____
4) _____
5) _____

Information about deceased children:

Name: _____ Sex: _____ Date of death: _____ Age at death: _____ Reason for death: _____
1) _____
2) _____

Describe your relationship with your father: _____

Describe your relationship with your mother: _____

Number of sibling(s): _____ Your sibling order: _____

Did you live with anyone other than parents: _____

Are your parents living: _____ Do they live locally: _____

Health

Describe your health: _____

Do you have any chronic conditions: _____ What: _____

List important illnesses and injuries or handicaps:

Date of last medical exam: _____ Report: _____

Physician's name and address:

Current medication(s) and dosage:

Have you ever used drugs (legal or illegal) for anything other than medical purposes: _____

If yes, please explain: _____

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

How much: _____

Do you smoke: _____ What: _____ Frequency: _____

Have you ever had interpersonal problems on the job:

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Would you be willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records if deemed necessary (this is usually not necessary): _____

Spiritual

Denominational preference: _____

Church attending: _____ Are you a member?: _____

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

Do you believe in God: ____ Do you pray: ____ Have you ever been baptized: _____

How often do you read the Bible: Never: ____ Occasionally: ____ Often: ____ Daily: _____

Would you say that you are a Christian or still in the process of becoming a Christian: _____

Explain any recent changes in your religious life: _____

Women Only

Have you had any menstrual difficulties: _____ If 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, please explain: _____

Problem Check List

Please check all problems that you are currently dealing with:

_____ Anger

_____ Depression

_____ Loneliness

_____ Anxiety

_____ Drunkenness

_____ Lust

_____ Apathy

_____ Envy

_____ Memory

_____ Appetite

_____ Fear

_____ Moodiness

_____ Bitterness

_____ Finances

_____ Perfectionism

_____ Change in lifestyle

_____ Gluttony

_____ Rebellion

_____ Children

_____ Guilt

_____ Sex

_____ Communication

_____ Health

_____ Sleep

_____ Conflict (fights)

_____ Homosexuality

_____ Wife abuse

_____ Deception

_____ Impotence

_____ A Vice

_____ Decision Making

_____ In-laws

_____ Other (Explain)

WMBC Counseling Ministry Disclosure Statement

If you are interested in obtaining biblical counsel and discipleship from West Main Baptist Church, we request that you read and acknowledge that you understand the following:

Those who disciple and counsel at West Main Baptist Church, by design, are not certified by the State of Tennessee or any other government agency. All have obtained some formal counseling training. Some, but not all, do hold degrees in either pastoral theology or biblical counseling from accredited institutions.

1 – Our Priority

The pastor and discipleship counselors at West Main Baptist Church may have limited time to meet with those requesting discipleship or counseling. In that case, members or regular attendees of West Main Baptist Church would have to take precedence over non-members (Gal. 6:10).

2 – Our Approach

The discipleship counseling received at West Main Baptist Church is based on biblical principles rather than those of secular psychology or psychiatry. The pastor and discipleship counselors of West Main Baptist Church are not trained or licensed psychotherapists or mental health professionals, and they do not follow the methods of such specialists (Psalm 1:1-3). All counseling is based on some set of beliefs or assumptions. Our commitment is that the truth of the Bible, applied to the heart by the Holy Spirit, is sufficient for all matters of life and godliness (2 Peter 1:3). There are no individual problems or problems between persons that the Bible fails to address either through general or specific principles. Biblical counseling involves giving scriptural instruction and making practical application of the same to each individual.

Therefore, the counseling received at West Main Baptist Church will be biblical, meaning that the Scriptures will be our sole and final source of information and authority (2 Tim. 3:16-17). All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. The individual counselee is responsible for how he/she implements that advice. Our counselors do not pretend to know all there is to know about biblical teaching and its application to life. However, they are striving to know all that they can and will do their utmost to help you. When necessary they will seek help, input, or advice from mentors or colleagues. Please note that we do not give medical or legal advice.

3 – Our (and your) Prerogatives

If you are not sure that you are interested in biblically based counseling, you have the option of attending one or two sessions to discover what biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling, or are unwilling to apply the biblical principles discussed and assigned, or find the weekly assignments a burden, the counselor may have to postpone meeting until you are willing or able to apply yourself diligently.

At any time during the counseling, for reasons sufficient to him or her, the discipleship counselors—or those being counseled—have the option of withdrawing from further meetings.

4 – Our Commitment

If you are attending a church other than West Main Baptist Church, we encourage you to invite the pastor or one of those in leadership at your local church, to accompany you during the counseling sessions. We recognize and respect the responsibility of your pastor for shepherding the flock, as well as the authority and discipline of your local church. Your pastor or leaders have a God-given charge for the pastoral care of your soul and should be involved in the process.

If you are not attending a church, we will expect you to attend West Main Baptist Church on a regular basis.

5 – Confidentiality

Information disclosed in counseling sessions will be held confidential to the extent that the counselor believes the Bible or the state requires. Complete and absolute confidentiality in all cases is not scriptural. For instance, there are matters of church discipline (cf. Matt. 18:15ff) or criminal incidents that may require one to disclose certain facts to others.

If your church leadership should inquire, we will disclose to them only the information that we believe is necessary for them to effectively and biblically fulfill their responsibility to shepherd you. If you have a problem with this procedure, please discuss your specific concerns with your counselor.

6 – Our Fee

Part of the weekly homework assignments will usually require the purchase of materials that correspond to the counseling. Those materials are yours to keep. The actual discipleship counseling is done free of charge as a ministry of West Main Baptist Church. If, out of gratitude, one wishes to express thanks in a tangible way, donations should be made to “West Main Baptist Church.”

7 – Mediation

On rare occasions, a conflict may develop between a discipleship counselor and a counselee. In order to make sure conflicts are resolved in a biblically faithful manner, both parties must agree to resolve the dispute outside the secular court system. Conciliation will be sought under submission to, and the direction of, the Pastor/Deacon body of West Main Baptist Church.

8 – Conclusion

These are the principles and policies of the West Main Baptist Church discipleship and counseling ministries. We welcome the opportunity to minister to you in the name of Jesus Christ and to be used by Him as He helps you to grow in spiritual maturity through His Word and prepares you for greater usefulness in His kingdom. If you have any questions that are not answered by this disclosure, please do not hesitate to call us at (615) 529-2813.

If you are interested in receiving biblical discipleship and counsel, please sign below to indicate your agreement to abide by the above guidelines and bring the signed form with you to your first counseling session.

I have read the conditions set forth in this disclosure and agree to enter into discipleship counseling through West Main Baptist Church in accordance with them:

Signed: _____

Date: ____ / ____ / ____