

# Harvest Windsor

## Biblical Soul Care Counselling

### Personal Data Form

This Personal Data Form is designed to help us know you so that we can best serve you. It is important to gather information from both the past and present so that we can understand your personal situation. We ask you to be as open and specific with your answers as possible. This helps us to be both prepared and effective in the counselling process.

**Please print your information and write legibly.**

1. Who referred you to Biblical Counselling?

- ☐ Pastor
- ☐ Elder
- ☐ Small Group Leader
- ☐ Other, please provide their name and relationship to you:

\_\_\_\_\_

#### Personal Information

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Birthday (d/m/y): \_\_\_\_\_

Current Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Family Information**

## 1. Marital Status:

- ☐ Single
- ☐ Dating
- ☐ Engaged
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

If Married:

Date of 1<sup>st</sup> marriage: From: \_\_\_\_\_ To: \_\_\_\_\_Date of 2<sup>nd</sup> marriage: From: \_\_\_\_\_ To: \_\_\_\_\_

2. Current Spouse's Name: \_\_\_\_\_

3. Spouse's Age: \_\_\_\_\_

4. Spouse's Occupation: \_\_\_\_\_

5. Have you ever been separated? \_\_\_\_\_

6. Have either of you ever filed for divorce? \_\_\_\_\_

If yes, who filed and when? \_\_\_\_\_

7. Is your spouse willing to come to counselling? \_\_\_\_\_

## 8. Number and ages of children:

Name	Age	Member of Household (yes/no)

## Personal and Health History

1. Rate your health:                      Very Good      Good      Average      Declining      Other

2. Recent weight changes? Lost \_\_\_\_\_ or Gained \_\_\_\_\_

3. Do you exercise?

- ☐ No
- ☐ Daily
- ☐ 4-5x weekly
- ☐ 2-3x weekly
- ☐ 1x weekly
- ☐ 2-3x month
- ☐ Less than 1x month

4. Type of exercise:

- ☐ Cardio
- ☐ Cardio/weights
- ☐ Weights
- ☐ Team Sports
- ☐ other

5. Eating habits:

- ☐ very healthy
- ☐ normal
- ☐ poor

6. Do you drink coffee or caffeinated beverages? (Y/N): \_\_\_\_\_

If yes, how many per day? \_\_\_\_\_

7. List all important, present or past, illnesses or injuries or handicaps.

\_\_\_\_\_

8. Date of last medical exam: \_\_\_\_\_

9. Your Physician: \_\_\_\_\_

10. Are you presently taking medication? \_\_\_\_\_

If yes, please list names, strength, frequency and reasons for taking it.

\_\_\_\_\_

\_\_\_\_\_

Name and Strength	Frequency	Reason for taking this medication

11. Have you ever used drugs for non-medical purposes? (Y/N) \_\_\_\_\_

12. Have you ever used illegal drugs? Please provide details. (Y/N) \_\_\_\_\_

\_\_\_\_\_

Name	Frequency	Approximate time frame.

13. Are you currently using alcohol to self-medicate? (Y/N) \_\_\_\_\_

14. Do you consider yourself to have control over alcohol? (Y/N) \_\_\_\_\_

15. How much alcohol do you consume in a day/ week/ month? \_\_\_\_\_

16. How many hours of sleep do you get a night? \_\_\_\_\_
17. When do you normally go to bed? \_\_\_\_\_ fall asleep: \_\_\_\_\_ wake up: \_\_\_\_\_  
get out of bed: \_\_\_\_\_
18. What do you normally do between going to bed and falling asleep? \_\_\_\_\_
- 

### Back ground

1. Is there family history of anxiety or depression? If so, what relation are they to you. If so, briefly describe the situation.
  
  
  
  
  
  
  
  
  
  
2. Briefly describe your relationship with your mother and father.
  
  
  
  
  
  
  
  
  
  
3. Parenting was:
  - Authoritative (high control, rules without relationship)
  - Permissive (low control, a lot of freedom, some relationship)
  - Disengaged (very little control or relationship)
  - Balanced (clear boundaries and rules, attentive, relational parents)
  - Other

4. Home Atmosphere:

- ☐ Affectionate
- ☐ Critical
- ☐ Outwardly religious
- ☐ Authentically Christian
- ☐ Perfectionist
- ☐ Hostile
- ☐ Other

5. Was there abuse in your past?

- ☐ No
- ☐ Sexual
- ☐ Physical
- ☐ Emotional

If yes, please explain:

6. Was there substance abuse in your family? Please explain.

7. Have you had a significant major stressor in your life in the past 12 months, such as:

- ☐ New job or promotion
- ☐ New home
- ☐ Financial challenges
- ☐ Car accident
- ☐ Major/sudden illness
- ☐ New baby
- ☐ Death of a loved one
- ☐ Victim of crime
- ☐ Pregnancy
- ☐ Miscarriage
- ☐ Child moving from home
- ☐ Other

Please provide details:

8. Have you had psychotherapy or counselling before? If yes please list counsellor and approximate dates.

9. What was the outcome of your past therapy/counselling?



## Personality

Check off any of the words which best describe you:

anxious    fearful    exhausted    content    excited    relieved    nervous  
hardworking    moody    often blue    imaginative    calm    serious    joyful  
easygoing    introvert    likeable    leader    driven    peaceful    impatient  
ambitious    self confident    persistent    impulsive    exciteable    shy    leader

## Faith Background

1. Have you put your faith in Jesus Christ as your Lord and Saviour? If yes, describe how you came to faith in Jesus Christ.
  
2. Have you been baptized? If yes, when?
  
3. How often are you in God's Word?
  - ☐ Multiple times a day
  - ☐ Daily
  - ☐ Several times a week
  - ☐ Not at all
  
4. Church attendance per month (check one):    0    1    2    3    4+
  
5. Harvest Bible Church Status
  - ☐ Ministry Partner
  - ☐ Attender
  - ☐ Other
  
6. Are you currently serving at Harvest Bible Church? If yes, explain which ministry:

7. If you are married, briefly describe your spouse's spiritual faith.
  
8. Spouse's church attendance: \_\_\_\_\_x per month
  
9. Do you pray to God?
  - ☐ Multiple times a day
  - ☐ 1x daily
  - ☐ Several times a week
  - ☐ At church
  - ☐ When I need something
  - ☐ Never
  
10. What do you pray about?

**Please complete the following in one or two sentences:**

1. Please describe the current problem as you understand it.
  
  
  
  
  
  
  
  
  
  
2. In what way have you contributed to the problem?
  
  
  
  
  
  
  
  
  
  
3. What have you done to resolve the problem?

4. Other than counselling, what help are you seeking?

5. What are your expectations?

6. What if anything do you fear about beginning a counselling process?

7. Is there anything else your counsellor should know?

8. Who will you be contacting to serve as your advocate while in counselling?

Name of Advocate:

What is their relationship to you:

What times and days are you available for counselling?

An advocate is someone who will come alongside you and assist you in your walk with Christ. The advocate is typically a member of your small group and is expected to be present with you during your counselling session. Your advocate's role is to listen during the counselling session and then assist you by means of accountability during the week. If you are not currently part of a small group, our staff will assist in placing you in the most appropriate small group and will work with the small group leader to identify an available advocate.