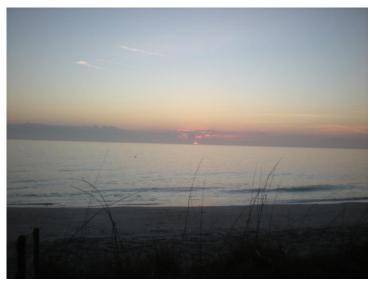
Colleen Ryan, MA Biblical Counselor 847-372-8845

"Do not fear, for I have redeemed you. I have called you by name, you are mine." Isaiah 43:1b



Welcome!

I'm thankful for the opportunity that I have to provide you with comfort, guidance and solutions to your problems using God's word. In order to be clear about the counseling procedures please read the following information and indicate your agreement by signing your name and the date at the end of this document.

What is Biblical Counseling?

Biblical Counseling involves understanding the problems of living in this fallen world while offering practical solutions from the perspective of scripture. The Bible is used both to define the problems and to develop methods for solving them. I have my Master of Arts from Trinity Theological Seminary and am currently concluding the certification process through the Association of Certified Biblical Counselors, hence I am not a licensed psychologist.

Are counseling sessions kept confidential?

The Bible clearly states that gossip is wrong. Therefore, I will not release information about particular counselees except in a few situations required by the Bible or by the mandated reporting laws of our state. Those situations are: (1) when someone is in danger of harming themselves or others, (2) when a child is physically or sexually abused, or (3) when someone persistently refuses to stop a sinful pattern and it is necessary to seek assistance from their church to encourage proper change (see Matthew 18:15-20 and Romans 13:1-7). In the case of a court subpoena, your records will be kept private unless you have given written authorization to disclose them.

What is the fee for Biblical Counseling?

I charge \$75 for a 50-minute session. The initial session might be a little longer but it is still only \$75. I am not in any network for insurance companies and do not file claims for you, but a few insurance companies will reimburse for biblical counseling if you submit the proper forms. I will be happy to provide you with a receipt to submit to your insurance provider.

What if I miss an appointment?

Counsel3ees are asked to cancel appointments at least 24 hours prior to the appointment. This gives others the opportunity to use the canceled time slot. If that isn't possible, then please contact me ASAP so I can plan accordingly. If there are repeated occurrences of last minute cancellations, then there will be a 50% cancellation charge for the appointment that you are expected to pay.

them.	
Signed:	Date:
Signed:	Date:

I have read and I understand the policies stated above, and I consent to abide by

My office is at Longmeadow Community Church 28566 N. Lemon Road Mundelein, IL 60060

Personal Data Inventory

9. Age:
9. Age:
9. Age:
vorced □ Remarried □ Widow raduate □ Degree:
raduate 🗆 Degree:
plain:
ounger brothers: Sisters:
Age:
Education:
s 🗆 No
Io Uncertain
: Till:
Wedding Date:
engagement:
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If yes, list counselor or therapist and dates:								
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	Yes			No				
	Yes			No				
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	Yes			No				
	Yes			No	Reason:			
slee	p do	you	get	each 1	night? _			_
33. When do you go to sleep at night? When do you get up?								
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	_			Heigh	nt		_	
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llne	sses,	injur	ies,	, or ha	ndicaps:			
		W	Vha	t was	the report?	·		
	ds v	ds which ds which Yes Yes Yes Yes Great Good Ilnesses,	ds which best ds which best ses: ds which best ses compared to ses compared t	ds which best deaders: ds which best deaders: self of impure calment introunce inflet introus Yes Yes Yes Yes Yes Yes Yes Sleep do you get Good Average Illnesses, injuries,	ds which best describe self confid impulsive calm introvert inflexible bitter Yes	ds which best describe you now: self confident impulsive calm introvert inflexible bitter Yes	ds which best describe you now: self confident mpulsive calm introvert mflexible ms No yes No Height Mendo yes Gained Height Gained Mendo yes Mandicaps:	ds which best describe you now: self confident

39. Name and address of your physician:
40. Are you presently taking medication? ☐ Yes ☐ No What
41. Have you used drugs for other than medical purposes? ☐ Yes ☐ No What
42. 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
43. Denominational preference:
44. What church do you attend? City:
45. Who is your pastor
46. May we contact your pastor for background information? \Box Yes \Box No
47. What is the number of church services you attend per month? (circle)
0 1 2 3 4 5 6 7 8 9 10 10+
48. Church attended in childhood:
49. Have you been baptized? □ Yes □ No
50. Religious background of spouse:
51. Do you believe in God? ☐ Yes ☐ No ☐ Uncertain
52. Do you pray to God? ☐ Yes ☐ No ☐ Occasionally
53. Have you come to the place in your spiritual life where you can say that you know for certain that if
you were to die today you would go to heaven? ☐ Yes ☐ No ☐ Uncertain
54. Suppose you died today and God asked you "Why should I let you into my heaven?" What would
you say?
55. Are you saved? □ Yes □ No □ Uncertain
56. How much do you read the Bible? □ Often □ Never □ Occasionally
57. Does your family regularly read the Bible and pray together?□ Yes □ No
58. Explain any recent changes in your religious life, if any?

Five Basic Questions

Briefly answer the following questions:
1. What are the issues you are struggling with?
2. What have you done about it?
3. What do you want us to do? (What are your expectations in coming here?)
4. What brings you here at this time?
5. Is there any other information we should know?