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Biblical Counselor
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“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, in it's simplest form, is taking truths and principles from God's word and applying them to our lives. Interestingly enough, God's word has a lot to say about anger, anxiety, depression, relational & marriage issues as well as a host of other topics that we wrestle with. As we dig into His word, we'll be able to identify what's in your heart: Anger? Hurt? Disappointment? Unmet expectations? For your outward behavior is a manifestation of what's going on in your heart. It's a process but if you're willing to work through it and grow you'll discover hope and healing from God's word.

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 there is an allegation of physical or sexual abuse and/or neglect, 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).

What is the fee for Biblical Counseling?

I charge \$75 for a 50-minute session. I realize that each of us go through challenging financial seasons of life, so therefore I'm will to offer a sliding scale. Please don't hesitate to ask about it. I'm not currently in any insurance network , but some insurance companies will reimburse for Biblical Counseling so please consult with your insurance provider for their proper procedures.

What if I miss an appointment?

I don't charge a cancelation fee as long as you cancel 24 hours prior to your appointment. I understand that life situations come up and sometimes that's not possible. But it is essential that you notify me as soon as possible. If this becomes a continuous issue, then you will be charged a 50% cancellation fee that you are expected to pay.

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

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

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

Personal Data Inventory

Identification Data

Date: _____

1. Name: _____ 2. Phone: _____
3. Address/City/Zip: _____
4. Email: _____
5. Occupation: _____ 6. Business phone: _____
7. Birth Date: _____ 8. Sex: ☐ Male ☐ Female 9. Age: _____
10. Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widow
11. Education: ☐ Elementary ☐ High School ☐ GED ☐ College ☐ Graduate ☐ Degree: _____
12. Other Training (List type and years): _____
13. Hobbies: _____
14. Referred to us by: _____ Relationship: _____
15. If you were raised by anyone other than your own parents, briefly explain: _____
16. How many siblings do you have? Older brothers: ____ Sisters: ____ Younger brothers: ____ Sisters: ____

Marriage Information:

17. Name of Spouse: _____ Address: _____
- Occupation: _____ Phone: _____ Age: _____
- Business Phone: _____ Religion: _____ Education: _____
18. Does your spouse know you are coming for counseling? ☐ Yes ☐ No
19. Is your spouse willing to come to counseling? ☐ Yes ☐ No ☐ Uncertain
20. Have you ever been separated? ☐ Yes ☐ No When? From: _____ Till: _____
21. Your ages when married: Husband: _____ Wife: _____ Wedding Date: _____
22. How long did you know your spouse before marriage? _____
23. Length of steady dating with spouse: _____ Length of engagement: _____
24. Give brief information about any previous marriages: _____

25. Information about children:

			CURRENTLY			
*(PM)	NAME	BIRTHDATE	SEX	LIVING ?	EDUCATION	MARITAL STATUS
*this column if child is by a previous marriage						
				yes/no		

History Information:

26. Have you ever had a severe emotional upset? ☐ Yes ☐ No

27. Have you ever had any psychotherapy or counseling before? ☐ Yes ☐ No

If yes, list counselor or therapist and dates:

What was the outcome?

28. Check off any of the following words which best describe you now:

- | | | | | |
|--------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> active | <input type="checkbox"/> ambitious | <input type="checkbox"/> self confident | <input type="checkbox"/> persistent | <input type="checkbox"/> anxious |
| <input type="checkbox"/> hardworking | <input type="checkbox"/> impatient | <input type="checkbox"/> impulsive | <input type="checkbox"/> moody | <input type="checkbox"/> often sad |
| <input type="checkbox"/> excitable | <input type="checkbox"/> imaginative | <input type="checkbox"/> calm | <input type="checkbox"/> serious | <input type="checkbox"/> easy going |
| <input type="checkbox"/> shy | <input type="checkbox"/> fearful | <input type="checkbox"/> introvert | <input type="checkbox"/> extrovert | <input type="checkbox"/> likeable |
| <input type="checkbox"/> leader | <input type="checkbox"/> quiet | <input type="checkbox"/> inflexible | <input type="checkbox"/> submissive | <input type="checkbox"/> sensitive |
| <input type="checkbox"/> lonely | <input type="checkbox"/> self-conscious | <input type="checkbox"/> bitter | <input type="checkbox"/> angry | |

29. At any time have you:

Felt people were watching you? ☐ Yes ☐ No

Had difficulty recognizing faces? ☐ Yes ☐ No

Been unable to judge distance? ☐ Yes ☐ No

Had visual hallucinations? ☐ Yes ☐ No

Had auditory (hearing) hallucinations? ☐ Yes ☐ No

30. List fears you have:

31. Have you ever been arrested? ☐ Yes ☐ No Reason:

Health Information

32. Approximately how many hours of sleep do you get each night? _____

33. When do you go to sleep at night? _____ When do you get up? _____

34. Rate your health: ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other _____

35. Your approximate: Weight _____ Height _____

36. Weight changes recently: Lost _____ Gained _____

37. List all important present and past illnesses, injuries, or handicaps:

38. Date of last medical examination: _____ What was the report? _____

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? ☐ Yes ☐ 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?
