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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.

**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:

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What was the outcome?

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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:

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

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**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:

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

39. Name and address of your physician:

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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?

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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?

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## **Five Basic Questions**

Briefly answer the following questions:

1. What are the issues you are struggling with?

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2. What have you done about it?

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3. What do you want us to do? (What are your expectations in coming here?)

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4. What brings you here at this time?

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5. Is there any other information we should know?

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