

Personal Data Inventory

Identification Data:

Date: _____

Your Name _____ Spouse Name _____

Home Phone (____) _____ Can I leave a message? ☐ Yes ☐ No

Address _____

City _____ State _____ Zip _____ Email _____

Occupation _____ Business Phone (____) _____ Cell(____) _____

Sex _____ Birth Date _____ Age _____ Height _____

Marital Status: Single _____ Dating _____ Married _____ Separated _____ Divorced _____ Widowed _____

Education (last year completed): _____ (grade) _____

Other training (list type and years):

Referred here by: _____

With whom do you currently live? Alone _____ Parents _____ Spouse _____ Children _____

Boyfriend/Girlfriend _____ Roommate _____ Other _____

Health Information:

Rate your health (check): Very good _____ Good _____ Average _____ Declining _____ Other _____

Your approximate weight _____ lbs. Weight changes recently: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps:

Date of last medical examination _____ Report: _____

Your physician _____ Address _____

City _____ State _____ Zip _____ Phone _____

Are you presently taking medication? Yes _____ No _____ What? _____

Have you used drugs for anything other than medical purposes? Yes _____ No _____ What? _____

When? _____

Do you drink alcoholic beverages? Yes _____ No _____ How often? _____ How many? _____

How many hours a night do you sleep? _____ Quality of sleep? _____

Have you ever been arrested? Yes _____ No _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes _____ No _____

Please circle any physical symptoms that apply to you:

Headaches	Past	Present	Difficulty breathing	Past	Present
Vision trouble	Past	Present	Tension	Past	Present
Weakness	Past	Present	Fatigue	Past	Present
Dizziness	Past	Present	Rapid heart rate	Past	Present
Physical Pain	Past	Present	Panic attacks	Past	Present

Please indicate how distressed **you are** by circling a number on the scale below (1=low, 10=high)

1 2 3 4 5 6 7 8 9 10

Religious Background:

Church Name: _____ Number of years at current church: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Baptized? Yes ____ No ____ Religious background of spouse (if married)

Do you consider yourself a religious person? Yes ____ No ____ Uncertain ____

Do you believe in God? Yes ____ No ____ Uncertain ____

Do you pray to God? Never ____ Occasionally ____ Often ____

What do you pray about the most?

Have you received Jesus Christ personally as your Savior? Yes ____ No ____

Not sure what you mean ____

How would you define the gospel and what it means to be a Christian?

How much do you read the Bible? Never ____ Occasionally ____ Often ____

Are you a part of a small group? Yes ____ No ____

Explain recent changes in your religious life, if any

Marriage and Family Information:

Name of spouse _____ Spouse's age _____

Spouse's religion: _____

Is your spouse willing to come for counseling? Yes ____ No ____ Uncertain ____

Have you ever been separated? Yes ____ No ____ When? from _____ to

Have either of you ever filed for a divorce? Yes ____ No ____ When?

Date of marriage _____ Your ages when married: Husband _____ Wife _____

Give brief information about any previous marriages:

Information about children:

Name	Age	Sex	Living?	Living at home?

*Note if child is from previous marriage

If you were reared by anyone other than your own parents, briefly explain:

How many older siblings do you have? Brothers _____ Sisters _____

How many younger siblings do you have? Brothers _____ Sisters _____

What was your home like growing up?

The town I grew up in was ☐ urban ☐ suburban ☐ small town ☐ rural ☐ changed frequently

My family's financial situation was ☐ poor ☐ lower middle ☐ middle class ☐ upper middle ☐ wealthy

Did you have any significant traumatic events as a child? ☐ Yes (*please describe on back*) ☐ No

Which of the following words best describe your home of origin (check all that apply):

- | | | | | |
|--|---|--|--|-----------------------------------|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Authoritarian | <input type="checkbox"/> Unpredictable | <input type="checkbox"/> Divorced | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Critical |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Affirming | <input type="checkbox"/> Permissive | <input type="checkbox"/> Safe |

History and Personality:

Have you ever had therapy or counseling or seen a psychiatrist before? Yes ____ No ____

If yes, list counselor or psychiatrist and dates:

What was the outcome?

Circle any of the following words which best describe you now:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likable leader quiet submissive self-conscious lonely sensitive other _____

Have you ever seriously contemplated suicide?

If so, when? _____

Have you ever made a suicide attempt?

If so, when? _____

Check any of the following struggles you and/or your family are experiencing **currently**. Leave blank if none, "1" for mild, "2" for moderate, and "3" if severe.

You	Family		You	Family		You	Family	
		Abuse, physical			Financial difficulties			Perfectionism
		Abuse, sexual			Grief			Pornography
		Abuse, verbal			Guilt			Pre-marital sex
		Abuse in past			Homosexuality			Pride
		Addiction			Infertility			Rebellion
		Anger			Insecurity			Rejection
		Bad memories			In-law conflict			Relationships
		Bitterness			Loneliness			Respecting others
		Chronic pain			Lying			Same-sex attraction
		Communication			Manipulation			Self-control
		Compulsions			Marital intimacy			Self-injury
		Depression			Moodiness			Shame
		Discontentment			Online sins			Social anxiety
		Divorce			Panic attacks			Submission
		Doubting salvation			Parenting			Suicidal thinking
		Eating disorder			Peer pressure			Time management
		Fear			People pleasing			Work/vocation

If needed, feel free to explain any of the above:

Have you experienced any traumatic events? ___ yes ___ no

If so, please explain briefly, including when these events occurred:

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the current problem, as you see it? What brings you here?

2. What have you done about it? (most and least effective)

3. What are your expectations in coming for counseling?
4. What, if any, are your concerns about coming to counseling?
5. What sorts of changes would you have to see to find counseling “effective”? In other words, what would “success” look like?
6. As you see yourself, what kind of person are you? Describe yourself.
7. Is there any other information you would like to share that you think might be helpful in understanding you and your difficulties?

COUNSELING PHILOSOPHY and GUIDELINES

Philosophy of Care

Morgan Tilton is committed to providing a balanced Christian approach to counseling. It is her belief that all the problems we face in life are simultaneously spiritual and psychological. Because of this, it is her goal to provide counseling and guidance that meets your specific challenges and at the same time honors Christ. It is her belief also that the Bible speaks to all of life and all of its problems, but ultimately points us to a person and a relationship- Jesus Christ as our Savior and Redeemer. Morgan believes that real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. So the goal of Christian counseling is to help you resolve the problems in your life in a way that will please God, help you to fully appreciate His gracious love for you, and to trust and follow his plans for your life. Morgan will typically pray for you and bring relevant passages of Scripture to bear upon the problems for which you have sought counseling.

Morgan has earned a Master of Arts degree in Biblical Counseling, but is not licensed in the state of Tennessee as a counselor or psychologist. Your counseling will not necessarily adhere to the rules, standards, or ethical guidelines of any local or national counseling, psychological, or psychiatric association or board. Therefore, no representation is made, either expressly or implied, that your counseling is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions. This counseling is a Christian ministry based on the good news of Jesus rather than a secular professional activity.

Expectations for Counseling

1. Be committed to biblical counseling. Come with a humble heart to each session as you seek to learn how God's Word speaks to your situation. Morgan is committed to walking through this process with you, but desires your commitment as well. Outcomes and graduating from counseling are largely dependent on your involvement in the counseling process.
2. Attend each scheduled session. You can expect each session to last around 45-50 minutes, unless otherwise discussed. If an emergency arises and you cannot attend a session, please contact Morgan as soon as possible to reschedule. We ask when possible, to please give at least 24 hours notice if you wish to cancel an appointment or are unable to keep your appointment. You may conclude counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.
3. Be as open and honest as possible. The guidance given in counseling is dependent on the information you share; therefore, honesty and transparency is essential to this process.
4. Expect challenges. Counseling is not always easy. Oftentimes, we will discuss difficult topics and explore areas that may make you uncomfortable. Know that these conversations are had in order to help you; they are not pointless, but they may not be pleasant. At any time, you are free to ask that we discuss something else or to refuse a proposed technique.
5. Be patient. Your problems did not develop in a day, and they take time to be resolved. Therefore, it is impossible to know the length of counseling required. Additionally, it may take Morgan several sessions to obtain a good understanding of your situation. It is vital for her to carefully listen, gather needed information and to build understanding and trust with you.
6. Complete any homework given, and pray over the matters discussed during previous sessions. The time spent in the counseling office will not suffice on its own. Part of Morgan's goal will be to equip you to handle the struggles of life through skills discussed, the support of the church, and the care of others. However, that requires effort on your part outside of the counseling office. It is also highly encouraged that you be involved in the life of your local church in a variety of ways that they meet together including small groups and corporate worship services.

Not Professional Advice

If you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional.

Confidentiality

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are situations, however, when it may be necessary for us to share certain information with others:

1. If there is reasonable suspicion of child or elderly abuse or neglect;
2. If there is reasonable suspicion of suicidal, homicidal, or criminal intent by the counselee;
3. If a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of leaders in their church to encourage repentance and reconciliation (see Proverbs 15:22; 14:11; Matthew 18:15-20)
4. If there are legal proceedings that require disclosure. In these instances, every effort will be made to disclose only the information necessary or legally required.
5. If Morgan finds it necessary to consult with another professional about your situation, in order to better serve you. All efforts will be made in these cases to protect privacy.

Please be assured that Morgan prefers not to disclose personal information to others, and will make every effort to help you find ways to resolve a problem as discreetly and as privately as possible. If she believes that information needs to be shared with others, she will attempt to discuss this with you first unless to do so would put you or others at risk of harm.

Confidentiality through this counseling ministry is defined by pastor-parishioner privilege because it is taking place within the context of the local church and, therefore, Morgan operates as an agent of the church (pastors/ministers) not agents of the state (licensed counselors). This means counseling conversations are inadmissible in the court of law in the same way as conversations with a priest in a confessional booth. If your counseling subject requires professional representation in a court setting by a counselor, Morgan will likely not be the best fit for your needs.

Suicidal Thinking and Behavior

If you are suicidal during the course of your counseling, it is crucial that you talk with your counselor about these matters. Please sign below indicating that you agree to share any suicidal thoughts or intentions with your counselor at any time they arise, and by phone if they occur in between sessions, and that you would seek medical care if you become suicidal in the course of your counseling.

Sign here: _____

Resolution of Conflicts

On rare occasions a conflict may develop between a counselor and a counselee. Morgan requires all counselees to agree that any dispute that arises with her as a result of counseling will be settled by mediation and, if necessary legally binding arbitration in accordance with the Rules of Procedure of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court having jurisdiction.

Your counselor may terminate counseling services for noncompliance with the plan of care, failure to keep or cancelling appointments, violent behavior, threats of violence, or involvement in criminal behavior.

Donations

It is important that you make a donation for each counseling session. The fair-market value of counseling in the Murfreesboro area averages from \$90- \$135 per 50 minute session. There are no set fees for your counseling, however, since this is a counseling ministry. Additionally, Morgan does not want to deny help to those who are in need but cannot obtain it because of financial hardship. She has chosen to provide your counseling as a ministry, but she is not reimbursed for your counseling. Please carefully consider and pray about how you might contribute to this counseling ministry. The suggested donation is \$50-\$75 per session and can be paid directly to Morgan.

If you have any questions about these guidelines, please talk with Morgan. If you understand these guidelines, they are acceptable to you, and you are freely consenting to counseling based on all of the information and conditions above, please sign below. If you choose not to agree to these guidelines and sign this form, please make sure you let Morgan know your concerns before you begin your first session.

Signed _____ Date _____