



Date: \_\_\_\_\_

Dear: \_\_\_\_\_

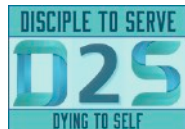
Thank you for your request to counsel. We look forward to helping you overcome your current trials. In order for us to serve you, please fill out the attached Personal Data Inventory and return it to Calvary Chapel at the address below, marked "Confidential: D2S Counseling." You may also scan and email forms to the address below. Once we receive and review the forms you will be contacted within one week to advise you of the next possible opening.

Please note: if counseling is needed for more than one person (i.e., a husband and wife), each must fill out a separate Personal Data Inventory.

Also, please be sure to READ over the Biblical Counseling FAQ to ensure your understanding of the type of counseling you will receive. If you have any questions, you may email us: [cadwell.sarah@gmail.com](mailto:cadwell.sarah@gmail.com)

We look forward to serving you and seeing what God will do through His Word.

In His Service,



Carl & Sarah Cadwell  
IABC and ACBC/NANC Certified  
Biblical Counseling Coordinators

Encls: FAQ, PDI



# BIBLICAL COUNSELING FAQ:



## **Common Counseling Issues:**

Anxiety, Worry, Fear, Addiction, Anger Management, Communication, Depression, Eating Disorders, Marriage, Family, Parent-Child Relationship, Stress

## **Our Goal in Counseling is to Teach:**

- **Dependence upon the Bible - 2 Peter 1:3-4**

It provides all the needed principles and guidance for understanding our mental processes, analyzing our emotional responses, and exercising control over our behavior.

- **Developing Biblical Habits - 2 Corinthians 5:9**

Counselees are encouraged to confront the failures and shortcomings of their personal lives from a Biblical view ... turning their focus away from their own desires and determining to live in a manner pleasing to God.

- **Diligent Application of Biblical Principles - John 16:33**

A discouraged or despondent counselee can gain great hope as he learns from Scripture that God's peace and joy can be his as he depends solely on his relationship with God through Jesus Christ.

## **Essential Elements of Biblical Counseling:**

- Counselors do **not** base their counseling on their own opinions, experience, or concepts of behavior (Isaiah 55:8-11.)
- **The Lord Himself, in the Person of the Holy Spirit** will provide the hope, enabling, and wisdom (through God's Word) for you to face and deal with your problems.
- Provide Biblical **Understanding** of the Problem - Gaining God's Perspective (Proverbs 3:5-7)
- Give **Hope** - God will provide ample help and direction in every situation as you deal with the problem His way (1 Corinthians 10:13).
- Show how you may **choose to change** through developing new Biblical patterns of thought and behavior (Ephesians 4:22-24).
- Come alongside you to help you take action and **Practice** God's solutions in your everyday activities (James 1:25).

## **Our Desires are to:**

- Help people face and deal Biblically with life's challenges through understanding and applying God's Word.
- Provide our time and energy as a ministry to the body of Christ, and to the community-at-large, as a labor of love. Therefore, there is no fee for counseling.
- Provide distinctively Biblical, compassionate, certified counseling for people with individual, marriage, family and/or relational challenges.
- Provide training for pastors, leaders, laity, Christian workers, and others toward certification as Biblical counselors.
- Provide confidential and trustworthy Biblical counseling.
- Provide counselors who are trained in the use of Scripture and the principles of biblical counseling.

## **Regarding medical issues:**

Biblical counselors believe in the total health needs of the counselee. Your counselor may recommend that you have a full or specified medical examination. If you require medical assistance, counseling will continue at the same time, whenever possible. A medical doctor will diagnose and treat medical problems.

## **What is the length of the counseling process?**

Normally, counseling sessions are 60 minutes in length and scheduled on a weekly basis. The number of sessions depends on many variables, such as the nature and duration of the problem, the strength of the counselee, and whether or not the counselee is an involved member of a Biblically-active church. Generally, meetings last approximately 9-12 weeks.

## **How to get started?**

Appointments may be made for counseling by obtaining a disciple/counseling packet from Calvary Chapel Sarasota (contact below). Once the completed form is returned to the church you will be contacted to set up an appointment.

Come with high expectations. You will find hope and encouragement even during your first session. From then on, with your cooperation, we are confident that you will find the true, good, and acceptable answer to the difficulty that prompted you to contact us.

CONTACT: [www.ccsrq.cc](http://www.ccsrq.cc) D2S. Calvary Chapel Sarasota, 3800 27<sup>th</sup> Pkwy, Sarasota, FL 34235 [941-365-9673]



Calvary Chapel Sarasota  
**PERSONAL DATA INVENTORY**  
(To be completed & submitted prior to first session.)

D2S Date Received:  
\_\_\_\_\_

**PERSONAL IDENTIFICATION DATA**

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

Address: \_\_\_\_\_ (street, city, & zip)

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Education (last year completed): \_\_\_\_\_

Other training: \_\_\_\_\_

Referred by: \_\_\_\_\_

**PLEASE TAKE YOUR TIME IN ANSWERING THE FOLLOWING QUESTIONS:**

State in your own words the nature of the main problem(s) that bring you for Biblical counseling:

When did your problems begin? Please specify a date if possible.

Please describe any significant events occurring at that time:

What have you done to try to resolve your problem(s)?

What would you like us to do for you? What kind of help do you expect?

Is there any other information we should know?

**PERSONAL HISTORY**

Parents: [Name - Age (if living) - Occupation - Marital Status]

Father \_\_\_\_\_

Mother \_\_\_\_\_

If applicable, which parent raised you? \_\_\_\_\_

Guardian: \_\_\_\_\_ (if applicable) Dates: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Reason for Guardianship: \_\_\_\_\_

Describe relationship with your father: \_\_\_\_\_

Describe relationship with your mother: \_\_\_\_\_

Siblings: [Name - Age (if living) - Occupation - Marital Status]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your position in the birth order of your brothers and sisters: \_\_\_\_\_

Would you rate your home-life growing up: well adjusted \_\_\_\_\_ average \_\_\_\_\_ poor \_\_\_\_\_

Has there been a death of a close family member? \_\_\_\_\_ If so, what relationship were they to you and when did they die?

\_\_\_\_\_

Indicate which may have applied during your childhood and/or adolescence: School problems \_\_\_\_\_ Family Problems \_\_\_\_\_

Medical Problems \_\_\_\_\_ Drug/Alcohol problems \_\_\_\_\_ Social problems \_\_\_\_\_ Legal problems \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

**MARITAL HISTORY**

Current status: Single Engaged Married Remarried Separated Divorced Widowed Living Together

Your present marriage (if applicable):

Spouse name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse religious background: \_\_\_\_\_ Education: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Length of dating: \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating: \_\_\_\_\_

\_\_\_\_\_

Have you ever been separated from your present spouse? \_\_\_\_\_

If yes, please specify when: 1) \_\_\_\_\_ to \_\_\_\_\_ 2) \_\_\_\_\_ to \_\_\_\_\_

Children: [Name, Relationship (son, step-son, etc.), Living at Home, Age, Marital Status, Occupation]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your previous marriages (if applicable): Date Children from this marriage

\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Spouse's previous marriages (if applicable): Date Children from this marriage

\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## HEALTH & PERSONAL HABITS HISTORY

Allergies _____	Amnesia _____	Anemia _____	Anger _____
Anorexia _____	Anxiety _____	Apathy _____	Appetite problems _____
Bitterness _____	Blackouts _____	Brain tumor _____	Bulimia _____
Cancer _____	Change in lifestyle _____	Change in sex drive _____	Changes in consciousness _____
Children _____	Deception _____	Depression _____	Diabetes _____
Dizziness _____	Envy _____	Fatigue _____	Fear _____
Guilt _____	Hallucinations _____	Headaches _____	Head Injury/Concussion _____
Heart problems _____	High Blood Pressure _____	Homosexuality _____	Hypoglycemia _____
Impotence _____	In-laws _____	Kidney problems _____	Liver problems _____
Lung problems _____	Memory problems _____	Moodiness _____	Multiple Sclerosis _____
Parkinson's disease _____	Personality change _____	Physical change _____	Rebellion _____
Seizures _____	Speech problems _____	Spouse Abuse _____	Stroke _____
Thyroid dysfunction _____	Tremors _____	Unusual hair loss _____	Vision problems _____
Weakness _____	Weight change _____		

## ABOUT YOURSELF: CIRCLE ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW:

active ambitious self-confident persistent nervous hardworking impatient impulsive moody kindly  
often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert  
like-able leader quiet hard-boiled submissive spiritual self-conscious lonely sensitive OCD  
other \_\_\_\_\_

Have you ever felt people were watching you? Yes ___ No ___	Do people's faces ever seem distorted? Yes ___ No ___
Do you ever have difficulty distinguishing faces? Yes ___ No ___	Do colors ever seem too bright? Yes ___ No ___
Are you sometimes unable to judge distance? Yes ___ No ___	Have you ever had hallucinations? Yes ___ No ___
Is your hearing exceptionally good? Yes ___ No ___	Do you have problems sleeping? Yes ___ No ___

Do you have any current health problems? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

List previous surgeries (those which required anesthesia):

List all prescription and over-the-counter medications; include diet pills, laxatives, birth control, cold and allergy, aspirin/pain meds:

What is your average daily caffeine consumption? Include coffee, tea, chocolate, stimulants, and caffeinated drinks:

How many hours of sleep do you average each night? Any recent changes? Is this sleep restful? Do you have problems sleeping?

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal) thinking and memory, or work habits?

Are you bothered by nervousness of any kind (trouble sleeping, upset stomach, jittery feelings, etc.)? \_\_\_\_\_

Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Have you ever received counseling? \_\_\_\_\_ If 'yes', please specify when and with whom: \_\_\_\_\_

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

**WOMEN ONLY**

Have you had any menstrual difficulties? \_\_\_\_\_

Do you experience tension, tendency to cry, or other symptoms prior to your cycle? Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your husband willing to come to counseling? \_\_\_\_\_

Is he in favor of your coming? \_\_\_\_\_ If not, explain: \_\_\_\_\_

\_\_\_\_\_

**OCCUPATIONAL HISTORY**

What jobs have you held in the past?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your job title? \_\_\_\_\_ How long have you been in this job? \_\_\_\_\_

Does your present work satisfy you? If not, explain: \_\_\_\_\_

\_\_\_\_\_

**RELIGIOUS BACKGROUND**

Church presently attending (Name/address): \_\_\_\_\_

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

Pastor name: \_\_\_\_\_

Permission to consult with pastor: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you consider yourself born again? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_ Not sure what you mean \_\_\_\_\_

How often do you attend church? \_\_\_\_\_ Are you actively involved? \_\_\_\_\_

In what ways do you serve in your local church? \_\_\_\_\_

\_\_\_\_\_

Do you read the Bible? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, how often: daily \_\_\_\_\_ occasionally \_\_\_\_\_ never \_\_\_\_\_

Do you pray? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, how often: daily \_\_\_\_\_ occasionally \_\_\_\_\_ never \_\_\_\_\_

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your relationship with God? \_\_\_\_\_

\_\_\_\_\_

Who are you favorite authors/speakers you like to listen to other than your Pastor? What books have most influenced you other than the Bible?

\_\_\_\_\_  
\_\_\_\_\_