

# Versailles Christian Church Counseling Personal Data Inventory



Thank you for your interest in receiving counseling through Versailles Christian Church. Our counseling strives to be conscientiously and comprehensively Christ-centered and based on the Bible. This involves understanding the nature and causes of our human difficulties. It also involves understanding the ways we are unlike Christ in our values, aspirations, desires, thoughts, feelings, choices, attitudes, actions and responses. Resolving life's difficulties includes being redeemed and justified through Christ, receiving God's forgiveness through Christ, and acquiring from Christ the enabling power to replace inappropriate patterns of life with Christ-like behavior.

To begin the counseling process with our church, please complete the form below as thoroughly as possible. Your counselor will use this information to best understand your situation and begin praying for you. This is a general purpose form. If a question does not apply, please leave it blank. Upon receipt of your Personal Data Inventory (PDI), we will assign a counselor when one is available.

Your assigned counselor will contact you to set up a meeting time and location that is convenient for both parties. If you have any questions or concerns, please do not hesitate to contact our office.

Pastor Nick Dimmick  
937-526-4194 office  
937-407-0386 cell  
ndimmick@gmail.com

## ***Personal Identification***

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Referred By: \_\_\_\_\_

Marital Status: Single: \_\_\_ Engaged: \_\_\_ Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Years at Employer: \_\_\_\_\_

Is English your first language: \_\_\_\_\_ If not, what is: \_\_\_\_\_

## ***Marriage and Family***

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years at Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Length of Dating: \_\_\_\_\_

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

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

Is your spouse willing to come for counseling: \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your spouse in favor of you coming: \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_

Have either of you been previously married: \_\_\_\_\_ If so, to whom: \_\_\_\_\_

Have you ever been separated: \_\_\_\_\_ Have you ever filed for divorce: \_\_\_\_\_

If there have been multiple marriages, briefly explain time frames, children involved, and reasons: \_\_\_\_\_

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

### **Information about Children:**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Year In School \_\_\_\_\_ Biological/Step/Adopted/Lives Elsewhere \_\_\_\_\_ Other \_\_\_\_\_

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

Describe your relationship to your father: \_\_\_\_\_

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Describe your relationship to your mother: \_\_\_\_\_

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Number of sibling(s): \_\_\_\_\_ Birth order of all siblings: \_\_\_\_\_

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Did you live with anyone other than parents while growing up? \_\_\_\_\_

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Are your parents living: \_\_\_\_\_ Do they live locally and where: \_\_\_\_\_

## ***Health***

Describe your health: \_\_\_\_\_

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Do you have any chronic conditions: \_\_\_\_\_ What: \_\_\_\_\_

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List important illnesses and injuries or handicaps: \_\_\_\_\_

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Date of last medical exam: \_\_\_\_\_ Report: \_\_\_\_\_

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Physician's name and address: \_\_\_\_\_

Current medication(s) and dosage: \_\_\_\_\_

Have you ceased taking any drugs recently? Which ones, why, and when? \_\_\_\_\_

Have you ever used drugs for anything other than medical purposes? If yes, please explain: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ if so, why, when, and was there a resulting sentence? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ If so, what, how frequently and how much? \_\_\_\_\_

Do you drink coffee? \_\_\_\_\_ How much? \_\_\_\_\_

Other caffeinated drinks? \_\_\_\_\_ How much? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ What? \_\_\_\_\_ Frequency: \_\_\_\_\_

If you have ever had interpersonal problems on the job, please describe them: \_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever seen a psychiatrist or counselor? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records? \_\_\_\_\_

# Spiritual

Denominational preference: \_\_\_\_\_

Church attending: \_\_\_\_\_

Location: \_\_\_\_\_ Are you a member?: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone Number: \_\_\_\_\_

Do we have permission to contact your Pastor? \_\_\_\_\_

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

Do you believe in God? \_\_\_\_\_ Do you pray? \_\_\_\_\_

Would you say that you are a Christian \_\_\_\_\_, in the process of becoming a Christian \_\_\_\_\_, investigating Christianity \_\_\_\_\_, or opposed to Christianity? \_\_\_\_\_ Other? \_\_\_\_\_

\_\_\_\_\_

Have you ever been baptized? \_\_\_\_\_ Age? \_\_\_\_\_ Immersion or sprinkling? \_\_\_\_\_

How often do you read the Bible: Never: \_\_\_\_\_ Occasionally: \_\_\_\_\_ Often: \_\_\_\_\_ Daily: \_\_\_\_\_

Please briefly tell your spiritual story: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain any recent changes in your religious life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***Women Only***

Have you had an unplanned pregnancy? \_\_\_\_\_ Have you ever had an abortion? \_\_\_\_\_

Did you suffer any medical side-effects that would be helpful for your counselor to know?

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Have you had any menstrual difficulties? \_\_\_\_\_ If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain: \_\_\_\_\_

### ***Problem Check List***

Please select any areas you are struggling with.

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|--|--|--|--|
| <input type="checkbox"/> Abuse               | <input type="checkbox"/> Children          | <input type="checkbox"/> Fear          | <input type="checkbox"/> Lust or Pornography |
| <input type="checkbox"/> Addiction           | <input type="checkbox"/> Communication     | <input type="checkbox"/> Finances      | <input type="checkbox"/> Memory              |
| <input type="checkbox"/> Adultery            | <input type="checkbox"/> Conflict (fights) | <input type="checkbox"/> Grief         | <input type="checkbox"/> Moodiness           |
| <input type="checkbox"/> Anger               | <input type="checkbox"/> Cutting           | <input type="checkbox"/> Guilt         | <input type="checkbox"/> Perfectionism       |
| <input type="checkbox"/> Anorexia            | <input type="checkbox"/> Deception         | <input type="checkbox"/> Health        | <input type="checkbox"/> Rebellion           |
| <input type="checkbox"/> Anxiety             | <input type="checkbox"/> Decision Making   | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Sex                 |
| <input type="checkbox"/> Bitterness          | <input type="checkbox"/> Depression        | <input type="checkbox"/> Infertility   | <input type="checkbox"/> Sleep               |
| <input type="checkbox"/> Bulimia             | <input type="checkbox"/> Drunkenness       | <input type="checkbox"/> In-laws       | <input type="checkbox"/> Unbiblical Habit    |
| <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Envy              | <input type="checkbox"/> Loneliness    | <input type="checkbox"/> Unresolved Past     |

### ***Briefly Answer The Following Questions***

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

2. What have you done about the problem?

3. What are your expectations for counseling?

4. Is there any other information that we should know?

5. Does anyone from your home church plan to accompany you to counseling: \_\_\_\_\_ If yes, please indicate his/her name (s), and the nature of your relationship.

# ***Counseling Agreement***

## **Before Beginning Biblical Counseling**

In order to make our first session as profitable as possible we would ask you to give careful attention to the following items. If you have difficulty in completing any of the following steps, please call the church, and we will be glad to answer any questions you might have.

## **About Biblical Counseling**

The biblical counselor is trained in the meaning and use of the Bible and biblical principles for counseling. He is committed to the position that Scripture provides the only authoritative guide for what we are to believe and how we are to live. He will not base his counseling knowledge on his own opinions, experience, or concepts of behavior, but will seek to apply the full range of biblical truth into focus on the counselee's need.

The biblical counselor deals with a wide range of problems, including broken marriages, parent-child relationships, fear, depression, alcohol and drug abuse, tension, anxiety, worry and other problems resulting in mental and physical immobility.

Counselors who are in training may be asked to participate as part of the counseling team. You will find them courteous, factual and efficient. Confidentiality is respected but held within appropriate limitations. A case may be discussed with other counselors or other professionals, but only to the degree necessary to find further biblical solutions to the problem. All such consultation is conducted in accord with the highest standards of biblical ethics.

Your counselor will use all of his skill in applying biblical principles to help you in whatever problem deprives you of the peace and joy that God has promised to you in His Word. Your counselor will concentrate on three basic foundations from God's Word:

**Hope** — Because in Jesus Christ we have a great High Priest who has been tempted in all things, yet without sin. Thus, because of Him, even though every sin common to man may be tempting you, God has promised that He will not let you be tempted beyond your endurance, but will provide for you the way to escape from sin so that you can endure it (1 Cor. 10:13; Heb. 4:14-16).

**Change** — Because in Christ we can learn how to lay aside the old selfish ways of living and put on the new ways of living in a manner worthy of the Lord, to please Him in all respects, bearing fruit in good work and increasing in the knowledge of God (Eph. 4:20-24; Col. 1:10).

**Practice** — Because we need to prove ourselves to be doers of God's Word, lest we be merely hearers, forgetting and deluding ourselves. Only in effectual practice of the Scriptures shall we be blessed in what we do, and only then will we please the Lord (James 1:22-25).

Normally, counseling sessions will last one to one and one half hours each week and will continue for eight to ten weeks. If you respond quickly to biblical counsel the number of counseling sessions may be lessened. However, if the counselor does not observe definite change in the first few weeks, he will seek to identify the cause of the failure, discuss it with you and help you to correct it.

Counseling of members of Versailles Christian Church takes precedence over all outside counseling.

In order to achieve lasting victory over the problems of life, it is vital that each person becomes established in a consistent Christian walk. The Lord has provided the local church to help in this process (Heb. 10:24-25). Therefore, it is important that counseling sessions be accompanied by church activities that encourage discipleship and fellowship. For this reason, the counselor may contact your church and request their assistance. It is our commitment to do what will best bring about the victory you can experience over your problems.



You will need a notebook and your Bible at all sessions, including the first. Be sure to bring them each time. 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 come to us.

## ***Consent and Commitment to Biblical Counseling***

**Our Goal** — Our goal in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life.

**Biblical Basis** — We believe that the Bible provides guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. The counselors of this ministry are neither licensed as psychotherapists nor mental health professionals. It should be understood that biblical counseling consists of the giving of scriptural counsel and the practical application of the Bible to each individual. Yet, the counselee is held fully responsible for how he implements that counsel.

We are confident that the Bible has all of the information necessary for life and godliness (2 Pet. 1:3). There are no problems between people that the Bible fails to address either in general or specific principles. Our counselors are not infallible, nor do they pretend to know all there is to know about biblical teaching and its applications to life, but they are well equipped and competent to help people change. They will make a point to differentiate between God's commands and their suggestions.

**Professional Advice** — In the process of biblical counseling there are often times when there is a need for significant advice with regards to legal, medical, financial or other technical areas. In those cases you will be encouraged by your counselor to seek independent professional advice. Our counselors will cooperate with such advisors and help you to consider their advice in the light of relevant scriptural principles.

**Confidentiality** — Confidentiality is an important aspect of the counseling process and we will carefully guard the information you entrust to us. However, absolute confidentiality is not biblical; in certain circumstances the Bible requires that facts be disclosed to selected others (Matt. 18:15ff). If your church leadership should inquire, we will disclose to them only that information which we believe is necessary for them to effectively and biblically fulfill their responsibility to shepherd you.

There are five situations when it may be necessary for us to share certain information with others: 1) when a counselor is uncertain how to address a particular problem and needs to seek advice from another pastor or counselor; 2) when a counselee attends another church and it is necessary to talk with his or her pastor or elders, 3) when there is a clear indication that someone may be harmed unless others intervene, 4) when a person persistently refuses to renounce a particular sin and it becomes necessary to seek assistance of others in the church to encourage repentance and reconciliation (see Matthew 18:15-20; Proverbs 15:22; 24:11) or 5) when criminal activity has been committed and the counselee refuses to bring the matter to the attention of local authorities. Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

**Resolution of Conflicts** — On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor 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 arbitration award may be entered in any court having jurisdiction. (We will be happy to provide you with booklets that explain the Christian conciliation process and describe its benefits and procedures.)

**Termination of Counseling** — It is our desire that the counseling arrangement will conclude with a resumption of healthy participation into your local church and life contexts. However, at any time during the counseling process, the counselor or counselee, has the option to terminate the counseling arrangement.

**Expectations and Commitments** — As your counselor invests in you, he will also have some expectations of you. First, it is important that you be honest and be willing to trust your counselor. It will be very difficult to find help if you seek to hide or deceive away from the hard truth of your situation. Second, your counselor will regularly send you away from each meeting with a bit of homework. As the hard work of change happens more outside of the counseling meeting, this homework will be purposeful and necessary to work toward genuine and lasting change. Last, your counselor will be looking for a commitment of time. Problems and bad habits develop over long periods of time and often cannot be broken in a matter of days. For this reason, your counselor will be looking for a commitment to eight to ten meetings, held once a week. All meetings may not be necessary, but your counselor will seek to make that determination.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with the pastor.

I, \_\_\_\_\_, have carefully read the conditions for counseling set forth in this document, and I agree to enter into counseling in accordance with them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I am filling out this form on behalf of the counselee:

My Name: \_\_\_\_\_ Relationship: \_\_\_\_\_