Please send to: Dr. Andrew H. Selle, P.O. Box 63, Essex Jct., VT 05453 USA

or email to [christiancounseling@earthlink.net](mailto:christiancounseling@earthlink.net) .

**(If you email, please indicate agreement to the signature page.)**

**DATE:**

**CLIENT INFORMATION FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (day) \_\_\_\_\_\_\_\_\_\_ (eve)\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_

Education (last year completed)\_\_\_\_\_\_\_\_ Other training (list type and years)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by (give name and type of association with client)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION:**

Physical health: Good Fair Poor Recent major illness or injury (please describe)

List important present or past disabilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last medical examination\_\_\_\_\_\_\_\_ Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your physician, with phone number[[1]](#footnote-1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently taking medication? No Yes (include dosage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGIOUS INFORMATION:**

Do you believe in God? No Yes Uncertain

How often to you pray? Daily Weekly Occasionally Never

Do you believe that you will be with God eternally after you die? No Yes Uncertain

Why?

Have there been any recent significant changes in your spiritual life? No Yes (describe):

If you currently belong to or attend a church, please provide the following information:

Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_

Are you a member? No Yes, since\_\_\_\_\_\_\_\_\_\_\_

How often do you attend church services? \_\_\_\_\_ times per month Occasionally Never

Describe any church leadership positions you hold or activities in which you are involved:

How often do you read or study the Bible? Daily Weekly Occasionally Never

What is your opinion of the Bible?

It contains helpful principles that I am free to follow or disregard as I think best.

It is inspired by God and contains helpful principles and instructions that I should follow unless I believe there is a good reason to do otherwise.

It is inspired by God and contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.

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

**MARRIAGE AND FAMILY INFORMATION:**

Marital Status: Single Engaged /’serious’ Married Separated Divorced Widowed

Spouse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (day) \_\_\_\_\_\_\_\_(eve)\_\_\_\_\_\_\_\_

Spouse’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse's age\_\_\_\_ Education (in years)\_\_\_

Spouse’s Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attends \_\_\_ times per month

Date of marriage\_\_\_\_\_\_\_\_\_\_\_ Your ages when married: Husband\_\_\_\_\_\_\_\_\_\_ Wife\_\_\_\_\_\_\_\_\_\_

How long did you know your spouse before marriage?\_\_\_\_\_\_\_\_\_\_\_\_ Length of steady dating\_\_\_\_\_\_\_\_

Have you ever been separated? No Yes When? (dates from \_\_\_\_\_\_ to \_\_\_\_\_\_\_)

Has either of you ever filed for divorce? No Yes Who & When?\_\_\_\_\_\_\_ Current status\_\_\_\_\_\_\_\_

Is spouse willing to come for counseling? Yes No Uncertain

Give brief information about any previous marriages:

Information about children (please note with \*\* if child is by previous marriage)

Name Age Sex Living Education Marital

Yes No in years status

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

How many older brothers sisters do you have?

How many younger brothers sisters do you have?

Have there been deaths or other severe trauma in the family in the last year? Describe:

**OTHER INFORMATION**

Are you a veteran of the armed forces? No Yes Combat experience (where/when)\_\_\_\_\_\_\_\_\_

Have you ever been arrested? No Yes Describe circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used drugs for other than medical purposes? No Yes What & When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any psychotherapy or counseling before? No Yes List counselor[[2]](#footnote-2) & dates and describe the outcome:

How many hours of sleep do you average each night?\_\_\_\_ How well do you sleep? \_\_\_\_\_\_\_\_\_

**THE ISSUES THAT CONCERN YOU**

1. Describe the problem that brings you here, including a brief history of its development:

2. What have you done about it?

3. What are your hopes and expectations in coming here?

4. What brings you here now at this time?

5. Is there any other information we should know?

# Consent to Counseling / Conciliation

***Our Goal —*** The goal of Christian Counseling and Mediation (herein called ‘C.C.M.’) is to provide Christian counseling and conciliation (peacemaking) that will help you meet the challenges of life in a constructive and healthy way. We consider mediation and arbitration, as methods of conciliation, to be forms of biblical counseling. We offer counseling to all people, regardless of their personal beliefs; yet we make plain our sincere conviction that only God’s way will ultimately lead to the greatest joy and a fulfilling life. We hope that, through our counseling, you will know Him and trust Him better, and follow His ways.

***Biblical Basis —*** We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on biblical principles rather than those of secular psychology or psychiatry. C.C.M. counselors are not licensed as a psycho­therapists, mental health professionals, or physicians, and should not be expected to follow their methods of counseling.

***Limitations of Professional Advice —***  Our counselors are trained in biblical counseling and conciliation only, and therefore, if you have significant medical, legal, financial, or other technical questions, you should seek advice from professionals in those fields. Our counselors will seek to cooperate with such advisors and help you to consider their counsel in the light of scriptural principles. We do not offer crisis counseling, and you should not expect to reach your counselor at short notice between appointments.

***Confidentiality*** -- By signing below, you agree to protect the confidentiality of this process and not to discuss these matters with people who do not have a necessary interest in them. If a dispute described on preceding pages of this client information form results in litigation, you also agree to treat all dealings with C.C. M. in regard to this dispute as settlement negotiations, and you agree that all communications, written or oral, with C.C.M. and all communications, written or oral, between the parties to the dispute described above during the mediation process shall be inadmis­sible in a court of law or for legal discovery. Furthermore, we retain the right to divulge information to appropriate civil authorities if we believe there is indication that someone might otherwise be harmed or as required by law.

***Resolution of Client/Counselor Conflicts —*** In the unlikely event that a conflict were to develop between a client and a counselor (or C.C.M. as an organization) we are committed to resolving conflicts in a biblically faithful manner. Therefore, we require all of our clients to agree that any dispute that arises with a C.C.M. counselor, employee, or volunteer, or with C.C.M. corporately, or with its trustees individually or corporately, or with any organization or individual that provides facilities used by C.C.M., will be settled by media­tion or, if necessary, legally binding arbitration in accordance with the *Rules of Procedure[[3]](#footnote-3)* of the Institute for Christian Conciliation. We will be happy to provide you with more information about the Christian conciliation process and describe its benefits and procedures.

***Payment and Cancellations***—Payment should be made at each session. When you make an appointment, that time becomes unavailable to others; therefore, except in cases of illness or emergencies, you are responsible to cover the cost of the appointment unless cancellation is made at least 48 hours in advance of the scheduled appointment.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ. If you have any questions about this agreement, please talk with your counselor. **If you understand and accept these policies, please sign below.**

Signed Date

[Or parent please sign: “I consent to counseling for my minor child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_(name).”]

1. for emergency purposes only; contact with medical providers is made only by written consent of the client, except in cases of emergency. [↑](#footnote-ref-1)
2. for emergency purposes only; contact with other professionals is made only by written consent of the client, except in cases of emergency. [↑](#footnote-ref-2)
3. Available at <http://iccpeace.com/Rules/index.html> . Printed copy available upon request. [↑](#footnote-ref-3)