

Steve Barns & Associates

The Counseling Center
of Denton Bible Church
Christian Counseling Services
Individual, Marriage, & Family



Phone: (940) 297-6893
Fax: (940) 387-3009
counseling@dentonbible.org
2121 Nottingham Drive
Denton, Texas 76209

Counselee Name: _____
Last First MI

Male Female _____ / _____ / _____
Date of Birth Age

Email: _____ @ _____ Home: (____) ____ - _____ Cell: (____) ____ - _____

Address: _____
Street (or P.O. Box) Apt. #

_____ City State Zip Code

Emergency contact: _____ (____) ____ - _____

Place of Employment: _____ How long? ____ yrs. ____ mos.

Current Marital Status

- Never married Engaged Married (____ yrs. ____ mos.)
- Separated (____ yrs. ____ mos.) Divorced (____ yrs. ____ mos.)

Spouse's name: _____
Date of Birth Age

Previous Marriages

Self ____ time(s) Date(s) ____ / ____ -- ____ / ____, ____ / ____ -- ____ / ____, ____ / ____ -- ____ / ____

Spouse ____ time(s) Date(s) ____ / ____ -- ____ / ____, ____ / ____ -- ____ / ____, ____ / ____ -- ____ / ____

Children

Together: T Self: S Spouse: Sp

- T S Sp _____ Age ____ M F Biological Adopted Foster
- T S Sp _____ Age ____ M F Biological Adopted Foster
- T S Sp _____ Age ____ M F Biological Adopted Foster
- T S Sp _____ Age ____ M F Biological Adopted Foster
- T S Sp _____ Age ____ M F Biological Adopted Foster
- T S Sp _____ Age ____ M F Biological Adopted Foster

Religious Affiliation

I attend church at _____.

Attended since: ____ / ____ Member since: ____ / ____

I attend: Every Sunday Most Sundays Occasionally My spouse attends with me Yes No

If you are a Christian, how would you describe your relationship with God? _____

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Personal Information

For what specifically are you seeking counseling today? _____

What recent event(s) prompted you to seek counseling? _____

What ongoing problem(s) has (have) contributed to you seeking counseling? _____

Describe any losses you have experienced in the past two years (family members, job, spouse, etc.). _____

What are your expectations in coming here? _____

Describe yourself as a person. _____

Do you sleep well? Yes No

How many hours do you typically sleep? _____

When do you typically go to bed? _____

When do you typically wake up? _____

Have your eating habits changed recently? Yes No If so, please explain. _____

Have you gained or lost ten pounds or more over the past year? Yes No If so, please explain. _____

Do you have eating problems (bingeing, overeating, purging, etc.)? Yes No If so, please explain. _____

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Describe your usage (or abuse) of the following:

Alcohol _____

Caffeine _____

Tobacco _____

Marijuana _____

Prescription medication _____

Have you ever been convicted of a felony? Yes No If so, please explain. _____

Have you had difficulty with employment recently or in the past? Yes No If so, please explain. _____

Share anything else you believe may be helpful for you and your counselor. _____

Medical Information

How would you characterize your physical health? Excellent Good Fair Poor

Who is your physician? _____ Do you see him/her Regularly As needed

List any medical problems you currently have. _____

List any medications you currently take for physical problems. _____

Have you ever been hospitalized for medical reasons? Yes No If so, please explain. _____

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Mental Health Information

Are you currently under the care of a mental health professional (psychiatrist, psychologist, counselor)?

Yes No If so, who? _____

Have you received counseling or psychiatric care in the past? Yes No

When? ____/____/____, ____/____/____ How long? ____ yrs. ____ mos.

From whom? _____

For what reason? _____

Have you ever been given a mental health diagnosis by a mental health professional? Yes No

If so, what was the diagnosis? _____

Do you believe the diagnosis was accurate? Yes No Why or why not? _____

List any medications you currently take for diagnosed psychiatric issues or for other mental health reasons (depression, anxiety, etc.). _____

Have you ever been hospitalized for mental health reasons? Yes No If so, please explain. _____

Have you ever attempted suicide? Yes No If so, how many times? _____

When? ____/____/____, ____/____/____, ____/____/____

By what means? _____

Have you ever physically harmed another person? Yes No

Is there a history of suicide in your immediate or extended family? Yes No

Are you presently having thoughts of harming yourself or someone else? Yes No

Please describe any of the following that apply to you or members of your family.

Drug or alcohol abuse: _____

Physical, verbal, or sexual abuse: _____

Mental health issues (depression, anxiety, bi-polar disorder, etc.): _____

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Counseling Information

The men and women who provide biblical counsel at Denton Bible Church (DBC) seek to serve people according to the truth and grace of God's Word. They have been trained within the biblical counseling ministry of DBC and are supervised by DBC pastoral and counseling staff. Your counselor may or may not hold a degree of higher education in counseling or a Texas counseling license. Your counselor will go over his or her qualifications and background during your first session.

Confidentiality in the counseling relationship is taken very seriously. Counselors assigned to help you will protect confidentiality in matters discussed during counseling sessions, with some exceptions. In some cases, your counselor may be required to seek assistance for you or your family. If your counselor believes you intend to harm yourself or someone else; if your counselor becomes aware of physical or sexual abuse of a child or elderly adult; or if your counselor believes you might benefit by having others involved, such as his or her supervisor, ministry pastors, fellow lay counselors, or counseling professionals, your counselor will share confidential information about you with others. No more personal, identifying information will be shared than necessary.

Informed Consent

I understand that I am entering into a process of counseling in which personal and difficult issues may be discussed. While those with whom I counsel will be respectful of my personal beliefs and opinions, I understand that they will counsel me according to the Bible.

I understand that there will not be a fee charged for counseling meetings.

I understand that it may be necessary for my minor children to participate in counseling meetings. If so, I give my permission for the counselors involved to meet and counsel with my children.

I understand that, if during the process of counseling I become uncomfortable with the process and am unwilling to continue, I will discuss this with my counselor and, if necessary, with the supervising counselor and/or pastors overseeing the DBC counseling ministry.

I have read this statement and agree with everything stated herein regarding the counseling ministry at DBC.

I hereby release and hold harmless Denton Bible Church and lay counselors working in this ministry from any and all liability, claims, and/or expenses related to or arising from any care or counseling received (or not received).

Printed Name

_____/_____/_____
Date

Signature

_____/_____/_____
Date