

Dr. Gregory A. Ryerson, Biblical Counselor

PERSONAL DATA INVENTORY

Your answers will be held in strict confidence. The counselor may ask your permission to discuss your situation with another counselor (such as your pastor). But he will do this ONLY if you sign the waiver at the end of this questionnaire.

IDENTIFICATION DATA

Name _____
(Last) (First) (Middle)

Street Address or P.O. Box _____

City / State / Zipcode _____

Phone (_____) _____ Birthdate _____
(Month) (Day) (Year)

Email address _____

Occupation _____

Employer _____

Cell Phone (_____) _____

Education (level completed): High School College Graduate School

Other Training (list type and year completed): _____

Referred here by: _____

HEALTH DATA

Rate your health: Very good Good Average Poor Very poor

List all important present or past illnesses, injuries, disabilities, surgeries: _____

Date of last medical examination: _____ Report: _____

Your Physician: _____

Are you currently taking any medication? Please list: _____

Have you ever had a severe emotional upset? Yes No If "Yes," explain: _____

Have you ever been arrested? Yes No

Have you recently experienced loss from a situation involving your personal life, work, or other situation? Yes No If "Yes," explain: _____

RELIGIOUS BACKGROUND

What church do you currently attend? _____

How many church services do you attend per month? (Circle) 1 2 3 4 5 6 7 8 9 10 more

Church you attended in childhood: _____

Church preference of your spouse (if married): _____

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you pray? Never Occasionally Often

On the back of this page (or on a separate sheet) describe briefly the circumstances in which you became a Christian.

How much do you read the Bible? Never Occasionally Often

Do you have regular family devotions (if married)? Yes No

Have you experienced any recent changes in your religious life? Yes No If yes, explain:

PREVIOUS COUNSELING INFORMATION

Have you ever had psychotherapy or counseling before? Yes No

If yes, what was the issue that required counseling? _____

If yes, list counselor or therapist and dates: _____

What was the outcome? _____

MARRIAGE AND FAMILY INFORMATION

Marital status: Single Engaged Married Divorced Separated Widowed

If married, name of spouse: _____

Address of spouse (if different from yours): _____

Spouse home phone: _____ Spouse cell phone: _____

Spouse occupation: _____

Spouse's age: _____ Spouse's education (in years): _____ Spouse's religion: _____

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

Have you ever been separated? Yes No When? _____

Has either of you ever filed for divorce? Yes No When? _____

Date of marriage: _____ Age when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse: _____ Length of engagement: _____

Give brief information about any previous marriages: _____

Information about children (*check the first column if child is by a previous marriage):

<i>PM*</i>	<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>Education</i>	<i>Marital status</i>
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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If you were raised by anyone other than your own parents, briefly explain: _____

Information about your brothers and sisters:

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem?

2. What have you done about it?

3. What can we do? (What are your expectations in coming here?)

4. Please indicate which of the following emotions you are experiencing frequently. Circle the emotion that applies and describe briefly the cause of the emotion (if you can):

Fear Cause(s): _____

Anger Causes(s): _____

Worry Causes(s): _____

Depression Causes(s): _____

Other _____ (Causes): _____

6. Is there any other information we should know?

WAIVERS

Please read each paragraph carefully, put a checkmark beside each statement with which you agree, and sign your name at the bottom.

___ I understand that Dr. Greg Ryerson will evaluate my problem(s), will suggest applicable principles from the Bible, and will offer practical counsel based on those biblical principles.

___ I understand that Dr. Greg Ryerson will hold all information in strictest confidence, with these two exceptions:

- (1) If I divulge to Dr. Greg Ryerson any information regarding a felonious crime that I have committed, he is morally and legally obligated to give the information to appropriate law enforcement agents. He will guide me in caring for this necessity.
- (2) The Bible urges me to seek God's help through personal prayer and Bible reading along with the aid, comfort, and support of the church of which I am a member. Therefore, the leaders of my church are the earthly agents primarily responsible for my spiritual and emotional care. This being true, I hereby authorize Dr. Greg Ryerson to consult with the appropriate leader of my church, to share pertinent information about my situation, and to work cooperatively with my church toward a God-honoring resolution to my problem.

___ I understand that Dr. Greg Ryerson reserves the right to refuse to counsel me for any reason.

___ I understand that a payment of \$100.00 is expected at the time of the first session (the initial interview),* and that each session after that will be \$75.00.

Your signature

Date

Parent or Guardian signature (if client is under age 18)

Date

If you mail this form to the counselor, the address is:

Dr. Greg Ryerson
39 Peach Grove Ave.
Centerville OH 45458-2337

You may send the form as an email attachment to ohiogar@att.net.

* For members and regular attendees of our Partnership Churches, the fee is \$75.00 for the initial interview and \$55.00 for each session after that. Other fees, discounts and/or payment plans may apply. Please inquire about these before the beginning of the initial interview.