

C O U N S E L I N G M I N I S T R Y

Minor Personal Data Inventory
and Parent/Guardian Consent

Lighthouse World Outreach Center
609 Gene Bell Road
PO Box 1596
Monroe, Georgia 30655

Telephone 770-267-4365 X 2234
Fax 770-207-7546

Please print and fill out all sections completely.

Section 1 – Personal & Family Information

Child's Name: _____

Address: _____
(Street) (City) (State) (Zip)

Gender: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____

Is child in special education? No Yes Type: _____

Father's Name: _____ Mother's Name: _____

Father Deceased? No Yes Mother Deceased? No Yes

Are parents: Married Separated Divorced Living Together

If divorced or separated, please explain custody/visitation arrangements: _____

Has child ever lived with anyone else? No Yes If yes, who, when and for how
long? _____

Name of stepparent (if applicable): _____

Name of guardian (if applicable): _____

Name of person completing this form: _____

Relationship to child: _____

Phone: (Day) _____ (Night) _____ (Cell) _____

Emergency Contact: _____
(Name) (Phone)

Referred for counseling by _____

Father's Education: _____ Father's Occupation: _____

Mother's Education: _____ Mother's Occupation: _____

Stepparent's Education: _____ Stepparent's Occupation: _____

Guardian's Education: _____ Guardian's Occupation: _____

What is the family's current employment situation? _____

List any other adults living in the home and their relationship to the child:

_____	_____
_____	_____
_____	_____
_____	_____
(Name)	(Relationship)

Siblings/Stepsiblings

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Name)	(Age)	(Bio)	(Step)	(Adopted)	(Live at home?)

Describe any problems child had at birth: _____

Describe any developmental delays: _____

Rate child's current health: very good good average declining

Child's approximate weight: _____ lbs. Weight changes: lost gained _____ lbs.

Physician: _____ Date of last physical exam: _____

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

Has child had any history of substance use or abuse? No Yes Not Sure

If yes, please describe: _____

Describe any history of attention/hyperactivity problems: _____

Has child ever received any educational or psychological testing? No Yes

If yes, please describe when, where, and for what purpose: _____

Has child ever been under the care of a psychiatrist? No Yes

If yes, please describe when, where, and for what purpose: _____

If child is currently on any medications, please list below:

(Medication)

(Purpose)

(Strength & Dosage)

Has child experienced any kind of physical, sexual, and/or emotional abuse?

No Yes Not Sure

If yes, when did/does it occur? _____

Has the abuse ever been disclosed and/or reported? No Yes Not Sure

If yes, how? _____

What type of legal action, if any, was taken regarding the abuse? _____

How does the abuse affect the child presently? _____

Has there been any history of aggression toward self or others? No Yes

If yes, please describe: _____

As far as you know, has the child ever thought about suicide? No Yes

If yes, when has he/she thought about suicide? _____

Why? _____

Did the child take any steps to harm himself/herself? No Yes

If yes, what did he/she do? _____

Did the child receive any treatment? No Yes

Has the child ever been hospitalized for any emotional reasons? No Yes

If the child has received psychiatric treatment, please describe: _____

List and describe any significant family stressors (such as deaths, separations, abandonment, neglect, job loss, financial hardship, addictions, legal problems, relocations, etc.):

Do any members of the child's family have a history of drug and/or alcohol abuse?

No Yes Not Sure

If yes, please explain: _____

Is there a family history of depression or any other emotional problems? No Yes Not Sure

If yes, please describe the problem and indicate how it was addressed: _____

Who usually disciplines the child? _____

What methods are used? _____

Which seem to be the most effective? _____

Do parents/care-givers agree on discipline? No Yes

What is the child's typical response to discipline? (Please check all that apply)

- pout tantrum walk off hit
- yell cry ignore talk back
- test comply accept other _____

When does he/she tend to misbehave? _____

Please check any habits/fears that your child has, or has had:

- head-banging thumb-sucking fire-setting lying
- rocking hair-pulling animal cruelty tics
- stealing nail-biting fear of the dark other _____

Check those descriptions which best describe your child's typical interactions:

- cooperative domineering submissive sensitive
- aggressive withdrawn distant competitive
- provocative manipulative cruel other _____

Section 2 – Counseling Need

What concerns do you want to address in counseling? _____

What have you done to try to resolve your concerns? _____

What do you hope this counseling will accomplish? _____

Are you currently seeking any other counseling? _____

If yes, with whom? _____

Have you previously sought any other counseling? _____

If yes, with whom? _____

Section 3 – Nouthetic Counseling Acknowledgment & Consent

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

Biblical Basis: We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on Scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors of Lighthouse World Outreach Center are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

Confidentiality: Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are situations, however, when it may be necessary for us to share certain information with others: when there is a clear indication that you or someone else may be harmed unless others intervene; if we reasonably suspect that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes; or if we believe that a child is at risk of being abused, has already been abused, or that someone who previously abused children is still a threat. 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.

Agreement: I/We, as parent(s) or legal guardian(s) of the above listed child, voluntarily agree to the nouthetic counseling provided by the counseling staff of Lighthouse World Outreach Center. I/We understand and recognize that such nouthetic counsel consists of guidance pertaining to ideals, beliefs and Scripture as interpreted and ministered by the pastoral or the lay counselors of Lighthouse World Outreach Center.

I/We recognize and understand the above listed child is not receiving secular or psychiatric, psychometric, or psychological counseling. I/We understand and recognize that the pastoral or the lay counselors of Lighthouse World Outreach Center are not licensed mental health care providers, and are not representing themselves as “psychiatrists”, “psychometrists”, or “psychologists” nor is their guidance considered “psychiatry”, “psychometry”, “psychology”.

I/We acknowledge and understand that this acknowledgment and consent has the same force and effect regardless of whether the nouthetic counseling activities are free instead of a being fee-based.

I/We acknowledge and understand that the nouthetic counseling received from the pastoral or the lay counselors of Lighthouse World Outreach Center does not and will not assess, diagnosis, correct, treat or counsel in a professional relationship to assist in, among other things, the following: (a) alleviating mental or emotional illness, symptoms, conditions, or disorders, including alcohol or drug addiction; (b) understanding conscious or subconscious motivations; (c) resolving emotional, attitudinal, or relationship conflicts; or (d) modifying feelings, attitudes, or behaviors that interfere with effective emotional, social or intellectual functioning, and in the event such advice is given concerning these or problems of the like, such advice is not given in a professional capacity, but is given by the pastoral or the lay counselors of Lighthouse World Outreach Center only in their recognized capacity as biblically – based nouthetic counselors, without any further representation of professionalism.

I/We acknowledge and understand it is my/our obligation to inform the pastoral or the lay counselors of Lighthouse World Outreach Center, *prior to* a nouthetic counseling session, that I/we *do not* desire for the above listed child to participate in nouthetic counseling, but rather seek to establish a professional relationship for the above listed child with a mental health service provider.

I/We acknowledge and understand that I/we take full responsibility for decisions made by me/us or the above listed child after this nouthetic counseling session. I/We agree not to hold Lighthouse World Outreach Center, its staff, lay counselors, employees or members responsible for any injuries, expenses or damages, perceived or real, that result from the nouthetic counseling services provided.

I/We have been provided a copy of this Nouthetic Counseling Acknowledgement and Consent and have read it, understood it and have been given an opportunity to ask questions before signing it.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____