

CBC Student Care & Career Centre
**Prayer Counselling Inventory/
Client Information Form**

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I. General Information

Name _____ Date _____
Age _____
Address _____
Postal Code _____
Home Phone (____) _____ Business/School Phone (____) _____
Email _____
Home Church _____ Marital Status _____
Occupation _____

II. Family Background

A. Religious

1. Have your parents, grandparents, or great grandparents been involved in any occult, cultic, or non-Christian religious practices, including lodges or secret societies? Which ones?

2. Briefly explain your parent=s Christian experience (i.e., were they Christians & did the profess & live their Christianity? How are they involved in a Christian Church?

B. Relationships

1. What words would you use to describe your parents= marriage?

2. How would you describe the atmosphere in your family while growing up and currently?

3. Describe your relationship to your father during your childhood, teen years, and at present

4. Describe your relationship to your mother during your childhood, teen years, and at present.

5. How many brothers? ____ sisters? ____ Are you the oldest? ____ youngest? ____ middle? ____ Are

you adopted? _____

6. Describe your past and present relationships to each of your siblings.

C. Health

1. Are there any addictive problems in your family history (alcohol, drugs, nicotine, workaholism, etc.)?
2. Is there any history of mental, physical or emotional illness in your family?

III. Personal

A. Significant past events:

1. List any major illnesses OR injuries? Was hospitalization required?
2. Describe your eating habits (i.e., are you a junk food addict, do you eat regularly or sporadically, is your diet balanced, etc.?).
3. Do you have any addictions or cravings that you find difficult to control (sweets, drugs, alcohol, tobacco, food in general)?
4. Are you presently on any kind of medication for either physical or psychological reasons?
5. Do you have any sleeping problems? Are you having any recurring dreams, nightmares or disturbances?
6. Have you experienced death of a loved one or someone close to you?

7. Have you been abused verbally or mentally, physically, or sexually? Explain.

8. Have you been and/or are you presently involved in pornography on the internet or magazines? Explain.

B. Mental & Spiritual

1. Do you spend much time wishing you were somebody else or fantasizing that you were a different person, or possibly imagining yourself living at a different time, place or born into a different family? Explain

2. Do you have regular devotional times in Bible reading and prayer? When and to what extent?

3. Do you find it difficult to stay focused on God in prayer or during worship times? Explain.

4. When attending church or other Christian ministries, are you plagued with foul thoughts, jealousies, or other mental harassments? Explain.

5. Do you listen to music a lot and what type do you enjoy most?

6. Have you ever been involved with any of the following? Please check:

Ouija Board Role-playing games (Dungeons & Dragons, Doom, etc.) Magic
 Horoscopes Witchcraft Hypnosis Tarot card reading

C. Emotional

1. Which of the following are you presently having difficulty controlling? (Please check)

- | | | |
|--|---|---|
| <input type="checkbox"/> Frustration | <input type="checkbox"/> Unforgiveness | <input type="checkbox"/> Compulsive thoughts |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Jealousy | <input type="checkbox"/> Obsessive thoughts |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Temper | <input type="checkbox"/> Lustful thoughts |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Impatience | <input type="checkbox"/> Fear of losing your mind |
| <input type="checkbox"/> Worthlessness | <input type="checkbox"/> Irritability | <input type="checkbox"/> Fear of committing suicide |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Worry | <input type="checkbox"/> Fear of hurting loved ones |
| <input type="checkbox"/> Hatred | <input type="checkbox"/> Discouragement | <input type="checkbox"/> Fear of terminal illness |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Fear of going to hell |
| <input type="checkbox"/> Day dreaming | <input type="checkbox"/> Doubts | <input type="checkbox"/> Fear of death |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Inferiority | <input type="checkbox"/> Fear of _____ |
| <input type="checkbox"/> Inadequacy | <input type="checkbox"/> Confusion | |

2. Concerning your emotions, whether positive or negative, which of the following describes you?

- | | |
|---|--|
| <input type="checkbox"/> Readily express them all | <input type="checkbox"/> Express some emotions but not all |
| <input type="checkbox"/> Readily acknowledge them, but reserved in expressing | <input type="checkbox"/> Tendency to suppress emotions |
| <input type="checkbox"/> Feel safest not expressing my feelings | <input type="checkbox"/> Disregard my feelings |
| <input type="checkbox"/> Consciously or subconsciously deny them | <input type="checkbox"/> Other: |

D. Self Description

1. In what kinds of situations do you most readily lose self control? (e.g. temper, patience, uncontrolled crying)

2. In which situations are you best able to maintain self control?

3. Give a word-picture description of how you see yourself?

IV. Spiritual History

1. If you were to die tonight, do you know where you would spend eternity?

2. If you died tonight and appeared before God in heaven and he were to ask: "By what right should I allow you into My presence", how would you answer him?

3. At what age did you invite Christ to come into your life? ____ How do you know he is in your life?

4. Are you plagued with doubts about whether Christ is in your life or not?

5. Are you involved in a church where the Bible is taught and do you regularly support it with your time, your talents and gifts?

V. Personal Counseling

1. If you have had counseling in the past, with whom, what kind, how long, and how recent?

2. If you are presently being counseled by someone on or off campus, please indicate who and where.

3. What are the reasons you desire prayer counseling?
 - a)

 - b)

 - c)

 - d)

4. My policy is to have another person present during prayer counseling, for support, encouragement, insights, and follow-up. Please choose one from the following:
 - a) _____ My wife, Erna
 - b) _____ A Student Life staff member (give name): _____
 - c) _____ An HR, RA, CA (give name): _____
 - d) _____ Other (give name): _____

5. Statement of Understanding - **Please read and sign below:**

I understand that prayer counselors at Columbia are not acting in the capacity of professional or licensed counselors, therapists or psychological practitioners. Rather, they are "encouragers" in the Christian faith, who are helping me assume my responsibility to experience the freedom Jesus wants to give me. I understand that the facilitator and the prayer partner(s) are committed to my growth, and that confidentiality will be maintained (except in matters which they are legally required to report).

I understand that I am not being advised to alter any prescription medication I am currently taking. This is a matter between my physician and myself. I understand that I am here voluntarily and I am free to leave at any time. I understand that I am under no financial obligation.

Signature: _____

Date: _____