

## Grace Community Church

### Consent to Biblical Counseling

***Our Goal-***Our goal in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ. Our desire is for you to experience His grace and peace as you seek to obey Him with your life.

***Our Method-***We believe God grants His children everything they need for life and godliness (II Peter 1:3) through the power of His Word and the Holy Spirit (Romans 15:4). Because of our confidence in His power and His Word, our counseling is based solely upon the truths found in the Scriptures.

No representation is being made that our counselors are functioning as professional psychologists, psychiatrists, doctors, lawyers, therapists, or clinical counselors. Therefore, if you have significant legal, medical, financial or other technical questions, you should seek advice from independent professionals not associated with Hope Ministries.

***Confidentiality-***Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, because we are continually training others to be effective counselors we ask that you agree to allow counselors in training to be present during your sessions.

There are four other situations when it may be necessary for us to share certain information with others: (1) When there is a clear indication that someone may be harmed unless we otherwise intervene; (2) when a counselor is uncertain of how to address a particular problem and needs to seek additional counsel from a pastor in this church; (3) when a counselee attends another church and it is necessary to talk with his or her pastors; or (4) when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20)

***Resolution of Conflict-***On rare occasions a conflict may arise between counselor and counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counsees to agree that any dispute that arises with the counselor or with this church will be settled with mediation within the church according to the principles of Scripture and the authority of this local church.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with one of our pastors. If these guidelines are acceptable to you, please sign below. By signing this "Consent to Biblical Counseling" you agree to hold Grace Community Church harmless in any and all matters associated with the biblical advice you have received.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## PERSONAL DATA INFORMATION FORM

This form must be completed in full before the first counseling session. All information is confidential.

### IDENTIFICATION DATA

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_

Referred here by: \_\_\_\_\_

### HEALTH INFORMATION

Rate your health (check): Very Good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Declining \_\_\_\_ Other \_\_\_\_

Height: \_\_\_\_\_ Approximate weight: \_\_\_\_\_ lbs. Weight changes recently (+/-) \_\_\_\_\_

List all important present or past illnesses or injuries or handicaps:

\_\_\_\_\_

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

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Are you presently taking medications: Yes \_\_\_\_ No \_\_\_\_

If yes, what for? \_\_\_\_\_

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

If yes, what? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_ No \_\_\_\_

Are you willing to sign a release or information form so that your counselor may write for social, psychiatric, or medical reports? Yes \_\_\_\_ No \_\_\_\_

Have you recently suffered the loss of someone who was close to you? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_

### EDUCATION

Education (last year you completed) \_\_\_\_\_ (grade)

Other training/degrees (list type and years) \_\_\_\_\_

### MARRIAGE AND FAMILY INFORMATION

Marital Status: Single \_\_\_\_ Going Steady \_\_\_\_ Engaged \_\_\_\_ Married \_\_\_\_

Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Name of Spouse: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

Spouse's Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Spouse's Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Education (in years) \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Is your spouse willing to come in for counseling? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
 Date of Marriage: \_\_\_\_\_  
 Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_  
 How long did you know your spouse before marriage? \_\_\_\_\_  
 Length of steady dating with spouse: \_\_\_\_\_ Length of engagement: \_\_\_\_\_  
 Have you ever been separated? Yes \_\_\_ No \_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_  
 Have either of you ever filed for a divorce? Yes \_\_\_ No \_\_\_  
 When? \_\_\_\_\_  
 Give brief information about any previous marriages: \_\_\_\_\_  
 \_\_\_\_\_

**Information about Children:**

Name	Age	Sex	Living?	Years/Education	Marital Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**RELIGIOUS BACKGROUND**

Denominational preference: \_\_\_\_\_  
 Member of: \_\_\_\_\_ (church)  
 How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10 +  
 What church did you attend as a child? \_\_\_\_\_  
 Religious background of spouse (if married) \_\_\_\_\_  
 Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
 Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
 Do you pray to God? Yes \_\_\_ No \_\_\_ Never \_\_\_ Occasionally \_\_\_ Often \_\_\_  
 Would you say that you are a Christian? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_  
 Would you say that you are still in the process of becoming a Christian? \_\_\_\_\_  
 How often do you read the Bible? Often \_\_\_ Occasionally \_\_\_ Never \_\_\_  
 Do you have regular devotions? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_  
 Explain recent changes in your religious life, if any \_\_\_\_\_  
 Do you believe Satan exists? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

1. What is the main problem, as you see it? (Why are you here?) \_\_\_\_\_

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2. What have you done about it? \_\_\_\_\_

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3. What would you like us to do? \_\_\_\_\_

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4. As you see yourself, what kind of person are you? Describe yourself: \_\_\_\_\_

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5. Is there any other information we should know? \_\_\_\_\_

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