

Grace Biblical Counseling
5595 Mason Road
Mason, OH 45040
(513) 398-1989

Welcome to Grace Biblical Counseling! We look forward to helping with your problems using the Bible. In order to be as clear as possible about the counseling and the administrative procedures used at GBC, please read the following information. **Indicate your agreement to it by initialing the boxes on pages 2 and 3, and putting your signature and the date on page three (3). These forms must be signed and included with your personal information forms before we can schedule an appointment with you.**

What is Biblical Counseling?

Biblical counseling involves understanding the problems of living in a fallen world—and their solutions—from a biblical perspective. The Bible is used both to define the problems and to develop methods for solving those problems. The counselors at GBC have received formal training in biblical counseling. They are not licensed psychologists, but rather pastoral counselors. They have been trained by the **Association of Certified Biblical Counselors** (formerly known as NANC), a national organization devoted to ensuring the quality of counseling offered by biblical counselors. As previously stated in the above paragraph, **these forms must be signed and included with your personal information forms before we can schedule an appointment with you.**

Are the Counseling Sessions Kept Private?

The Bible clearly says that gossip is wrong. Therefore, the counselors at GBC will not release information about particular counselees except in the few situations required by the Bible and/or the laws of our state. Those situations would include, but are not limited to: 1) when someone is in danger of being harmed, 2) when a child endures physical, sexual, or any other kind of abuse, 3) when the counselee persistently refuses to stop a sinful pattern and it is necessary to seek assistance from his/her church to encourage proper change (see Matthew 18:15-20; Romans 13:1-7).

What are the Fees for Counseling at Grace Biblical Counseling (applies to non-members only)?

The biblical counselors at GBC provide their time, energy, and spiritual gifts as a service to God and as a labor of love (1 Thessalonians 2:7-8; 1 Timothy 1:5), and are not financially compensated for their services. **However, GBC would welcome donations to help defray the expenses of supporting this ministry.** This donation is not a requirement. The counselee may drop off his/her donation at the church office. Please do not give the donation directly to the counselor. Please be sure your name is on the check or envelope so that we may credit you. Again, the counselor should not handle the donation.

What If I Miss an Appointment?

Counselees are asked to cancel appointments at least 24 hours prior to the appointment. This gives other counselees the opportunity to use the cancelled time slot. If no cancellation is made, or less than 24 hours notice is received, except for absolute emergencies, the counselee will risk his/her counseling case being inactivated and the time slot will be given to the next case on the waiting list.

What if I have a Dispute with my Counselor or with Grace Biblical Counseling?

If you have a dispute with your counselor at GBC, the procedure for addressing your concerns involves simply contacting the Grace Biblical Counseling Director, Donna Miller, and in writing, explaining your concern. She in turn will contact you regarding your dispute at her earliest convenience.

Consent to Biblical Counseling:

Please Initial Each Section after Reading

Our Goal- Our goal in providing biblical counseling is to help you meet the challenges of life in a way that will please, honor, and glorify the Lord Jesus Christ, and allow 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 (II Peter 1:3 and Romans 15:4). Therefore, our counseling is based only on scriptural principles rather than those of secular psychology or psychiatry. Although some of the pastoral or lay counselors of this church may be licensed in other fields, such as medicine or psychology, they will not practice as professionals but as Biblical counselors.

Not Professional Advice- Some of our counselors may work in professional fields outside the church. When serving as counselors within the church, however, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore, if you have significant legal, financial, medical or other technical questions, you should seek advice from another independent professional. Our pastoral staff and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

Confidentiality- Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, because our goal is to, whenever possible, train others to be effective counselors, there may be counselors-in-training present during your sessions. We ask that you agree to this. There are four other situations when it may be necessary for us to share certain information with others:

(1) When a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor, deacon, or counselor in this church; (2) When a counselee attends another church and it is necessary to talk with his or her pastor, deacons, or elders; (3) When there is a clear indication that someone may be harmed unless we otherwise intervene; 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). 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.

Resolution of Conflicts- 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 counselees to agree that any dispute that arises with the counselor or with this church as a result of counseling will be settled with mediation within the church according to the principles of scripture and the authority of this local church.

Advocates- We define the advocate as: **a concerned friend, family member, pastor, or lay leader who is willing to come to Grace Biblical Counseling with the person in need of counseling.** A person does not have to be trained in biblical counseling but simply needs to be someone who is growing in the Lord and has a desire to walk alongside a friend or family member who is hurting. In addition, the advocate should be willing to continue in a supportive relationship with the counselee(s) following the counseling process.

The role of the advocate is essential to the type of counseling we do at GBC. We believe that counsel should be in the context of community and should not be an isolated, sterile process (Romans 15:1-2, Philippians 2:1-4). The advocate is a natural extension of the community of believers because he/she cares deeply for the individual or family coming for help and wants to be a friend, guide, and an encouragement through their toughest days.

We believe the concept of an advocate is foundational to long term spiritual growth, because as believers in Christ we benefit from one another (Hebrews 3:12-13; 10:24). It can be a great encouragement for a person in the midst of a heavy burden to have a trusted friend or fellow sojourner come alongside and help bear the burden of their trial. Galatians 6:2 says, "Bear one another's burdens and so fulfill the law of Christ."

When choosing an advocate:

- *Counselees who are members of Grace Baptist Church:*
You may wish to choose your own advocate(s); however, we would be willing to assist you with this if needed.
- *Counselees who are members of another church:*
We ask that you bring an advocate with you from your own church.
- *Counselees who are not members of any church:*
Because we will ask you to attend at least one service per week here at Grace Baptist Church, an advocate from our membership will be chosen for you.

Name of your advocate(s):

Pastor's Blessing- For any counselee(s) who is not a member here at Grace Baptist Church, we request that you make your pastor aware of your desire to receive counseling from Grace Biblical Counseling. Not only must your pastor be aware but we must be assured that we have his blessing to help in counseling.

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 a pastor or deacon. If these guidelines are acceptable to you, please sign below.

Counselee: _____ Date: _____

(If counselee is under 18)

Guardian: _____ Date: _____

//////////////////////////////////// FOR OFFICE USE ONLY //////////////////////////////////////

Counselor: _____ Date: _____

To be initialed at time of first appointment: _____ **Date:** _____

Grace Biblical Counseling Information Form

(Please Print)

Personal Information:

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Occupation: _____

Gender: _____ Birth date: _____ Age: _____

Marital Status:

____ Single ____ Dating ____ Engaged ____ Married ____ Separated ____ Divorced ____ Widowed

Education: Last year completed (prior to college): _____

College (include any degrees): _____

Other training (list type and years): _____

Any Military Service (include branch and years): _____

Referred here by: _____

Health and Habits Information:

Rate your physical health: ____ Very Good ____ Good ____ Average ____ Declining

Other: _____ Date of last medical exam: _____

Results: _____

Physician's Name: _____ Address: _____

Are you presently taking medications? ____ No ____ Yes Names and Dosages:

For what reason do you take this medication? _____

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

What drugs? _____ Dates: _____

Do you drink alcoholic beverages? No Yes How often? _____

How much? _____

Have you ever been arrested? No Yes

Plead guilty? No Yes Found guilty? No Yes

Had any offense/record expunged and/or sealed? No Yes

What was the outcome? _____

Have you ever had a severe emotional upset? _____

Did you require hospitalization and/or professional assistance? No Yes

Have you recently suffered the loss of someone close to you? _____

Have you recently become unemployed? No Yes If so, please explain: _____

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

Height: _____ Weight: _____ Weight changes recently: Lost _____ Gained _____

Do you have problems sleeping? No Yes

Approximately how many hours of sleep do you get each night? _____

When do you normally: Go to bed? _____ Fall asleep? _____ Wake up? _____

Get out of bed? _____ If there is a time between going to bed and falling asleep, what do you do during that time? _____

Describe any recent changes in sleep habits: _____

Do you have any difficulties in hearing? No Yes

Have you ever felt people were watching you? No Yes

Have you ever heard voices from an unknown source? If so, please explain: _____

Do people's faces ever seem distorted? ___No ___Yes

Are you able to judge distance? ___No ___Yes

Do colors ever seem too bright? ___No ___Yes

Have you ever had hallucinations? If so, please explain: _____

Are you afraid of being in a car? ___No ___Yes

Have you ever had psychotherapy or counseling? ___Yes ___No If yes, list name(s) of counselor(s) and dates:

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? ___Yes ___No If not, why? _____

Marriage and Family Information (if applicable):

Name of Spouse: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Occupation: _____

Your Spouse's Age: _____ Education: _____

Is spouse willing to come for counseling? ___No ___Yes ___Uncertain

Have you ever been separated? ___No ___Yes When? _____

Have either of you ever filed for divorce? ___No ___Yes When? _____

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: _____

Give brief information about any previous marriages: _____

Broken by: _____ Death _____ Divorce

Please List All Children: (Please indicate if the child is from a previous marriage)

Name: _____ Previous Marriage? _____	Age: _____	Sex: _____	Years of Education _____	Married? Yes: _____ No: _____
Name: _____ Previous Marriage? _____	Age: _____	Sex: _____	Years of Education _____	Married? Yes: _____ No: _____
Name: _____ Previous Marriage? _____	Age: _____	Sex: _____	Years of Education _____	Married? Yes: _____ No: _____
Name: _____ Previous Marriage? _____	Age: _____	Sex: _____	Years of Education _____	Married? Yes: _____ No: _____
Name: _____ Previous Marriage? _____	Age: _____	Sex: _____	Years of Education _____	Married? Yes: _____ No: _____
Name: _____ Previous Marriage? _____	Age: _____	Sex: _____	Years of Education _____	Married? Yes: _____ No: _____

Childhood History:

If you were reared by anyone other than your own parents, briefly explain: _____

Was this experience positive or negative? _____

Answer this section describing your own parents or guardians:

Still living? Father _____ Mother _____

Religious affiliation: Father _____ Mother _____

Church attendance per month: Father: 1 2 3 4 Mother: 1 2 3 4

Occupation: Father _____ Mother _____

If retired, please list former occupation: Father _____ Mother _____

Are your parents still living together? ___No ___Yes

If not, cause of separation: _____

When separated and/or divorced: _____

Rate your parents' marriage:

___Very happy ___Happy ___Average ___Unhappy

As a child, did you feel closer to your: ___Father ___Mother Another: _____

Rate your childhood life:

___Very happy ___Happy ___Average ___Unhappy

How many siblings do you have? _____Brothers _____Sisters

How many *older* siblings do you have? _____Brothers _____Sisters

Religious Background:

Denominational preference: _____

Church Member of: _____

How often do you attend per month? (circle) 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 consider yourself a religious person? ___No ___Yes ___Uncertain

Have you ever been baptized? ___No ___Yes

Do you believe in God? ___No ___Yes ___Uncertain

Do you believe Satan exists? ___No ___Yes ___Uncertain

Have you ever "dabbled" with the "occult"? Circle any that apply:

Séances, devil worship, witchcraft, Ouiji boards, crystal balls, palm readings, other_____

Do you pray to God? ___Often ___Occasionally ___Never

Would you say that you are a Christian? ___No ___Yes Born again? No___ Yes___

Would you say that you are in the process of becoming a Christian? ___No ___Yes

How often do you read the Bible? ___Often ___Occasionally ___Never

Explain:_____

Explain any recent changes in your religious life: _____

Personality Information:

Circle any of the following words which best describe you now:

active	ambitious	self-confident	persistent
nervous	hardworking	impatient	impulsive
moody	often blue	excitable	imaginative
calm	serious	easy-going	shy
introvert	extrovert	likable	good-natured
leader	quiet	angry	submissive
self-conscious	lonely	sensitive	other_____

Briefly Answer The Following Questions:

1. What is the main problem, as you see it?

2. In what way(s) have you contributed to the problem?

3. What have you tried before now to resolve the problem?

4. As you see yourself, what kind of person are you?

5. What, if anything, do you fear?

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

7. Is there any other information we should know?

Spiritual Convictions:

Please finish the following sentences with what you believe about each:

1. God is _____

2. Jesus Christ is (describe who you think He is, what He has done, what He is doing now, what place He has in your life, what He means to you, etc.) _____

3. My relationship to God and His Son Jesus Christ is (please describe and be specific)

4. A Christian is _____

5. I know that I am (or am not) a Christian because

6. The Bible is (describe what you think it is, what it means to you, what place it has in your life, how you use it, etc.)

7. Sin is _____

8. My chief sins are _____

9. When I sin, I (describe how you handle sin, what you feel when you sin, what you do after you sin)

10. I feel guilty when _____

11. I become angry _____

12. When I don't get my own way _____

13. I resent _____

14. I pray (when, how, why, what for, etc.) _____

15. My goals in life are _____

16. My over-arching, primary life goal is _____

17. I want (or do not want) to attend and be involved in church (answer the question "how" and "why")

18. I am promoting my spiritual growth and the spiritual growth of my spouse (if married) by

19. My spouse and I differ in spiritual matters (when, how, over what, etc.)

20. The changes I would like to make in my own spiritual life are

21. The changes I would like my spouse to make are
