



Grace Biblical Counseling

5595 Mason Road | Mason, OH 45040 | (513) 398-1989 | gbcmason.org

Printed Name of Applicant: _____

Today's Date: _____

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, 3, and 4, and putting your signature and the date on page four (4). 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—by learning to view them through the lens of Scripture. 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.

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 we do not charge for our 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 in the locked box on the wall in the Main Lobby beside the information shelves. Please do not give cash donations directly to the counselor. Please be sure your name is on the check or envelope so that we may credit you.

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 Director of *Grace Biblical Counseling*, Pete Combs, (pcombs@gbcmason.org), and in writing, explaining your concern. He, in turn, will contact you regarding your dispute at his earliest convenience.

Consent to Biblical Counseling:

Please Initial Each Section after Reading

Our Goal- Our goal in providing biblical counseling is to use the word of God 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 practice in our counseling ministry *only* 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 counsees 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.

Church Attendance during Counseling- We ask that each counselee who attends counseling also attend at least one service per week at a Bible-believing/teaching church. This is considered “public counseling,” which will aid and enrich the private counseling that you will receive. If you are not a member or regular attender of another church, we request that you attend GBC for at least the duration of the counseling.

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.** An advocate 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 (and is *not optional*) to the type of counseling we do at GBC. We believe that the Bible teaches 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.”

In choosing an advocate, please indicate the option below that best describes your circumstance:

_____ 1. *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.

_____ 2. *Counselees who are members of another church:*

We ask that you bring an advocate with you from your own church.

_____ 3. *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 and contact info (please include phone number and email) of your advocate(s):

Counseling for Children- If you are requesting counseling for your child, and your child is a minor (less than 18 years old), it will be necessary for you or your spouse to attend counseling with your child *for each session*. If needed, another responsible Christian adult, who has been approved of by you, may attend in place of you or your spouse. Please understand that there will be no exceptions to this policy.

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.

Your pastor's name and contact info:

Your pastor's signature:

_____ **Date** _____

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 Pete Combs, our Director of Grace Biblical Counseling (pcombs@qbcmason.org). If you are willing to submit to these guidelines, please sign below.

Counselee: _____ Date: _____

(If counselee is under 18)

Guardian: _____ Date: _____

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

Counselor: _____ Date: _____

_____ **To be initialed by counselee at time of first appointment , in order to confirm signature above.**

Date: _____

Grace Biblical Counseling Information Form

(Please Print)

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

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): _____

Employer: _____ Business Phone: _____

Position: _____ Time with current employer: _____

Recently unemployed? If so, please explain: _____

Referred here by: _____

What is your first language? _____

Do you speak and understand English fluently? No Yes

Give ten words that describe your personality:

Childhood History:

Answer this section describing your own parents or guardians:

Still living? Father _____ Mother _____

Religious affiliation: Father _____ Mother _____

Parents' 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 or divorce: _____

Your age at time of separation or divorce: _____

Describe your past and present relationship to your father: _____

Describe your past and present relationship to your mother: _____

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

Describe past and present relationships with siblings: _____

Describe any significant events in your family life growing up: _____

If you were raised by anyone other than your own parents, briefly explain and describe the relationship(s):

Religious Background:

Denominational preference: _____

Do you attend church? No Yes Are you a church member? No Yes

Name of church: _____

How often do you attend per month? (circle) 1 2 3 4 5 6 7 8 9 10+

If you are a member, what year did you join the church? _____

If you attend church, please explain why you attend: _____

Aside from attending, what roles or responsibilities do you have at your church? _____

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 If so, your age at time of baptism: _____

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, Ouija boards, crystal balls, palm readings, other: _____

Marriage and Family:

If single, please describe your thoughts and attitude about your singleness:

If married, please fill out the following:

Spouse: _____ Date of Birth: _____ Age: _____

Education: _____

Current Occupation: _____ How long employed? _____

Home Phone: _____ Work Phone: _____

Date of Marriage: _____ Length of dating: _____

Give a brief statement of circumstances of meeting and dating:

Is your spouse supportive of you attending counseling? ___ No ___ Yes ___ Uncertain

Is he/she willing to attend counseling? ___ No ___ Yes ___ Uncertain

Have you ever been separated from one another? ___ No ___ Yes Filed for divorce? ___ No ___ Yes

Give brief information about any previous marriages: _____

Broken by: _____ Death _____ Divorce

Do you feel safe at home? ___ No ___ Yes If not, why not? _____

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

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

Children/Teens Only: How open are you with your parents/caretakers about your troubles? _____

Do you feel safe at home? ___No ___Yes If not, why not? _____

Health and Habits Information:

Rate your physical health: ___Very Good ___Good ___Average ___Declining

Please describe any chronic condition or significant illness, injury, or disability (past or present): _____

Date of last medical exam: _____ Results: _____

Physician's Name: _____

Address: _____

Are you presently taking medications? ___No ___Yes Names and Dosages and Reasons for taking:

Have you used drugs for anything other than medical purposes? ___No ___Yes

Which drugs? _____ Dates: _____

Do you drink alcoholic beverages? ___No ___Yes How often? _____

How much? _____

Have you ever been arrested? ___No ___Yes If yes, for what offenses? _____

Plead guilty? ___No ___Yes Found guilty? ___No ___Yes

Had any offense/record expunged and/or sealed? ___No ___Yes

Please list date(s) you were charged: _____

Have you ever had a severe emotional upset? ___No ___Yes If yes, please explain: _____

Did you require hospitalization and/or professional assistance? ___No ___Yes

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

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

Have you ever had psychotherapy or counseling? Yes No If yes, list name(s) and address(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 not? _____

Women Only: Please explain any unusual menstrual symptoms that affect your ability to function: _____

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

4. Does God have anything to do with the problem? ___Yes ___No Please explain:

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

6. Is there any other information we should know?

Spiritual Beliefs:

Do you pray to God? ___ Yes ___ No If so, how often? _____

Describe what you believe about life after death: _____

Do you read the Bible? ___ Yes ___ No If so, how often? _____

How do you determine whether something is right or wrong? _____

Who or what do you see as your authority? _____

What, if anything, do you fear? _____

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

1. Who is God to you? _____

2. Who is Jesus to you? _____

3. What do you believe about the Bible? _____

4. What do you believe about sin? _____

5. Do you sin? ___Yes ___No If so, what are your most common sins? _____

6. If you sin, how do you feel when you sin, and what do you do after you sin? _____

7. I feel guilty when _____

8. I become angry when _____

9. When I don't get my own way, I _____

10. I resent _____

11. My goals for the current year are: _____

12. My over-arching, primary life goal is: _____

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

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

15. The changes I would like to make in my own spiritual life are: _____

16. The changes I would like my spouse to make are: _____

17. Is there anything else that you see as significant to this counseling process? _____
