

Consent to Biblical Counseling

A Ministry of Christ Community Church

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 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 work in professional fields outside this ministry. When serving as counselors within this ministry, 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 and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principle.

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 a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder in this church; (2) when a counselee attends another church and it is necessary to talk with his or her pastor 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. If you have any questions about these guidelines, please contact Pastor Todd Rapp. If these guidelines are acceptable to you, please sign below.

Printed Name: _____

Signed: _____ Dated: _____

Personal Data Inventory

IDENTIFICATION DATA:

Name: _____ Phone: _____

Address: _____

Occupation: _____ Business Phone _____ Sex _____

Birth Date: _____ Age: _____

Marital status: Single _____ Relationship _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____

Education: (last year completed) _____ Other training: _____

HEALTH INFORMATION:

Rate your health: Very Good _____ Good _____ Average _____ Declining _____ Other _____

Approximate weight: _____ Explain any recent weight changes: _____

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

Date of last Medical Examination: _____ Report: _____

Your Physician: _____ Address _____

Are you currently taking medication: Yes _____ No _____ If so, What? _____

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

Have you ever had a severe emotional upset? Yes _____ No _____ Explain _____

Have you ever been arrested? Yes _____ No _____ If yes, explain _____

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

RELIGIOUS BACKGROUND:

Church attended in childhood: _____ Were you baptized? Yes _____ No _____

Religious background of spouse (if married) _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you pray to God? Never _____ Occasionally _____ Often _____

Are you saved? Yes _____ No _____ Not sure what you mean _____

How frequently do you read the Bible? Never _____ Occasionally _____ Often _____

Do you have regular family devotions? Yes _____ No _____

Explain recent changes in your religious life, if any: _____

MARRIAGE AND FAMILY INFORMATION:

Name of spouse: _____ Address: _____

Phone: _____ Occupation: _____ Business phone: _____

Spouse's Age: _____ Education (yrs.) _____ Religion: _____

Is spouse willing to come for counseling? Yes _____ No _____ Uncertain _____

Have you ever been separated? Yes ___ No ___ When? _____ from _____ to _____

Have either of you filed for divorce? Yes ___ No ___ When? _____

Date of marriage: _____ 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: _____

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

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Information about children: *Check PM column if child is by previous marriage

PM* (check)	Name	Age	Sex (M/F)	Living (Y/N)	Education (in years)	Marital status

PERSONALITY INFORMATION:

Have you ever had psychotherapy or counseling before? Yes ___ No ___

If yes, list counselor and dates: _____

What was the outcome? _____

CHECK 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	Good-natured	Introvert
Extrovert	Likeable	Leader	Quiet	Hard-boiled	Submissive
Lonely	Sensitive	Self-conscious			

Other: _____

AVAILABILITY:

In the table below, please write in the general time slots that you are available to meet weekly.

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Daytime							
Evening							

PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. What is the main problem as you see it? (what brings you here?)
2. What have you done about it?
3. How can we help you? (what are you hoping this counseling will accomplish?)
4. Is there any other information we should know?