

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.

Childcare - Unfortunately, at this time we cannot provide childcare while you attend your counseling session. If you have children who are not involved in the counseling session itself, please do not bring them with you to your session.

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.

Fees- Our counseling is free of charge as a service to our community. However, our cancellation policy requires that you cancel a scheduled appointment no less than 24 hours prior to your appointment time. Failure to cancel an appointment within this timeframe may result in forfeiting your allotted time slot. Since our ministry regularly has a waiting list, it could be some time before your preferred time slot becomes available.

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 church. If you have any questions about these guidelines, please contact our office at 713-534-1750. If these guidelines are acceptable to you, please sign below.

Printed Name: _____ **Signed:** _____ **Date:** _____

Personal Data Inventory

IDENTIFICATION DATA:

Name: _____ Phone: _____
Email address: _____ Do you check your email frequently (Y/N)? _____
Address: _____
Occupation: _____ Business Phone _____ Sex _____
Birth Date: _____ Age: _____
Marital status: Single _____ Relationship _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____
Education: (last year completed) _____ Other training: _____
How did you hear about this ministry? _____ Referred here by: _____

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 _____ I 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:

Denominational preference: _____ Church: _____
Member: Yes _____ No _____ Church attendance per month (0-10+): _____
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 _____ If yes, 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 Self-conscious Lonely Sensitive

Other: _____

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?

AVAILIBILITY:

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							