



Biblical Counseling Counseling Application

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.

We're glad that you're taking this important step to seek godly counsel. Jesus promises us, "Come to Me, all you who labor and are heavy laden, and I will give you rest" (Matthew 11:28). No matter what your situation, this is a time in your life that the God of all creation knows and understands completely and therefore, there is great hope! This form is helpful for us to start getting to know you and your situation, as well as to communicate these first important points which explain some of our perspectives and convictions which we believe are honoring to God and the best way we can truly be of help to you.

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 solely on scriptural principles rather than those of secular psychology or psychiatry. In order to support this conviction, we ask that all of those we counsel to either have their pastor attend counseling with them or to be regular attendees to our Sunday morning worship services. These are vital components to your growth in the Lord.

Not Professional Advice- Although some of the pastoral or lay counselors of this church may be licensed in other fields, they do not practice as such in their role as Grace Baptist Biblical Counselors. In this role, 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 independent professionals not associated with Grace Baptist Church. 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 biblical principles. By signing this "Consent to Biblical Counseling" you agree to hold Grace Baptist Church harmless in any and all matters associated with the biblical advice you have received.

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 the possibility of counselors in training to be present during your sessions. Also, there are four 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 counselor 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 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.

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. If these guidelines are acceptable to you, please sign below.

Signed: _____

Date: _____

This form must be completed in full before the counselor is assigned.

PERSONAL INFORMATION

Date: _____

Name: _____ Gender: Male Female Age: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ May we leave a message here: Yes No

Additional Phone Number: _____ May we leave a message here: Yes No

Occupation/Employer: _____ Avg. Hours/Week: _____

Birth Date: ____ / ____ / ____ Email Address: _____

Referred here by: _____

With Whom Do You Currently Live: *(Please check all that apply)*

Alone Parent(s) Spouse Children Boyfriend Girlfriend Other: _____

FAMILY INFORMATION

Name of Spouse: _____ Age: _____

Phone Number: _____ Email: _____

Occupation/Employer: _____ Avg. Hours/Week: _____

Date of Marriage: _____ Your ages when married: Husband ____ Wife ____

Is spouse willing to come for counseling? Yes No Uncertain

Have you ever been separated? Yes No Currently When/How Long? _____

Have either of you ever filed for divorce? Yes No When/How Long? _____

Give **brief** information* about any previous marriages:

Ex-Spouse's Name	Year Married	Length of Marriage	Reason for Divorce	# Kids

* Other relevant information can be written on the back of this page.

Child's Name	Age	Gender	From a Previous marriage?

How many siblings do you have and which number are you? _____

Your parents' marital status? Married Divorced Remarried Widowed

Which of the following words best describe your home of origin (check all that apply):

- Traditional Authoritarian Unpredictable Divorced Lonely
- Substance Abuse Physical Abuse Verbal Abuse Perfectionist Critical
- Sexual Abuse Affectionate Affirming Permissive Safe

Have you ever been arrested? Yes No When/For What? _____

HEALTH INFORMATION

Have you had counseling before? Yes No Have you seen a psychiatrist before? Yes No

Age	Duration	Counselor / Center	Issues(s) / Topic(s) / Diagnosis	Your Evaluation of Counseling*

** Use back of this page if necessary or if you need more space*

State of current health: Very good Good Average Poor Declining Other: _____

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

Describe any recent changes in sleep habits: _____

Date of last medical examination: _____ Results: _____

Current illness, injury, or disability: _____

Are you presently taking any medication? Yes No Prescribing Doctor(s): _____

Medication	Dosage	Frequency	Prescribed for	Date began taking

Use back of this page if necessary or if you need more space.

Have you used drugs for other than medical purposes? Yes No If yes, when? _____

What? _____ Amounts/Dosages: _____

Do you drink alcoholic beverages? Yes No If yes, how often _____

How much? _____ What type? _____

Describe your eating habits or changes in appetite: _____

Have there been any weight changes recently (+/-): _____

Please check any of the following physiological symptoms that apply to you:

- | | | |
|---|---|---|
| Headaches <input type="checkbox"/> Past <input type="checkbox"/> Present | Difficulty Breathing <input type="checkbox"/> Past <input type="checkbox"/> Present | Rapid Heart Rate <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Visual Trouble <input type="checkbox"/> Past <input type="checkbox"/> Present | Tension <input type="checkbox"/> Past <input type="checkbox"/> Present | Dizziness <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Weakness <input type="checkbox"/> Past <input type="checkbox"/> Present | Fatigue <input type="checkbox"/> Past <input type="checkbox"/> Present | Pain <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Sleep Trouble <input type="checkbox"/> Past <input type="checkbox"/> Present | Change in Appetite <input type="checkbox"/> Past <input type="checkbox"/> Present | Other (on back) <input type="checkbox"/> Past <input type="checkbox"/> Present |

Indicate how distressed you are by circling a number below (1 = very little distress; 10 extreme distress):

1 2 3 4 5 6 7 8 9 10

RELIGIOUS BACKGROUND

Do you consider yourself a Christian? Yes No Not sure Other: _____

What church are you a member of? _____ Number of years at church: _____

Church currently attending: _____

Pastor's Name: _____ Permission to consult with pastor? Yes No

Church Attendance: _____ (times per month)

What are you learning through sermons and Bible studies at your church? _____

Church attended in childhood: _____

What was your religious experience as a child? What was your home environment like in regards to Christianity, the Bible and the Church? _____

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

Have you ever "dabbled" with the Occult (séances, devil worship, witchcraft, etc) or been a part of a cult (Jehovah's Witness, Mormonism, etc)? Yes No

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

What do you pray about? _____

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

Do you have personal devotions? Yes No If yes, how often? _____

Describe your personal devotions: _____

Please note any recent changes in your spiritual life: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHY ARE YOU SEEKING COUNSELING? WHAT IS THE PROBLEM AS YOU SEE IT?

2. WHAT HAVE YOU TRIED TO DO ALREADY TO RESOLVE THE PROBLEM?

3. IN WHAT WAY(S) HAVE YOU CONTRIBUTED TO THE PROBLEM?

4. WHAT ARE YOUR EXPECTATIONS IN COMING HERE? WHAT CAN WE DO FOR YOU?

5. AS YOU SEE YOURSELF, WHAT KIND OF PERSON ARE YOU? DESCRIBE YOURSELF.

6. WHAT, IF ANYTHING, DO YOU FEAR?

7. IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW TO BE ABLE TO ASSIST YOU TO THE FULLEST?
