**Consent to Counsel and Soul Care:**



**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 (1 Cor. 10:31) and in a way that will bring you the greatest joy and satisfaction (John 15:11).

**Biblical Basis** – We believe that the Bible provides thorough guidance and instruction for faith and life (2 Tim. 3:16-17; 2 Peter 1:3) therefore, our counseling is based upon scriptural principles. Our counselors are not trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

All counseling will be conducted in accordance with the counselor’s understanding of the Scriptures. However, our counselors do not know all there is to know about biblical teaching and its application to life. Therefore, when necessary, they will seek help, input, or advice from church elders, mentors for colleagues.

**Not Professional Advice** – If you have significant legal, financial, medical or other technical questions you should seek advice from an independent professional. Our counselors will cooperate with such advisors and help you to consider their counsel in light of scriptural principles. Our counselors do not give professional advice.

**Confidentiality** - Confidentiality is an important aspect of the counseling process and we will carefully guard the information you entrusted to us. There are situations, however, in which the counselor may believe that it is wise or mandated (biblically or legally) for them to share certain information with others. Some examples would be:

1. When a counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor. In this situation, said colleague would be trusted with the same confidentiality mentality.
2. When there is concern that someone may be harmed unless other words intervene.
3. When abuse or another crime must be reported to the authorities.
4. When a person refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation or to begin the process of church discipline (Proverbs 15:22, 24:11; Matthew 18:15-20).
5. When observers sit in on counseling sessions to assist the counselor or for training purposes.
6. When the counselee’s pastor, staff and/or church leadership is needed to provide pastoral assistance.

*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.*

**Our Fee** - Though it may be necessary for you to purchase materials for your own use, the actual discipleship counseling is done *free of charge* as a personal ministry to you.

**Conclusion and Signature** - 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 grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines or conditions please speak with your counselor.

Having read the foregoing information and conditions fully and completely, my signature below indicates that I understand all the material presented and fully agree to comply.

**Name (please print): Parent/Guardian Name\*:**

**Signature: Parent/Guardian Signature:**

**Date: Date:­**

\* only required if counselee is under 18 years of age

**PERSONAL INFORMATION**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M\_\_\_\_ F\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Referred here by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION**

Rate your health (check): Very Good \_\_\_\_ Good \_\_\_\_ Average\_\_\_\_ Declining\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_

Have there been any weight changes recently (+/—): \_\_\_\_\_\_\_\_

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

Are you presently taking any medication: Yes \_\_\_\_ No \_\_\_\_ If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever used drugs other than for medical purposes? Yes \_\_\_\_ No \_\_\_\_ If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested? Yes\_\_\_\_ No \_\_\_\_ If so, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to sign a release so that your counselor may write for social, psychiatric, or medical reports? Yes\_\_\_\_ No \_\_\_\_

Have you recently suffered the loss of someone who was close to you? Yes\_\_\_\_ No \_\_\_\_ If so, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please explain:

**EDUCATION**

Education (last grade or degree you completed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Other training (list type and years, including degrees)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARRIAGE AND CHILDREN**

(If Applicable) Name of Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s age\_\_\_\_\_\_ Education (last grade or degree completed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your ages when married: You \_\_\_\_\_\_ Spouse\_\_\_\_\_\_\_

Would your spouse be willing to come for counseling? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_ Uncertain \_\_\_\_\_\_

Religious background of spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been separated? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have either of you ever filed for divorce? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ If so, when? \_\_\_\_\_\_\_\_\_\_\_

Give brief information about any previous marriages:\_\_\_\_

Do you have any children? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Name. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From a Previous marriage? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ If yes, which children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGIOUS BACKGROUND**

Are you a member of a church? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If so, of what church are you a member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Currently Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you attend per month? (circle) 0 1 2 3 4 +

Have you spoken with your Pastor/Minister concerning the topic for which you are seeking counseling?

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What church did you attend as a child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself a religious person? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Uncertain\_\_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Uncertain\_\_\_\_\_\_

Do you believe Satan exists? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Uncertain\_\_\_\_\_\_

Have you ever "dabbled" with the "Occult" (Séances, devil worship, witchcraft, etc.)? Yes\_\_\_\_ No\_\_

Do you pray to God? Yes\_\_\_\_ No\_\_\_\_ How often? Rarely\_\_\_\_\_ Occasionally\_\_\_\_\_ Often\_\_\_\_

Would you say you are a Christian? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

(OR) Would you say you are still in the process of becoming Christian? Yes\_\_\_\_\_ No\_\_\_\_\_ N/A\_\_\_\_\_

How often do you read the Bible? Never\_\_\_\_\_\_ Rarely\_\_\_\_\_\_ Occasionally\_\_\_\_\_\_ Often\_\_\_\_\_\_\_

Explain recent changes in your religious life, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **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