

BIBLICAL COUNSELING AGREEMENT

Thank you for your interest in church-based, Christ-centered, biblical counseling and for giving us an opportunity to serve you. We look forward to helping you find God's help and hope for the personal or relational problems you are facing. The following information will help you further understand our ministry and will serve as an agreement between us.

I. General Comments:

Before reading this agreement form, please read our other document, "Interested in Biblical Counseling?" to understand what we mean by church-based, Christ-centered, biblical counseling.

Your counselor is a member of a local church and is ministering under the authority and direction of the church's pastors. He or she is a church-trained biblical counselor, not a licensed psychologist, therapist, or psychiatrist, and offers Christ-centered, biblically-based counseling, not psychological counseling. If you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional. Your counselor will seek to help you apply God's Word to your life, based on your counselor's understanding of God's Word.

Your counselor may have one or more church members or leaders present in the sessions to assist him or her, observe him or her for ministry training purposes, or to serve you as mentors. These individuals will observe the same standards of care and confidentiality as your counselor.

You or your counselor may choose to discontinue counseling at any time, without explanation.

II. Making the Process Most Effective:

To increase the effectiveness of the ministry process, your counselor asks the following of you:

1. *Be committed to biblical counseling* as described on this sheet and any other accompanying materials your counselor gives. Come to each session with a humble spirit, seeking to learn how God wants you to handle your problems based on his Word.
2. *Attend each scheduled session.* Allow 50-60 minutes for a session. If an emergency arises and you cannot attend a session, please contact your counselor as soon as possible at (919) 675-1594 and leave a detailed message for your counselor including your name and phone number for them to get back to you. Your counselor does not usually do telephone counseling and cannot reply to frequent phone calls, email, or postal correspondence.
3. *Be as open and honest as you can.* At the same time, your counselor realizes that talking about your problems may be very difficult for you and that your trust in him or her may take time to develop.
4. *Be patient*—your problems did not develop in a day. It may take your counselor several sessions to obtain a good understanding of your situation. It is vital for him or her to carefully listen and gather needed information and to build understanding and trust with you.
5. *Complete any growth assignments given, and review and pray over the matters discussed during previous sessions.* Your counselor will give you assignments that fit our counseling aims and will help you make progress between sessions. Failure to complete them may indicate lack of commitment to the process, and may result in discontinuation of the process.

6. Attend one of our three Sunday morning worship services and one of our adult Bible fellowship classes each week. Your counselor can discuss these options with you. Regular participation in a Christ-centered, biblical church like ours provides you with vital complements to our counseling: God-centered worship, solid Bible teaching with practical life application, pastoral care, and meaningful friendships with other people needing—and learning—God’s grace together.

III. Confidentiality and Legal Concerns:

Confidentiality is an important aspect of the counseling, and your counselor will carefully guard the information you entrust to him or her. We desire as much as possible to protect your privacy.

At the same time, you must realize that this confidentiality is only within the limits of biblical and civil law. Your counselor cannot guarantee absolute confidentiality in every situation. For example, to ensure that you are receiving consistent counsel and support, your counselor might need to discuss your situation with appropriate leaders of your local church, or, in some cases, with your attorney, if you have one. Furthermore, he or she might need to divulge information to appropriate civil authorities if there is indication that you or someone else might otherwise be harmed. In counseling minor children, your counselor might need to divulge information to parents or legal guardians.

Your counselor also asks you to agree not to discuss our communications with people who do not have a necessary interest in the counseling or conciliation process. In addition, where your situation might involve legal issues, you must agree to treat all dealings with him or her in regard to this counseling as settlement negotiations, which means they will be inadmissible in a court of law or for legal discovery. Furthermore, you must agree that you will not try to force your counselor to divulge any information acquired during the counseling process or to testify in any legal proceeding related to the process.

In the unlikely event of a conflict between you and your counselor, all parties must seek to resolve it in a biblical manner, through discussion, and, if necessary, through mediation and arbitration, according to the *Rules of Procedure* of the Institute for Christian Conciliation, available at Peacemaker Ministries’ website (www.peacemaker.net). For further information about confidentiality, see the *Guidelines for Christian Conciliation* at the same website.

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Agreement by Counselee(s): If you have any questions about the above matters, please talk with your counselor or our church leaders. If you agree to these terms, please sign below and return this sheet to your counselor before or at the beginning of your first meeting.

I have read and understand the above guidelines and find them acceptable.

Name _____ Signed _____ Date _____

Name _____ Signed _____ Date _____

Personal Information Form

Name _____ Gender ____ Age _____ Date _____

Address _____ Email _____

(Street/Box) _____ (City) _____ (State/Zip) _____

Daytime telephone _____ How you heard about us _____

Section I — Marital Status/History

Status (underline all that apply): Single Engaged Married Separated Divorced Widowed

Your Present Marriage (if applicable):

Spouse's name _____ Age ____ Spouse's occupation _____

Date of marriage _____ Place _____ Years married _____

If you and your spouse have ever separated, give dates and circumstances: _____

Rate your marriage (circle: 0 terrible, 5 excellent): 0 1 2 3 4 5. What might make it better?

Children from Present Marriage (if applicable):

Name	Son/Daught.	Age	Where Live	Marital Status	Occupation
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Your Previous Marriages (or Relationships that Produced Children) (if applicable):

Name of Spouse/Partner	Dates	Children (Names and Ages)
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1. _____ to _____

2. _____ to _____

Has your spouse been previously married? _____ How many times? _____

Children (Names and Ages) _____

Section II — Occupational Status/History

Education (last level completed) _____ School/Institute _____

Occupation _____ Name of Company _____

City/State _____ # Years there _____ Present income (est.) \$ _____

Does your present work satisfy you? Explain: _____

What other job positions have you held in the past? _____

Section III — Family of Origin History

Parents: Name Age Where Live Marital Status Occupation

Father: _____

Mother: _____

Guardian: _____ Relation to you: _____ Dates: _____

Brothers/Sisters: (List in order from oldest to youngest; include yourself in that order):

Name Bro/Sis/Step Age Where Live Marital Status Occupation

Family "Climate": Describe your home life during your childhood and teen years: _____

Indicate any problems you experienced as a child or teen:

Family problems___ School problems___ Emotional/behavior problems___ Legal problems___ Medical problems___ Social problems___ Drug/alcohol problems___ Other:_____

Psychological Problems: Have you, or any parent or brother or sister, been hospitalized or received professional help for "psychological" problems? Specify person, dates, and problem: _____

Section IV — Religious Status/History

Past Denominational Background _____ Present Denom. Preference _____

Church Presently Attending _____ City & State _____

Member: Yes No Average # of times per month you attend ____

Pastor _____ Telephone _____ Permission to contact him: Yes No

Do you believe in God? Yes No Unsure

Do you consider yourself "saved?" Yes No Unsure Don't understand the term

How frequently do you pray? Often Occasionally Rarely Never

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

What is your view of the Bible? _____

Have you come to the place in your spiritual life where you know for certain that if you were to die today you would go to heaven? Yes No Unsure

Suppose you were to die and stand before God and he were to say to you, "Why should I let you into my heaven?," what do you think you might say to God? _____

Why do you desire *Christ-centered, biblical* counseling? _____

Explain any recent changes in your religious life: _____

Section V — Medical Status/History

Rate your health: Very Good ___ Good ___ Average ___ Poor ___ Recent Problems? _____

Date of last medical exam: _____ Report _____

Your Physician _____ City & State _____

List any prescription medications you take:

Medication	Treatment for	When began	Daily dosage	Prescribing Physician
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List over-the-counter medications you currently take (diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin, etc.): _____

List any surgeries that required anesthesia: _____

Average daily caffeine consumption? (coffee, tea, chocolate, stimulants, caffeinated soft drinks, etc.) _____

How often do you drink alcoholic beverages? Often Occasionally Rarely Never

How often do you struggle with the temptation to use illegal drugs? Often Occasionally Rarely Never

Average # of hours of sleep each night? ___ Is it restful? _____

Describe any recent changes in your sleep patterns: _____

Have you had any of the following physical problems? Please check.

- | | | |
|----------------------------|-------------------|------------------------------|
| Heart problems ___ | Hypoglycemia ___ | Menstrual irregularities ___ |
| Liver problems ___ | Lung Problems ___ | Hallucinations ___ |
| Kidney Problems ___ | Allergies _____ | Change in sexual drive ___ |
| Head injury/concussion ___ | Cancer ___ | Problems walking ___ |

Stroke ____	Incoordination ____	Unusual hair loss ____
Seizures ____	Anorexia or Bulimia ____	Rashes ____
Brain Tumor ____	Visual Problems ____	Memory Problems ____
Multiple Sclerosis ____	Sensory distortions ____	Episodic disorientation ____
Parkinson's Disease ____	Weakness ____	Personality change ____
Blackouts ____	Fatigue ____	Deja Vu ____
Amnesia ____	Heat/cold sensitivity ____	Changes in consciousness ____
Tremors ____	Bowel/bladder problems ____	Headaches ____
Thyroid dysfunction ____	Nausea or vomiting ____	Dizziness ____
Diabetes ____	Recent weight change ____	Stiff neck ____
High Blood Pressure ____	Impotence ____	Physical changes ____
Constant Hunger ____	Food cravings ____	Fever ____
Pneumonia ____	Speech Problems ____	OTHER? _____

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal), your thinking and memory, or your work habits? _____

Section VI – Legal Actions (if applicable, for example, in conflict or separation/divorce cases)

If you have talked with an attorney about your problem, or intend to, please provide the following info:

Attorney _____ Firm _____

Address _____ Phone _____

Date and purpose _____

Has a legal action been filed or is one likely to be filed in this situation? No Yes (If yes, give dates and describe action below.)

Other information that might be helpful for us to know about you (attach separate sheet if needed)

Overview of the Problem or Conflict You Are Facing

Name _____ Telephone # _____ Email _____ Date _____

This brief overview helps you clarify your understanding of your problems or conflicts, and your desires and expectations for meeting with us. It also helps us gain an initial understanding of you and your situation. Don't be overly thorough or precise; you will have time during our discussion to explain and expand on what you have written. Your counselor or conciliator will treat your answers as confidential (per our Agreement form); you need not share them with your spouse or others.

1. Briefly state in your own words the problem(s) or conflict(s) you are facing:

2. For how long have you been facing these problems?

3. What have you done so far about these problems?

4. How might you like your counselor to try to help you?

5. What issues or questions do you want to have resolved or answered? _____

6. As you see yourself, what kind of person are you? How might you describe yourself? _____

7. List any other information about you or the problems that might be helpful for us to know:

{Next page for marriage, family, or relationship counseling, or for conflict dispute resolution}

8. **For marriage, family, or relationship counseling (or conflict dispute resolution) only:** In what specific ways do you think God might want *you* to change (be honest), and might want your spouse and/or your other family members to change (be tentative)?

Person

Possible Changes Needed:

P¹ You

1) _____

2) _____

3) _____

4) _____

P² _____

1) _____

2) _____

P³ _____

1) _____

2) _____

P⁴ _____

1) _____

2) _____

P⁵ _____

1) _____

2) _____

9. **For dispute resolution concerns:** What do you want from the other party? If there are legal matters involved (such as marital separation or divorce), what claim or remedy do you seek?
