CONSENT TO BIBLICAL COUNSEL/DISCIPLESHIP

On the date set forth below, it is agreed that _____ ("Counselor") will provide biblical counseling services to _____ ("Counselee") on the following terms and conditions:

Biblical Counseling: This is a ministry of the Gospel of Jesus Christ and is part of Counselor's practice of religion. Counselee has indicated that Counselee is a Christian and/or is voluntarily seeking religious guidance (biblical counseling) from Counselor, as a part of Counselee's practice or pursuit of religion. Counselee's testimony or evangelistic pre-counseling will establish that the counselee is a candidate for the end goal of biblical counseling which is to help Christians become more like Jesus Christ in attitude, thought, and action. Counselor's goals, in providing counseling are to help Counselee to know the God of the Bible more fully and vitally and to live life in a God-honoring way. This includes, but is not limited to, providing biblical counsel to assist in: meeting the challenges of life, increasing in true worship, applying the gospel and God's sufficiency daily, shedding the sin that so easily entangles, learning to develop, cultivate, and live in relationships that please God, giving thanks to God in all circumstances, living in a community of other believers through participation in a local church, and learning to rely on the Holy Spirit for power and direction through prayer and Bible study. Although the biblical advice Counselor provides is intended to be practical, it is entirely Counselee's decision how to (and whether to) implement that advice. Counselor wants to help Counselee love God and love others through this process.

Biblical Basis: Counselor believes that the Bible provides sufficient guidance and instruction for faith and life. Therefore, counseling is based on biblical principles rather than those of secular psychology or psychiatry. Counselor is not licensed or certified as a psychotherapist, psychologist, psychiatrist, mental health professional, marriage and family therapist, or social worker, and is not acting in such capacities. If Counselee is unwilling to use the Bible as the final authority in counseling or is unwilling to do the homework assigned, Counselee should not proceed with this counseling.

Professional Advice: Counselor is not providing legal, tax, financial, medical, or other technical or professional advice and Counselor undertakes no duty to recognize or opine when such advice is actually needed, and the parties further agree that no fiduciary or professional client relationship is being created between Counselor and Counselee as a result of this relationship. While the counselee may provide renumeration for the ministerial services provided pursuant to this agreement, such renumeration does not change this relationship from a religious to a "professional" or "fiduciary" relationship.

Confidentiality: Confidentiality is conditional. Although confidentiality is often one aspect of the counseling process and Counselor intends to guard the information received from Counselee, there are a number of situations when it may be necessary or prudent (as determined in Counselor's sole discretion) for Counselor to share information with others. Counselee agrees that Counselor may share information in at least the following circumstances:

• When Counselor is uncertain how to address a problem and needs to seek the advice from a pastor, supervising counselor, or educator. (Proverbs 11:14; 24:6).
• When there is concern that someone is being or may be harmed unless other persons or protective services intervene (Romans 13:1-7).
• When Counselee expresses clear and specific suicidal intent, Counselor may take reasonable measures for the safety of Counselee. Reasonable measures may include notifying police if the Counselee will not cooperate to involve him or herself in a watch-care program or facility.
• If Counselor has reasonable cause to believe that an adult is in need of protective services, Counselor may take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of a threat or intent and/or informing the appropriate protective and/or law enforcement agencies.
• If there is a claim of, the observance of, or clear reasonable cause to suspect the physical or sexual abuse of a child with whom Counselor comes into contact or who is associated with someone to whom Counselor is in contact with, reasonable measures may be taken to ensure the child's protection and/or to fulfill the legal mandate to report such harm to the appropriate governmental protection agencies.
• When Counselor becomes aware of any other criminal activity Counselee is engaged in and Counselee refuses to bring to the appropriate biblical and/or legal authorities.
• When counseling someone who is under familial authority (e.g. wife to husband, child to parent) and if deemed safe by Counselor, Counselor may encourage Counselee to inform Counselee's familial authority of critical issues and/or Counselor may inform the familial authority (Ephesians 5:22-6:4).
• When a person refuses to renounce a particular sin and/or refuses to confess it to those impacted, Counselor may in Counselor's discretion, seek the assistance of a trusted member or leader of any involved church to encourage repentance and/or reconciliation (Proverbs 15:22, 24:11; Matthew 18:15-20).
• When Counselor deems it appropriate or necessary to discuss information with a training observer or an assisting advocate who is involved or observing counseling.
• When Counselee makes a complaint against Counselor, an ACBC counselor, or a biblical counseling center or other related organization, handling it biblically may involve sharing information with an assisting local Church Shepherd and/or the appropriate person(s) within the ACBC organization for complaint resolution purposes.

Please be assured that our counselors strongly prefer not to disclose your personal information to others (if not needed), and they will make every effort to help you find ways to resolve a problem as privately as possible.

Liability: It is intended that the Holy Scriptures (the Bible) shall be the authority governing the counseling process, and that God's glory is the ultimate goal. However, failure of Counselor to interpret or apply the Bible in any particular way shall not subject the Counselor to liability or give rise to complaint by anyone. There shall be no legal or other liability that attaches to Counselor or any related institution or person for any advice, methods, conduct, or any act or omission *related in any way to the service that is provided*, and Counselee acknowledges that Counselee is voluntarily seeking this counsel (free from coercion, duress, or pressure) with a full understanding of the nature, purpose, and effect of this agreement.

Termination: At any time and for any reason, Counselor or Counselee may terminate counseling. However, termination will not preclude Counselor from making the disclosures set forth above if deemed appropriate by Counselor, or if compelled by other legal means. Counselor is not required to keep records, but if records are made, Counselor may destroy any such records without incurring liability.

Resolution of Conflicts: On rare occasions, a conflict may develop between a Counselor and a Counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner (the Bible prohibits lawsuits in court among believers; 1 Cor. 6:1-8), the parties agree that if a conflict arises, the conflict will be resolved according to the ACBC dispute resolution proceedings, which are then operative. That conflict resolution policy may be found at https://biblicalcounseling.com/acbc-member-complaint-case-policy/.

BY SIGNING THIS DOCUMENT, YOU ARE IRREVOCABLY WAIVING ANY RIGHT THAT YOU MIGHT HAVE TO A TRIAL BY JURY OR JUDGE IN A JUDICIAL PROCEEDING.

If any provision of this agreement shall be held invalid, illegal, or unenforceable, only that provision shall be stricken, and the remainder of the agreement shall be in no way affected. By signing below, the parties agree to the terms and conditions set forth in this document and acknowledge that Counselor would not enter into this counseling relationship without each term set forth above.

All of the above is understood and agreed:

[PRINT NAME] _____ **Dated:** _____

[SIGNATURE] _____

CONSENT TO RECORD COUNSELING SESSIONS

I, _____, hereby give consent to my assigned
(counselee's name)
counselor, _____, at _____
_____ to:

videotape_____ (initial if Yes)
audiotape_____ (initial if Yes)

our counseling sessions. These recordings will be used to aid the counseling process and to gain further understanding of important aspects of counseling. I have discussed this procedure with the counselor, including the counseling center/churches policy on confidentiality. I understand that a last name will not be associated with this recording, nor my facial image be seen, and the tape will not go beyond those directly involved with the case or the review of my case for learning purposes. I understand that when my counseling is over, I may request that my recording be destroyed.

I understand that refusal to sign this form will <u>not</u> affect my eligibility for receiving biblical counseling services.

Signed _____ Date____/____/_____

Counselor_____ Date____/____/_____

Association of Certified Biblical Counselors

PERSONAL DATA INVENTORY

Date | |

Please be aware that there are no wrong or right answers to the following questions. Your honest answers will help us to know and serve you better.

PERSONAL INFO

Name:	Sex: ☐ Male ☐ Female	Age
Email:	Date of Birth: | |	
Best phone number to reach you: ( )		
Address:		
Education (last year completed):		
Current Occupation (or responsibility):		
How many hours do you work in a week at your job?		

Who do you live with (their relationship to you)? _____

Help us get to know you. Mark on each continuum line below how you would describe yourself, generally.

More Analytical	_____	More Creative		More Energetic	_____	More Calm/Sedate	
More Out-going	_____	More Shy		More of a Leader	_____	More of a Follower	
More Easy-going	_____	More Serious		More of an Open Book	_____	Harder to get to Know	
More Decisive	_____	More Unsure		More Confident	_____	More Nervous	
More Introverted	_____	More Extraverted		More often Happy	_____	More often Sad	
More Dependable	_____	More Forgetful		More Sensitive	_____	More Direct/Blunt	
More of a hard-worker	_____	More of a Procrastinator		More Moody	_____	More Even-Tempered	
More Logical	_____	More Feeling led		More Others-minded	_____	More in my own World	

More of a Fixer	_____	More of a worrier		More Self-Conscious	_____	More Care-free	
More Organized	_____	More Haphazard		More Cautious	_____	More Spontaneous	
More Independent	_____	More Reliant		More Gracious	_____	More Critical	
More Slow to Act	_____	More Impulsive		More Patient	_____	More Impatient	
More Go w/the Flow	_____	more Controlling		More People Oriented	_____	More Project Oriented	

Are you in a significant relationship other than marriage? Explain and include how long:

_____

MARRIAGE AND FAMILY INFO

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Remarried

Spouse's Name:	Length of Marriage:
Spouse's Current Occupation (or responsibility):	Weekly Hours:

Children's Names:	Age	Sex	Are they Living?	By Previous Marriage?

Have you ever been separated before? ☐ Yes ☐ No

If yes, please explain: _____

Has either of you ever considered or filed for divorce? ☐ Yes ☐ No

If yes, please explain: _____

Have you been married before? ☐ Yes ☐ No

If yes, please explain: _____

Is your spouse in favor of your coming to counseling? ☐ Yes ☐ No

Is your spouse willing to come to counseling (if needed)? ☐ Yes ☐ No

HEALTH INFO

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

Date of last medical exam: _____ Report: _____

Physician's name: _____ Address: _____

List all prescriptions and over-the counter medications you are currently taking (Include diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin, etc.). *Continue on back as needed

Med: _____ For What? _____

Med: _____ For What? _____

Med: _____ For What? _____

Med: _____ For What? _____

List all important present or past illnesses, physical difficulties, injuries or handicaps:_____

_____

_____

_____

Do you have any chronic medical conditions?_____

Have you used drugs for other than prescribed medical purposes? ☐ Yes (Past) ☐ Yes (Now) ☐ No

What Drug? _____ How Long? _____

Have you used more than the prescribed amount of any medication? ☐ Yes (Past) ☐ Yes (Now) ☐ No

What Drug? _____ Amount: _____How Long? _____

How much of the following type of beverages do you consume daily or weekly?

Alcohol _____ Coffee _____ Tea _____ Soft Drink _____ Water _____

On a scale of 1-10, how healthy do you eat? _____ Do you smoke? ☐ Yes ☐ No

How often do you exercise? _____ Times/Week ☐ Rarely ☐ Never

How many hours of sleep do you average each night? _____

Has there been any recent change? _____

Is this sleep uninterrupted? _____

Have you ever experienced hallucinations, seen distorted faces, or heard voices? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever had a severe emotional upset? If so, please explain: _____

_____

Have others noticed any significant changes in your emotional or mental state, memory, or work abilities?

_____

_____

Are you willing to sign a release of information so that your counselor may write for any counseling and medical information that might be helpful? ☐ Yes ☐ No

BACKGROUND INFO

Please answer these background questions to the best of your ability, so we might minister to you more sensitively and wisely. These questions are **not** meant to imply: 1) that we cannot now know God as sovereign, good and sufficient regardless of our past, 2) that God cannot use our past for good, 3) that our past is our identity nor, 4) that we will/must be determined by our past.

Were you raised by both biological parents? ☐ Yes ☐ No

If no, please explain: _____

Rate your parent's marriage: ☐ Unhappy ☐ Average ☐ Happy ☐ Very Happy

Are/were your parents divorced? ☐ Yes ☐ No Explain briefly when, and the basic circumstances:

_____

_____

Describe your relationship with your mother: _____

_____

Describe your relationships with your father: _____

_____

How many older siblings do you have? Brothers _____ Sisters _____

How many younger siblings do you have? Brothers _____ Sisters _____

Describe your relationships with your siblings: _____

_____

_____

Check all the following that best describe the parenting style of your childhood (M=Mother, F=Father):

Excessively authoritative/ Very high control	☐ M ☐ F	Rules/Instructions without relationship	☐ M ☐ F
Excessively permissive/ Too low control	☐ M ☐ F	Disengaged/ Excessively preoccupied	☐ M ☐ F
Generally balanced leadership/Authority	☐ M ☐ F	Caring involvement/ Instruction	☐ M ☐ F
Manipulative (selfish, angry, guilt trip)	☐ M ☐ F	Perfectionistic/very performance driven	☐ M ☐ F
Leading by example	☐ M ☐ F		

Check all the following that best describe the predominant atmosphere(s) in your home as a child:

☐ Happy	☐ Secure/Safe	☐ Open/Honest	☐ Truly Christian
☐ Sad/Depressing	☐ Tumultuous/ Uncertain	☐ Closed off/Private	☐ Outwardly-religious
☐ Calm/Relaxed	☐ Angry/Hostile	☐ Loving/Encouraging	☐ Non-Christian

Was there any substance abuse in your family? ☐ Yes ☐ No

If yes, please explain: _____

Other and Later Life:

Other than your parent(s), describe people in your life who have had a significant influence in your life (positive or negative): _____

_____

Has there been any abuse in your past? ☐ Physical ☐ Verbal/Emotional ☐ Sexual ☐ No

If yes, by whom? _____ What age? _____

Have you ever seen a psychologist, psychiatrist or received counseling before? ☐ Yes ☐ No

If yes, list counselor(s): _____and dates ____ / ____ /____ to ____ /_____ /_____

_____and dates ____ / ____ /____ to ____ /_____ /_____

_____and dates ____ / ____ /____ to ____ /_____ /_____

What were you seen for? _____

What was the outcome? Was it helpful? _____

_____

Do you carry significant guilt? ☐ Yes ☐ No

If yes, for what? _____

Any job difficulties? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been arrested? ☐ Yes ☐ No When? _____

Describe the circumstances:_____

Describe any recent, significant event(s) in your life (i.e. job loss, birth, death, successes, etc.):

_____

_____

SPIRITUAL LIFE INFO

Church/religious experience as a child (Denomination and length of time): _____

_____

Church/religious experience as an adult (Denomination and length of time): _____

_____

Do you attend a local Christian church? ☐ Yes ☐ No

Name of the church you attend: _____

Are you a member? ☐ Yes ☐ No How long? _____

Have you been baptized? ☐ Yes ☐ No At what age? _____

Church services/functions attended per month: _____

Are you part of a Small Group: ☐ Yes ☐ No Who is your Small Group leader: _____

Do you attend church with your spouse? ☐ Yes ☐ No

If no, please explain: _____

Do you consider yourself as "saved"? ☐ Yes ☐ No ☐ Not sure what you mean

Does your spouse consider himself/herself as "saved"? ☐ Yes ☐ No ☐ Don't know

Have you come to the place in your spiritual life where you know with certainty that you would enter heaven after death? ☐ Yes ☐ No

If you were to die and stand before God and He asked you why He should permit you to enter heaven, how might you respond? _____

_____

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

_____

How often do you pray to God? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often

How often do you read the Bible? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often

Do you regularly give financially to the church/God's work? ☐ Yes ☐ No

Do you serve at your church? How? _____

PROBLEM CHECK LIST

Please mark 1-3 on all that apply (1=Mild, 2=Moderate, 3=Severe). Circle where there are options.

____ Abuse at present (sexual, Physical, verbal)	____ Drunkenness	____ Memory
____ Anger	____ Drugs	____ Mental confusion
____ Anorexia	____ Envy or jealousy	____ Moodiness
____ Anxiety	____ Fear	____ Overwhelmed
____ Apathy	____ Finances	____ Perfectionism
____ Bitterness	____ Gambling	____ Poor concentration
____ Bulimia	____ Gluttony	____ Pornography

____	Children	____	Guilt	____	Procrastination
____	Communication	____	Grief	____	Rebellion
____	Conflict (Fights)	____	Health	____	Same sex attraction
____	Deception	____	Homosexuality	____	Self-injury
____	Decision making	____	Infidelity	____	Sex (lust, impotence…) _____
____	Depression	____	In-laws	____	Sleep
____	Drastic change in life circumstances/life style	____	Loneliness	____	Other _____

PRE-COUNSELING QUESTIONS

Please take some time to think through what has been happening in your life that brings you to counseling. This section will help us get to know your current situation better, in order to match you with a counselor and/or provide the best help. Use the following questions as a guide to journal about what is going on in your life and heart.

1. What has brought you here? Describe the main problem in your life as you see it. (Include when it began and any other very significant events or information.)

_____

_____

_____

_____

_____

_____

_____

_____

2. What have you done to try and resolve the problem on your own?

_____

_____

_____

_____

3. Why are you now wanting to seek help?

4. What types of thoughts come to your mind in your current situation when you feel disappointed, discouraged, angry and/or fearful about the situation?

5. What are you hoping we can do for you?

6. Is there any other information you think we should know?

SCHEDULING

Please check the time and days that you are available for counseling.

	SUN	MON	TUE	WED	THU	FRI	SAT
Early morning (6am-9am)							
Morning (9am-12pm)							
Early afternoon (12pm-3pm)							
Afternoon (3pm-6pm)							
Evening (6pm-9pm)							

Do you have flexibility with your schedule? ☐ Yes, on these days _____ ☐ No