



Personal History And Consent To Counsel Form

I. Identification Information

Name _____ Date _____

Occupation _____ Phone _____

Address _____ Email _____

Sex _____ Birth Date _____ Height _____

Education (List Type And Years) _____

Referred Here By _____ Phone _____

What Days And Times Work Best For You To Be Able To Meet? _____

II. Health And Personality Information

State Of Health: ___ Good ___ Average ___ Declining ___ Poor

How Many Hours Do You Sleep Each Night? _____

When Do You Normally: Go To Bed _____ Get Up _____

Describe Any Recent Changes In Your Sleep Patterns _____

How Would You Describe Yourself? _____

Have You Experienced Any Recent Changes In Weight? If So, Explain _____

Date Of Last Medical Examination _____

List All Important Present Or Past Illnesses, Injuries, Or Handicaps _____

Have You Ever Had A Severe Emotional Upset? If So, Explain _____

Are You Presently Taking Any Medication? If So, List And Explain _____

Are You/Have You Used Drugs For Other Than Medical Purposes? If So, List And Explain _____

Do You Drink Alcoholic Beverages? If So, How Much And How Often _____

Have You Ever Been Arrested? If So, Explain _____

Have You Ever Received Counseling Or Psychotherapy Before? If So, List Counselor, Reasons, Dates, And Results _____

III. Religious Information

Denominational Preference _____ Church Name _____

Pastor's Name _____ Attendance _____ Per Month

Ministry Involvement _____

Church(S) Attended In Childhood _____

If Married, Religious Background Of Spouse _____

How Often Do You Read The Bible? _____ How Often Do You Pray? _____

What Do You Pray About? _____

Do You Know For Certain That, If You Were To Die Tonight, You Would Go To Heaven? If So, Why? _____

Who Is Jesus Christ And How Would You Describe Your Relationship To Him? _____

Have You Been Baptized? If So, When And Where _____

IV. Marriage And Family Information

Status: ___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed

Name Of Spouse _____ Phone _____

Address _____ Occupation _____

Spouse's Age _____ Education (In Years) _____

Is Your Spouse Willing To Come With You? _____

Have Either Of You Ever Been Married Before? If So, Explain _____

How Long Did You Know Your Spouse Before Marriage? _____

How Long Did You Date Your Spouse Before Marriage? _____

How Long Were You Engaged To Your Spouse Before Marriage? _____

Children	Ages	Gender	Living (Y/N)	Education (In Years)	Marital Status	Pm* (Y/N)

*Child By A Previous Marriage

Parents' Names _____

Are Your Parents Still Living? _____

Number And Ages Of Siblings _____

Briefly 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. What Are Your Expectations In Coming Here?

4. Is There Any Other Information We Should Know?

Consent To Counseling

Goal: The 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 enable you to enjoy more fully His love for you and His plans for your life.

Biblical Basis: We believe the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on Scriptural principles rather than those of secular psychology. As Biblical counselors, we are not trained or licensed as psychotherapists or mental health professionals and will not follow the methods of such specialists.

Not Professional Advice: As this is Biblical counseling, and not professional therapy, if you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional. We will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant Scriptural principles.

Confidentiality: Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share certain information with others: when we are uncertain how to address a particular problem and need to seek advice from another pastor or counselor, in which case, the counselee will be asked first; when a counselee attends another church and it is necessary to talk with his or her pastor or elders, in which case, the counselee will also be asked first; when there is a clear indication that someone may be harmed unless others intervene; or 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), in which case, the counselee will be asked/or notified first. However, please be assured that we strive to keep personal matters as private as possible.

Teaching: One of the purposes of counseling in the local Church is to train and equip others to minister as members of the body of Christ. You may be asked for permission for a second counselor to sit in, observe, and learn from your session. This is not required and you may decline with no reservations.

Agreement: By signing this consent, you agree that you understand the nature of the counsel you will be given; that you will not attempt to subpoena or require the counselor to appear in any legal proceeding related to any matters discussed during counseling; nor will you attempt to subpoena any notes or records related to this counseling.

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 your counselor. If these guidelines are acceptable to you, please sign and date below.

Signature: _____ Date: _____