

INFORMATION ABOUT SPIRITUAL LIFE

Denominational Preference: _____ Church Name: _____

Church Address: _____ Pastor's Name: _____

May we contact your Pastor(s)? _____ **Please Initial** _____

Church Attendance: Frequency of attendance _____ Times per month

Name of your current church _____ are you a member No Yes

How long? _____

Church attended in childhood _____.

What are you learning through the sermons/messages/bible studies at your church?

Please list ministry involvement: _____

Have you been baptized? No Yes When? _____

If married, religious background of spouse: _____

(Only if applicable) Spouse's church attendance:

Spouse's church name _____ Frequency of attendance _____ Times per month

Do you pray to God? Never Occasionally Often How often? _____

What do you pray about? _____

Have you come to a place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven?

Yes No Uncertain

If yes, what is your basis for answering the above question? _____

Have you received Jesus Christ personally as your Savior?

Yes -- When? _____ No Uncertain Don't know what you mean

If yes, please answer questions 1-3:

1. How do you know that Jesus Christ is your Savior? _____

2. What changes took place in your life when you became a believer? _____

3. Have you told household/family members about receiving Jesus as Savior? Yes No

If yes, who have you told? _____

Do you read the Bible? Never Occasionally Often How often? _____

Do you have personal devotions? Never Occasionally Often How often? _____

Describe your personal devotions: _____

Do you have family devotions? Never Occasionally Often How often? _____

Explain any recent changes in your spiritual life: _____

INFORMATION ABOUT PRIOR COUNSELING

Have you had counseling before? Yes No

Counselor Name (s)	Dates: To-From	Medication Prescribed	Outcome and Diagnosis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact your counselor (s)? _____ **Please initial** _____

INFORMATION ABOUT PERSONAL HABITS AND HEALTH

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

When do you normally: Go to bed? _____ Fall asleep? _____ Wake up? _____ Get out of bed? _____

If there is a length of time between going to bed and falling asleep, what do you do during that time? _____

If there is a length of time between waking up and getting out of bed, what do you during that time? _____

Describe any recent changes in sleep habits? _____

State of health: Very Good Good Average Declining Other

Date of last medical examination: _____ Results: _____

Physicians Name: _____ Address: _____

Are you presently taking medications? No Yes What? _____

Dosage? _____

For what reason do you take this medication? _____

Have you used drugs for other than medical purposes? No Yes When? _____

What? _____ Amount/Dosages? _____

Do you drink alcoholic beverages? No Yes How often? _____

How much? _____

Have you ever been arrested? No Yes

What was the outcome? _____

Have you ever had a severe emotional upset? _____

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

Approximate weight _____ Weight changes recently: Lost _____ Gained _____

Consent for release of Medical Records (*please initial here*) _____

MARRIAGE AND FAMILY INFORMATION

Name of spouse: _____ Address: _____
 City _____ Zip _____
 Phone #: _____ Business Phone #: _____
 Occupation: _____
 Your spouses age: _____ Education: (In years): _____
 Religion: _____
 Is spouse willing to come with you? No Yes Have not asked yet? Not certain
 Are you currently separated? No Yes Since when? _____
 Have you ever been separated in the current marriage? No Yes No. of times _____
 Has either of you ever filed for divorce? No Yes When? _____
 Who? _____
 Date of marriage: _____ Your ages when married: Husband _____ Wife _____
 How long did you know your spouse before marriage? _____
 Length of steady dating with spouse: _____
 Length of engagement: _____
 Have you been married before? No Yes
 If yes, how many times? Husband _____ Wife _____
 If you or your spouse were married before, how did the marriage(s) end? _____

Children's Names	Ages	Gender	Living?		Education In years	Marital Status	**PM
			Yes	No			
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Check this column if child is by previous marriage

If you were raised by anyone other than your parents, briefly explain: _____

No. of older: Brothers _____ Sisters _____
 No. of younger: Brothers _____ Sisters _____

Consent to Counseling Form

Our Goal — Our goal in providing Christian 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 fully enjoy his love for you and his plans for your life.

Biblical Basis — We believe that 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 or psychiatry. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

Not Professional Advice — Some of our counselors work in professional fields outside the church. When serving as counselors within this church, however, 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 an independent professional. 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 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 a counselor is uncertain of how to address a particular problem and needs to seek advice from a pastor or elder in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; 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). 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 develop between a counselor and a 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 a counselor or with this church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court having jurisdiction. (We will be happy to provide you with booklets that explain the Christian conciliation process and describe its benefits and procedures.)

Having clearly stated 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 or elder. If these guidelines are acceptable to you, please sign below.

Signed _____ Date _____