



# Consent to Biblical Counseling

## Grace Fellowship Evangelical Free Church

**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 and allow you to enjoy fully 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. (II Peter 1:3 and Romans 15:4) Therefore, our counseling is based solely on scriptural principles rather than those of secular psychology or psychiatry.

**Not Professional Advice-** Although some of the pastoral or lay counselors of this church may be licensed in other fields, such as medicine or psychology, they do not practice as professional doctors, psychologists or psychiatrists in their role as Grace Fellowship Biblical Counselors. In this role, 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 independent professionals not associated with Grace Fellowship Church. 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 biblical principles. By signing this "Consent to Biblical Counseling" you agree to hold Grace Fellowship Church harmless in any and all matters associated with the biblical advice you have received.

**Confidentiality-** Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, because we are continually training others to be effective counselors we ask that you agree to allow counselors in training to be present during your sessions. There are four other situations when it may be necessary for us to share certain information with others: (1)When a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder in this church; (2) when a counselee attends another church and it is necessary to talk with his or her pastor or elders; (3) when there is a clear indication that someone may be harmed unless we otherwise intervene; or (4) 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 arise between counselor and 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 the counselor or with this church as a result of counseling will be settled with mediation within the church according to the principles of scripture and the authority of this local church.

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 a pastor or elder. If these guidelines are acceptable to you, please sign below.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

# PERSONAL DATA INFORMATION FORM

This form must be completed in full before the counselor is assigned.

All information is confidential.

## IDENTIFICATION DATA

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

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

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

## HEALTH INFORMATION

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

Height \_\_\_\_\_ Your approximate weight \_\_\_\_\_ lbs.

Weight changes recently (+/-) \_\_\_\_\_

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

\_\_\_\_\_

Date of last medical examination \_\_\_\_\_ Report: \_\_\_\_\_

Your physician \_\_\_\_\_

Address \_\_\_\_\_

Are you presently taking medication: Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_

What? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_

Are you willing to sign a release or information form 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 \_\_\_ When? \_\_\_\_\_

Explain:

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

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

Other training (list type and years)

\_\_\_\_\_  
(Include any degrees)  
\_\_\_\_\_

## MARRIAGE AND FAMILY INFORMATION

Marital Status: Single\_\_ Dating\_\_ Engaged\_\_ Married\_\_ Separated\_\_ Divorced\_\_ Widowed\_\_

Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

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

Your spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_

Spouse willing to come for counseling? Yes\_\_ No\_\_ Uncertain\_\_

Have you ever been separated? Yes\_\_ No\_\_ When?

From \_\_\_\_\_ to \_\_\_\_\_

Have either of you ever filed for divorce? Yes\_\_ No\_\_

When \_\_\_\_\_

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 \_\_\_\_\_

Give brief information about any previous marriages:

\_\_\_\_\_

Information about children:

PM\* Name Age Sex Living? Years/ Education Marital Status

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\*(Check column if child is by previous marriage)

**RELIGIOUS BACKGROUND**

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

Member of \_\_\_\_\_ (church)

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

Which Small Group do you participate in? \_\_\_\_\_

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

Religious background of spouse (if married) \_\_\_\_\_

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"? Yes \_\_\_ No \_\_\_ Uncertain\_\_\_  
(Séances, devil worship, witchcraft, etc.)

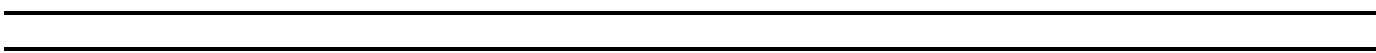
Do you pray to God? Yes\_\_\_ No\_\_\_ Never\_\_\_ Occasionally\_\_\_ Often\_\_\_

Would you say you are a Christian? Yes\_\_\_ No\_\_\_;  
or would you say you are still in the process of becoming Christian? Yes\_\_\_ No\_\_\_

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

Do you have regular devotions? Yes \_\_\_ No\_\_\_ Not sure what you mean\_\_\_

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



---

**ANSWER THE FOLLOWING QUESTIONS:**  
(Initial Assessment)

1. What is the problem as you see it?
2. In what way(s) have you contributed to the problem?
3. What have you tried to do already to resolve the problem?
4. As you see yourself, what kind of person are you? Describe yourself.
5. What, if anything, do you fear?
6. What can we do? (What are your expectations in coming here?)
7. Is there any other information that we should know?



8. My chief sins are

9. When I sin, I (describe how you handle sin, what you feel when you sin, what you do after you sin)

10. I feel guilty when

11. I pray (when, how, why, what for, etc.)

12. My chief goals in life are

13. I want (or do not want) to attend and be involved in church (answer the questions "how" and "why")

14. I believe fellowship with other Christians is (define what it is, what it involves, how important it is, and how it can be developed)

15. I am promoting my spiritual growth and the spiritual growth of my spouse by

16. My spouse and I differ in spiritual matters (when, how, over what, etc.)

17. The changes I would like to make in my own spiritual life are

18. The changes I would like my spouse to make spiritually are

Review your answers. Are there any that you would like to change? Which ones? Why? Are there any to which you do not know the answer? Which ones? Compare and discuss your answers with your spouse. Write down your impressions of this study. What have you learned about yourself and what have you learned about your spouse? What changes do you need to make in light of this study?



## DATA GATHERING – SENTENCE COMPLETION

Finish the following sentences with two or three answers each.

1. I am \_\_\_\_

2. I like \_\_\_\_

3. I am happy \_\_\_\_

4. I am unhappy \_\_\_\_

5. God is \_\_\_\_

6. A happy home \_\_\_\_

7. I want \_\_\_\_

8. I dislike \_\_\_\_

9. I have \_\_\_\_

10. When someone criticizes me \_\_\_\_

11. When I don't get my own way \_\_\_\_

12. I resent \_\_\_\_

13. I would like to change \_\_\_\_

14. I belong \_\_\_\_

15. I become angry \_\_\_\_

16. My greatest failures are \_\_\_\_

17. I can \_\_\_\_

18. I can't \_\_\_\_