

Biblical Counseling Application

Personal Data Inventory

Faith Biblical Counseling Center

A Ministry of Faith Bible Church

4907 Highway 34E
Sharpsburg, GA 30277

❖ Identification Information *(Please print clearly)*

Name: _____

Personal Phone: _____ Work Phone: _____

Email: _____

Address: _____

Age: _____ Birth Date: _____ Gender: M | F

Level of Education: _____ Occupation: _____

Marital Status: Single _____ Married _____ Separated _____

Divorced _____ Widowed _____ Engaged _____

Referred By: _____

❖ Reason for Seeking Biblical Counseling

(1) What is the problem that you want help with?

(2) How long has this been a problem?

(3) Have you received counsel concerning this issue in the past? If so, who was the counselor and was it helpful?

(4) Have you told your pastor or any spiritual leaders in your church about the problem? How have they helped you?

(5) What have you done about this issue?

(6) What would you like us to do about it?

❖ **Marriage and Family Information**

Spouse's Name: _____ Phone: _____

Spouse's Email: _____ Age: _____ Birth Date: _____

Spouse's Address: _____

Spouse's Level of Education: _____ Occupation: _____

Date of Marriage: _____ Age When Married: H: _____ W: _____

Is your spouse willing to come for counseling? Y | N | Uncertain

Give brief information about any previous marriages: _____

❖ **Information About Children**

PM*	Name	Age	Gender	Education (Grade)	Marital Status
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*Check this column if the child is from a previous marriage.

❖ **Problem Checklist**

Circle any of the following areas of concern or struggle:

Abortion	Adultery	Anger	Anxiety	Apathy
Appetite	Bitterness	Change in lifestyle	Communication	Conflict
Children	Deception	Decision making	Dating/courtship	Depression
Divorce	Drug abuse	Drunkenness	Eating habits	Envy
Fear	Finances	Grief	Guilt	Health
Homosexuality	Impotence	Infertility	In-laws	Laziness
Loneliness	Lust	Marriage	Memory	Menopause
Moodiness	Past memories	Perfectionism	Rebellion	Sex
Singleness	Sleep	Wife abuse	_____	_____

❖ **Complete the following sentences:**

People that know me think that I am: _____

If they knew the “real me” they would know that I am: _____

Is there any other information that you would like us to know?

❖ **Health Information**

Rate your health: Very Good _____ Good _____ Average _____ Poor _____

Recent weight change: None _____ Lost _____ Gained _____

List all important present or past illnesses, injuries, or disabilities:

Date of last medical exam: _____ Results: _____

Physician's name: _____ Phone: _____

Are you presently taking medication? Y | N

Type(s):

Have you used drugs for other than medical purposes? Y | N

If yes, explain: _____

Alcoholic beverages? Y | N

If yes, how much and how often: _____

Smoke tobacco? Y | N

If yes, how much and how often: _____

Drink coffee or other caffeinated beverage? Y | N

If yes, how much and how often: _____

Are you willing to sign a release so that your counselor may obtain your medical or past counseling records? Y | N

❖ **Religious Background**

What church do you attend? Name and location: _____

Phone: _____ Pastor's Name: _____

How often do you attend church? _____ Are you a member? Y | N

What ministries or activities are you involved in at church? _____

Do you pray and read the Bible? If so, how often: _____

What is your view of the Bible?

- I don't know enough about the Bible to have an opinion.
- It is a book that contains helpful principles that I am free to follow or disregard as I think best.
- It is a book that was inspired by God that contains helpful principles and instructions I should follow unless I believe there is good reason to do otherwise.
- It is a book that was inspired by God that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
- Other: _____

If you were to die today, do you know for sure that you would be with God in heaven? Y | N

If God were to ask you, "Why should I let you into My heaven?", what would you say?

When and how did you become a Christian? _____

How has your life changed since you became a believer? _____

How is your current relationship with Christ?

Close to Him _____ Drifting from Him _____ Far from God _____

❖ **Completed by Counselee (*Print Name*):** _____

❖ **Signature:** _____ **Date:** _____

CONFIDENTIALITY AGREEMENT

The undersigned are presently involved in counseling or are seeking counsel with the staff of Faith Biblical Counseling, a ministry of Faith Bible Church.

We acknowledge that according to the policies and practices of Faith Biblical Counseling and Faith Bible Church, confidentiality cannot be granted in all situations. If a threat of physical harm or report of criminal activity is made, appropriate civil authorities may have to be notified. Also if there is ongoing and unrepentant, grievous, or aggravated sin in the life of one of its counselees, the counselors of Faith Biblical Counseling reserves the right to contact the church authorities of the counselee's church.

The Bible teaches that Christians should carefully guard any personal and private information that others reveal to them. Protecting confidence is a sign of Christian love and respect (Matt.7:12). It also discourages harmful gossip (Prov.11:13; 28:13; Jas.5:16), and encourages people to seek needed counseling (Prov.20:19; Rom.15:14). Since these goals are essential to the ministry of the Gospel and the work of this counseling center and Faith Bible Church, all counselees are expected to refrain from gossip and to respect the confidences of others. In particular, our counselors shall carefully protect all information that they receive through counseling. When a pastor or counselor is uncertain of how to counsel a person about a particular problem, he or she may refer such person to (or seek the advice of) another biblical counselor.

Although confidentiality is to be respected as much as possible, there are times when it is appropriate to reveal certain information to others. In particular, when the pastors or counselors of this church believe it is biblically necessary, they may disclose confidential information to appropriate people in the following circumstances:

1. When the person who disclosed the information or any other person is in imminent danger or serious harm unless others intervene (Prov.24:11-12).
2. When a person refuses to repent of sin, it becomes necessary to institute disciplinary proceedings or seek the assistance of individuals or agencies within the counselee's church (Matt.18:15-20; Rom.13:1-5).
3. When required by law to report suspected child abuse.

We understand the confidentiality provisions as described above and agree to abide by its terms and admonitions.

❖ **Signed:** _____ **Date:** _____

❖ **Signed:** _____ **Date:** _____

❖ **Signed:** _____ **Date:** _____
Counselor

Faith Biblical Counseling Center
A Ministry of Faith Bible Church

COUNSELING POLICY

❖ **APPOINTMENTS:**

Each session lasts approximately 60 minutes. We request that if you cannot keep an appointment, you notify us at least 24 HOURS IN ADVANCE. This will allow us to manage our time with other counselees when necessary. If you need to reschedule an appointment, we will be happy to assist you. The counselor has the right to terminate counseling if there are repeated cancellations, repeated failures to complete homework assignments, or a general lack of initiative or willingness to make progress.

❖ **HOMEWORK:**

Counseling homework is a very important part of the biblical counseling process. From each session, you are not only to receive insight and know the truth, but more importantly to practice it. You should expect to do assignments that will translate the truth you learn from the Bible into daily living. Another benefit from homework is learning to depend more upon the Holy Spirit than your human counselor. Therefore, you are required to spend time each week to complete homework assignments.

❖ **COST:**

There is no charge to make an appointment with or to be seen by one of our counselors. However, any contribution you (or your church) can make will enable us to expand the counseling ministry. Checks should be made to Faith Bible Church, Counseling Ministry.

Counselees are expected to pay for resources assigned to them as homework. This will include books, pamphlets or CDs. The counselor will be sensitive to any financial constraints.

❖ **CHURCH INVOLVEMENT:**

In order to achieve lasting biblical change over the problems of life, it is vital that you become established in a consistent Christian walk. The Lord has provided the local church to assist in this process. If you are not consistently involved in a local church, we will strongly encourage you to attend at least one service a week at Faith Bible Church. If you are a part of a local church on a consistent basis, the assistance of your church's leadership is requested so that you may receive full benefits of all the spiritual resources given to you by God.

❖ **PHONE AND ONLINE COUNSELING:**

Your counselor will not normally be available for phone counseling due to their scheduled appointments. If you have an emergency, please call the church secretary and she will contact your counselor and have him/her return your call as soon as possible.

Some of our counselors have software (e.g., “Zoom”) enabling them to meet with you online. Our preference is in-person counseling, but sometimes that is not possible. Please note on your application or in phone communication with our staff if you prefer or need to meet online via the internet.

FAITH BIBLICAL COUNSELING IS A TRAINING FACILITY IN CONJUNCTION WITH THE ASSOCIATION OF CERTIFIED BIBLICAL COUNSELORS (ACBC). OCCASIONALLY THERE MAY BE A COUNSELOR-IN-TRAINING PRESENT DURING A SESSION. IN THIS CASE, THE COUNSELOR WILL NOTIFY YOU IN ADVANCE.

Please keep this portion for your records

Please return this page with your application

FAITH BIBLICAL COUNSELING AGREEMENT

The counseling which you will receive from Faith Biblical Counseling Center is done on a love offering basis. We ask you to consider helping us to continue this ministry.

“I _____ have read the policy information provided to me.

I understand the procedure for rescheduling appointments.

I also understand the necessity to complete homework assignments and faithfully attend my home church or Faith Bible Church.”

I understand that it is my responsibility to pay for the counseling materials that I receive.

I understand that it is my responsibility to communicate to my pastor FBCC’s desire for my church involvement in the counseling process.

❖ Signed: _____ **Date:** _____