



Consent to Counseling

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 fully enjoy His love for you and His plans for your life.

Biblical Basis - We believe that the Bible provides thorough and complete guidance and instruction for faith and life. Therefore, our counseling is based on Scriptural principles rather than those of secular psychology or psychiatry. Although some of the Knox Haven counselors may be licensed by secular agencies in secular fields, such as medicine or psychology, they will not counsel according to secular standards, but as Biblical counselors.

Unrelated Advice - If you have questions about life issues such as finances, legal issues or medical concerns not directly related to your counseling issue, you should consult with an advisor other than your Knox Haven counselor, even though your counselor may have vocational experience in these areas. 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. In addition to discussing your case with the Director of Counseling, there are four other situations when your counselor may need to talk about your case with others:

1. When a counselor is uncertain of how to address a particular problem and needs to seek advice from another counselor or a pastor in the church. (Your name will only be used if absolutely necessary.)
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 others intervene.
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.

Counselor Training - As part of our Counselor training, we sometimes will have trainees join with a more seasoned counselor in a team counseling situation or as an observer/prayer partner. Please be assured that every person involved in your counseling process is deeply committed to your confidentiality. In addition, each person in the room (never more than 2) is part of the Counseling Team and has undergone counseling training. Please feel free to ask any questions by calling 690-0031.

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 within the church according to the principles of Scripture and the authority of this local church.

Agreement - 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.

These guidelines are acceptable to me: Yes/ No

Signed: Date/Time Field

(Typing your name and sending in this email is the equivalent of signing your name on this form.)

Phone Number



PERSONAL DATA INVENTORY

Identification

Name: Phone Number:

Address: CellPhone:

City: State Zip Code

Email:

Birth Date: Age: Gender

Place of Employment: How Long?

Marriage and Family Information

Married: How Long? Spouse's Name:

Spouse's age: Spouse Occupation:

Divorced: How Long?

Reasons for divorce:

Separated: How Long?

Children:

Name	Age	Gender	Living	Married	Living With You

Marriage and Family Information, Continued

Parents living:

Where:

Any family history of physical or emotional illness?

Who:

Explain family history of physical/emotional illness:

Drug Addictions

Kind:

Alcohol Addiction

Pornography

Gambling

Religious Background

Church Background:

Have you accepted Jesus Christ as your personal Savior?

When:

Do you attend church?

How often:

Where:

Are you a member of the church?

Which church?

How often do you read the Bible?

How often do you pray?

Do you have family devotions?

Who is the spiritual leader in your family?

What is the religious background of your spouse?

How would you describe where you are currently in your spiritual life?

Personal Information

Previous Counseling: Christian Secular When:

What was the outcome of previous counseling?

Check any of the following that best describes you:

- | | | | | |
|--|---|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> sad | <input type="checkbox"/> empty | <input type="checkbox"/> lonely | <input type="checkbox"/> moody | <input type="checkbox"/> worthless |
| <input type="checkbox"/> hopeless | <input type="checkbox"/> useless | <input type="checkbox"/> impulsive | <input type="checkbox"/> perfectionist | <input type="checkbox"/> likable |
| <input type="checkbox"/> happy | <input type="checkbox"/> like attention | <input type="checkbox"/> lively | <input type="checkbox"/> impatient | <input type="checkbox"/> nervous |
| <input type="checkbox"/> short attention | <input type="checkbox"/> distractible | <input type="checkbox"/> confident | <input type="checkbox"/> caring | <input type="checkbox"/> fearful |

other:

Have you suffered recent losses? family business financial

Explain suffering of recent losses:

Health Information

List any health problems you have:

When did you last see a medical doctor? Physician's Name:

Height: Weight:

Surgeries: What/When:

List prescription medications you take:

List illegal drugs used: How much do you smoke?

Cups of coffee/day: Amount of soft drinks/day: Amount of alcohol/day:

Have you been arrested? List reason(s):

How many hours of restful sleep do you get on an average night?

Do you use a sleep aid? List sleep aids:

What issue(s) do you see as a present problem?

What have you done about your problem(s)?

What would you like to accomplish with this counseling?

Which counselor would you like to see?

By submitting this form, you agree to the transfer of this information to Knox Haven Biblical Counseling.