

FaithCommunity

C O U N S E L I N G

COUNSELING AGREEMENT

The following outlines *several conditions* upon which counseling cases will be initiated. While this is not meant to be exhaustive in scope, it does represent our philosophy of biblical counseling, a vital aspect of the total shepherding ministry of Faith Community Church.

Our Framework – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, we base our counseling on Scriptural principles rather than those of secular psychology and 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.

Some of the counseling at Faith Community Church is provided as part of a counseling training program. To facilitate both counseling and training, the counselor may have one to two people assisting him/her in each counseling session.

Our Focus – Our purpose is to deal with issues within the scope of biblical parameters. We are confident that the Bible contains all necessary information for life and godliness (2 Peter 1:3). There are no problems between persons that the Bible fails to address either in general or specific principles. While our counselors do not pretend to know all that there is to know about biblical teaching and its application to life, nevertheless, they do know much, they will counsel from their understanding of the Bible, and they will do their utmost to help you.

If you should have significant legal, financial, medical or other technical questions, you may choose to seek advice from an appropriate independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider counsel in the light of relevant Scriptural principles.

Our Foundation – All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. Your counseling will be biblical counseling in which the Scriptures are, in all cases, the final authority. If you are not sure that you will be interested in biblically-based counseling, you will be given the option of attending one or two sessions to discover what biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling or are unwilling to apply the biblical principles assigned, sessions may be terminated.

Our Prerogative – At any time during the counseling process, for reason(s) sufficient to him/her, the counselor shall have the option of terminating counseling.

Our Commitment to Confidentiality – Confidentiality is an important aspect of the counseling process, and our counselors will carefully guard the information you entrust to them. To ensure that you are receiving consistent counsel and support, however, the counselor(s) will need to be able to discuss your situation with others such as appropriate leaders of the church you attend, your attorney, if you have one, and/or other individuals involved in your life. Information disclosed in counseling sessions will be held confidential to the extent that the counselor believes the Bible or the State requires. Absolute confidentiality is not Scriptural; for instance, matters of church discipline (cf. Matthew 18:15ff), or criminal incidents, may require the counselor to divulge information to others.

Your Commitment to Confidentiality – You too must agree not to discuss our communications with people who do not have a necessary interest in the counseling process. Furthermore, you must agree that you will not attempt to force any counselor to divulge any information acquired during the counseling process or to testify in any legal proceeding related to the issues discussed during the counseling process.

Our Fee – All counseling is done free of charge as a ministry of Faith Community Church. Part of the weekly homework assignments, however, may require the purchase of materials that correspond to the counseling.

Mediation – 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 counselees to agree that any dispute that arises with a counselor or with Faith Community Church as a result of counseling will be mediated by the church's elder board. In addition, all counseling notes and records are considered to be the property of the 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 feel free to call and speak with a member of the pastoral staff. **If these terms are acceptable to you, please sign below.**

Signed _____ Print Name _____ Date _____

FAITH COMMUNITY COUNSELING PERSONAL DATA INVENTORY

Please complete this Inventory carefully and thoroughly, and then mail this Inventory along with the Counseling Agreement to:

**Faith Community Counseling
110 Village Trail, Suite 110
Woodstock, Georgia 30188**

PERSONAL INFORMATION

Today's Date ____/____/____

Name _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____

Age _____ Sex _____ Height _____ Referred for Counseling by _____

Marital Status (mark all that apply)

Never Married Single Going Steady Engaged Now Married ____year(s)

Now Separated ____month(s) Divorced ____time(s) Widowed

Home Phone(____)_____ Work Phone(____)_____ Mobile(____)_____

Email Address _____ Education (last level completed) _____

Other Training (list type and years) _____

Occupation _____ Employer _____ Position _____ Yrs _____

In case of an emergency, please contact: Name _____

Phone Number(____) _____

MARRIAGE AND FAMILY

Information about Your Spouse (If never married, check here and omit this section)

Spouse's Name _____ Spouse's Age _____

Spouse's Address _____ City _____ State _____ Zip _____

Spouse's Home Phone (____)_____ Spouse's Work Phone (____)_____

Spouse's Mobile (____)_____ Spouse's Email Address _____

Spouse's Education (last level completed) _____ Spouse's Occupation _____

Spouse's Religious Background _____

Has your spouse previously been married? Yes No # of times _____

Information about Your Marriage

Your ages when married: You _____ Spouse _____

Date of Marriage ____/____/____ Length of Steady Dating _____ Length of Engagement _____

Give a brief statement of circumstances of meeting and dating _____

Have you ever been separated? Yes No When? from _____ to _____

Is your spouse willing to come for counseling? Yes No Uncertain

Rate your marriage: Unhappy Average Happy Very Happy

Give brief information about any of your previous marriages _____

Information about Your Children

Name	Age	Sex (M/F)	Living?	Education (in years)	Step-Child?	Married?	By Previous Marriage?
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Information about Your Parents

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

Is your father still living? Yes No Does he live nearby? Yes No

Where? _____

Father's Religious Affiliation _____ Father's Occupation _____

Describe your relationship with your father _____

Is your mother still living? Yes No Does she live nearby? Yes No

Where? _____

Mother's Religious Affiliation _____ Mother's Occupation _____

Describe your relationship with your mother _____

Have your parents divorced? Yes No

Rate your parent's marriage: Unhappy Average Happy Very Happy

Information about Your Siblings

Number of *older* brothers _____ *older* sisters _____ *younger* brothers _____ *younger* sisters _____

Rate your childhood: Unhappy Average Happy Very Happy

Have there been any deaths in your family during the last year? Yes No (if yes, please describe) _____

LEGAL

If you have talked with an attorney about your situation, or intend to, please provide:

Attorney's Name _____ Firm _____

Address _____ Phone _____

Has a legal action been filed or is one likely to be filed in this situation? Yes No

If yes, give dates and describe action _____

If you have received advice or counsel from anyone else regarding your situation, please list their name(s) and their relationship to you _____

HEALTH HISTORY

Rate your health: Very Good Good Average Declining Other_____

Do you have any chronic conditions? Yes No What?_____

List significant illnesses, injuries or handicaps_____

Your approx. weight _____lbs. Weight changes recently? Lost_____lbs. Gained_____lbs.

Date of last medical exam_____ Results of examination:_____

Physician's Name_____ Phone(____)_____

Address_____ City_____ State_____ Zip_____

Are you currently taking any prescription or over-the-counter medications? Yes No

Have you stopped taking any medications in the last 3 months? Yes No

If yes to the last 2 questions, please list name(s) and dosage(s)_____

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

If yes, please explain_____

Have you ever been arrested? Yes No If yes, please explain circumstances_____

Do you drink alcoholic beverages? Yes No If yes, how frequently and how much?

Do you drink coffee? Yes No How frequently and how much?_____

Other caffeinated drinks? Yes No How frequently and how much?_____

Do you use tobacco? Yes No What?_____ Frequency?_____

Have you ever had interpersonal problems on the job? Yes No If yes, please explain

Have you ever had a severe emotional upset? Yes No If yes, please explain_____

Have you ever seen a psychiatrist or counselor? Yes No If yes, please explain_____

List counselor/therapist and dates_____

What was the outcome?_____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric or other medical records? Yes No

Have you ever had hallucinations? Yes No

Do you have problems sleeping? Yes No

How many hours of sleep do you normally get each night? _____

SPIRITUAL BACKGROUND

Religion: None Christian Jewish Muslim Agnostic Other _____

Denominational preference _____

Church attending _____ Member? Yes No

Church Address _____

Phone(____) _____ Pastor's Name _____

Church attendance per month (circle) 0 1 2 3 4 5 6 7 8+

Please describe your religious upbringing? _____

Do you believe in God? Yes No Uncertain Why? _____

How often do you pray to God? Daily Weekly Occasionally Never

How often do you read or study the Bible? Daily Weekly Occasionally Never

Would you say you are a Christian, not a Christian, or perhaps in the process of becoming a Christian? _____

Do you believe that when you die, you will be with God eternally? Yes No Uncertain

Why? _____

Have you been baptized? Yes No

Explain any recent significant changes in your religious life _____

What is your opinion 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 and that contains helpful principles and instructions I should follow unless I believe there is a good reason to do otherwise.
- It is a book that was inspired by God and that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
- Other: _____

Who, if anyone, has the most influence on your religious or spiritual life? (please list their names and their relationship to you) _____

WOMEN ONLY

Have you had any menstrual difficulties? Yes No If yes, please explain _____

Is your husband in favor of your coming for counseling? Yes No

If no, please explain _____

AVAILABILITY

Please circle all the days and times you are available to meet for counseling.

Monday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Tuesday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Wednesday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Thursday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Friday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM

PROBLEM CHECK LIST

Please check all areas of concern or struggle.

- | | | |
|--|--|---|
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Divorce | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Lust |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Drunkenness | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Anxiety (worry) | <input type="checkbox"/> Eating habits | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Envy (jealousy) | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Appetite | <input type="checkbox"/> Fear | <input type="checkbox"/> Moodiness |
| <input type="checkbox"/> Bitterness (resentment) | <input type="checkbox"/> Finances | <input type="checkbox"/> Past memories |
| <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Grief | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Children | <input type="checkbox"/> Guilt | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Health | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Conflict (fights) | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Rebellion |
| <input type="checkbox"/> Deception/lying | <input type="checkbox"/> Impotence | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Infertility | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Dating/courtship | <input type="checkbox"/> In-laws | <input type="checkbox"/> Singleness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Laziness | <input type="checkbox"/> Suicide |
| | | <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> _____ |

POSITIVE TRAITS INVENTORY

Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating scale: 0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually

- | | |
|---|--|
| <input type="checkbox"/> Loving | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Good father/mother | <input type="checkbox"/> Punctual |
| <input type="checkbox"/> Works hard | <input type="checkbox"/> Disciplined |
| <input type="checkbox"/> Humble | <input type="checkbox"/> Resourceful |
| <input type="checkbox"/> Keeps his/her word | <input type="checkbox"/> Sincere |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Courteous |
| <input type="checkbox"/> Does not take advantage of others | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Does not use people | <input type="checkbox"/> Decisive |
| <input type="checkbox"/> Not an opportunist (waiting for a lucky break) | <input type="checkbox"/> Efficient |
| <input type="checkbox"/> Plans ahead | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Knows where he/she is going | <input type="checkbox"/> Forgiving |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Consistent | <input type="checkbox"/> Frugal |
| <input type="checkbox"/> Perseveres | <input type="checkbox"/> Appreciative |
| <input type="checkbox"/> Admits it when he/she is wrong | <input type="checkbox"/> Hospitable |
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Diligent |
| <input type="checkbox"/> Objective | <input type="checkbox"/> Discerning |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Courageous |
| <input type="checkbox"/> Neat | <input type="checkbox"/> Conscientious |

NEGATIVE TRAITS INVENTORY

Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating scale: 0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually

- | | |
|--|--|
| <input type="checkbox"/> Argumentative
<input type="checkbox"/> Arrogant/Proud
<input type="checkbox"/> Belittles others
<input type="checkbox"/> Bitter
<input type="checkbox"/> Blame-shifts
<input type="checkbox"/> Blows up
<input type="checkbox"/> Secretive
<input type="checkbox"/> Brutal/Harsh/Cruel
<input type="checkbox"/> Clams up
<input type="checkbox"/> Cliquish
<input type="checkbox"/> Closed minded
<input type="checkbox"/> Complaining
<input type="checkbox"/> Conceited
<input type="checkbox"/> Greedy
<input type="checkbox"/> Sarcastic
<input type="checkbox"/> Crabby
<input type="checkbox"/> Critical
<input type="checkbox"/> Untrustworthy
<input type="checkbox"/> Deceitful
<input type="checkbox"/> Demanding
<input type="checkbox"/> Disobedient
<input type="checkbox"/> Domineering
<input type="checkbox"/> Irresponsible
<input type="checkbox"/> Jealous
<input type="checkbox"/> Judgmental
<input type="checkbox"/> Lazy
<input type="checkbox"/> Unloving
<input type="checkbox"/> Lying | <input type="checkbox"/> Embarrassing
<input type="checkbox"/> Fussy
<input type="checkbox"/> Gets the last word
<input type="checkbox"/> Rude
<input type="checkbox"/> Gossipy
<input type="checkbox"/> Greedy
<input type="checkbox"/> Un-submissive
<input type="checkbox"/> Hateful
<input type="checkbox"/> Holier-than-thou
<input type="checkbox"/> Unreasonable
<input type="checkbox"/> Ignores counsel
<input type="checkbox"/> Impatient
<input type="checkbox"/> Impractical
<input type="checkbox"/> Inconsiderate
<input type="checkbox"/> Inconsistent
<input type="checkbox"/> Indecisive
<input type="checkbox"/> Indifferent
<input type="checkbox"/> Inflexible
<input type="checkbox"/> Insensitive
<input type="checkbox"/> Reckless
<input type="checkbox"/> Insulting
<input type="checkbox"/> Interrupting
<input type="checkbox"/> Selfish
<input type="checkbox"/> Self-willed
<input type="checkbox"/> Shouting
<input type="checkbox"/> Ungrateful
<input type="checkbox"/> Snoopy
<input type="checkbox"/> Makes Excuses |
|--|--|

NEGATIVE TRAITS INVENTORY (continued)

- | | |
|--------------------------|--------------------------------------|
| _____ Resentful | _____ Wasteful |
| _____ Manipulating | _____ Unforgiving |
| _____ Meddling | _____ Stingy |
| _____ Mischievous | _____ Stubborn |
| _____ Nagging | _____ Suspicious |
| _____ Never Satisfied | _____ Unfair |
| _____ Overambitious | _____ Temper Outbursts |
| _____ Rebellious | _____ Easily offended |
| _____ Overly independent | _____ Thoughtless |
| _____ Perfectionist | _____ Touchy |
| _____ Wishy-washy | _____ Puts off dealing with problems |
| _____ Picky | _____ Unbelieving |
| _____ Possessive | _____ Pushy |
| _____ Procrastinator | _____ Uncooperative |