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 □ Uncertain

# 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______________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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### Information about Your Children

<table>
<thead>
<tr>
<th>Name</th>
<th>Age (in years)</th>
<th>Living?</th>
<th>Education</th>
<th>Step-Child?</th>
<th>Married?</th>
<th>By Previous Marriage?</th>
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### 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.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>7AM 8 9 10 11 12PM 1 2 3 4 5 6 7 8 9PM</td>
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**PROBLEM CHECK LIST**

Please check all areas of concern or struggle.

- □ Abortion
- □ Adultery
- □ Anger
- □ Anxiety (worry)
- □ Apathy
- □ Appetite
- □ Bitterness (resentment)
- □ Change in lifestyle
- □ Children
- □ Communication
- □ Conflict (fights)
- □ Deception/lying
- □ Decision making
- □ Dating/courtship
- □ Depression

- □ Divorce
- □ Drug abuse
- □ Drunkenness
- □ Eating habits
- □ Envy (jealousy)
- □ Fear
- □ Finances
- □ Grief
- □ Guilt
- □ Health
- □ Homosexuality
- □ Impotence
- □ Infertility
- □ In-laws
- □ Laziness

- □ Loneliness
- □ Lust
- □ Marriage
- □ Memory
- □ Menopause
- □ Moodiness
- □ Past memories
- □ Perfectionism
- □ Physical abuse
- □ Pornography
- □ Rebellion
- □ Sex
- □ Sexual abuse
- □ Singleness
- □ Suicide
- □ ____________
- □ ____________
BRIEFLY ANSWER THE FOLLOWING QUESTIONS

(Before you begin, read all 6 questions so that you can see how to organize your answers)

1. What is the main problem as you see it? (what brings you here for counseling?)

2. What have you done to try to resolve this problem or dispute?

3. What issues or questions do you want to have resolved or answered?

4. What do you want us to do? (what are your hopes and expectations in coming here?)

5. As you see yourself, what kind of person are you? Describe yourself.

6. Is there any other information we should know?
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

_____ Loving
_____ Honest
_____ Sensitive
_____ Good father/mother
_____ Works hard
_____ Humble
_____ Keeps his/her word
_____ Dependable
_____ Does not take advantage of others
_____ Does not use people
_____ Not an opportunist (waiting for a lucky break)
_____ Plans ahead
_____ Knows where he/she is going
_____ Fair
_____ Consistent
_____ Perseveres
_____ Admits it when he/she is wrong
_____ Teachable
_____ Objective
_____ Compassionate
_____ Cooperative
_____ Neat

_____ Patient
_____ Considerate
_____ Persistent
_____ Punctual
_____ Disciplined
_____ Resourceful
_____ Sincere
_____ Courteous
_____ Creative
_____ Decisive
_____ Efficient
_____ Flexible
_____ Forgiving
_____ Generous
_____ Frugal
_____ Appreciative
_____ Hospitable
_____ Diligent
_____ Discerning
_____ Enthusiastic
_____ Courageous
_____ 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.

<table>
<thead>
<tr>
<th>Trait</th>
<th>Rating Scale</th>
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<tbody>
<tr>
<td>_____ Argumentative</td>
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<td>_____ Arrogant/Proud</td>
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<td>_____ Belittles others</td>
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<td>_____ Bitter</td>
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<td>_____ Blame-shifts</td>
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<td>_____ Blows up</td>
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<td>_____ Secretive</td>
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<td>_____ Brutal/Harsh/Cruel</td>
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<td>_____ Clams up</td>
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<td>_____ Cliquish</td>
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<td>_____ Closed minded</td>
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<td>_____ Complaining</td>
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<td>_____ Conceited</td>
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<td>_____ Greedy</td>
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<td>_____ Sarcastic</td>
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<td>_____ Crabby</td>
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<td>_____ Critical</td>
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<td>_____ Untrustworthy</td>
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<td>_____ Deceitful</td>
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<td>_____ Demanding</td>
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<td>_____ Disobedient</td>
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<td>_____ Domineering</td>
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<td>_____ Irresponsible</td>
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<td>_____ Jealous</td>
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<td>_____ Judgmental</td>
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<td>_____ Lazy</td>
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<tr>
<td>_____ Unloving</td>
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<tr>
<td>_____ Lying</td>
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Rating scale: 0 = never  1 = seldom  2 = sometimes  3 = often  4 = usually

_____ Embarrassing
_____ Fussy
_____ Gets the last word
_____ Rude
_____ Gossipy
_____ Greedy
_____ Un-submissive
_____ Hateful
_____ Holier-than-thou
_____ Unreasonable
_____ Ignores counsel
_____ Impatient
_____ Impractical
_____ Inconsiderate
_____ Inconsistent
_____ Indecisive
_____ Indifferent
_____ Inflexible
_____ Insensitive
_____ Reckless
_____ Insulting
_____ Interrupting
_____ Selfish
_____ Self-willed
_____ Shouting
_____ Ungrateful
_____ Ungrateful
_____ Snoopy
_____ Makes Excuses
### NEGATIVE TRAITS INVENTORY (continued)

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