

# FaithCommunity

## C O U N S E L I N G

### **What Is Biblical Counseling?**

Biblical counseling can be condensed into these four basic commitments: the rendering of gracious care and hope, the acquiring of personal information with a Biblical interpretation, Biblical truth, and specific application. It is intensely practical and relies heavily on the comprehensive gathering of information for understanding (Prov. 25:11, 13).

Biblical counseling is counsel based on God's Word as the ultimate source of truth and restoration for the believer in Christ. For our counselors, there is an operative conviction that God's Word is relevant to all of life and can be practically applied to every heart and every circumstance of difficulty. While this does not imply that Scripture is the only source of information in the counseling process, Biblical counselors are consistent in their detailed Biblical analysis of information and their overwhelming focus on the Bible, which alone is infallible, authoritative and sufficient truth for matters of eternal life and godliness (2 Tim. 3:16; Heb. 4:12; 2 Pt. 1:3ff).

Biblical counseling does not set aside real-life issues, but works to understand their origin, impact and involvement in the counselee's life from a Biblical perspective. It acknowledges that the counselee possesses both physical and spiritual components that interact and affect one another because the counselee is a whole spiritual person (2 Cor. 4:16-18). It seeks to hear and understand the counselee and apply the truth of Scripture (gospel truths, who God is, and all the Biblical elements of change) to the counselee's life, so that through Jesus Christ there can be restoration where there is brokenness (Rev. 21:5). The Biblical counselor will also often refer the counselee to get a medical check-up to see if there are physical complications involved in the issue at hand.

The Biblical counselor strives to relate the counselees not to themselves to bring about healing, but to Jesus Christ and His Truth that sets men free (Heb. 4:14-16; Jn. 8:32). In doing so, Biblical counseling is dependent on the collaborative, supernatural resources that God has provided for change (the work of the Holy Spirit, the Word of God, the grace of Jesus Christ through the gospel, and the involvement of the local church). As the counselees contemplate and apply who God is and His Truth to their hearts and lives, they are over time transformed further into God's own image by the Holy Spirit's power (2 Cor. 3:18; Phil. 2:12).

While behavioral change is important to this process of transformation, change within the counselee's heart (affections, thoughts, intentions, will) is essential as the counselor guides the counselee to a right understanding of God, his/her situation, and how Christians change. Through cultivating the counselee's faith, gospel motivation, and desire for God's glory with prayerful diligent work, real change from the inside out is possible and expected.

This redemptive transformation that takes place as the counselee's heart interacts with the Word of God brings hope, encouragement, conviction, repentance, and lasting change. As individuals find Christ sufficient, put to death the things of the flesh, and strengthen the things of the Spirit, joy and peace become realities in their Christian walk (Eph. 4:24; Col. 3:10). The Biblical counselor is humbly privileged to see God work and assist in this process of spiritual growth and freedom toward God's glory.

### **Biblical Counseling and Psychotropic Medication**

While we hold to the sufficiency of Scripture for counseling problems, we know that many who will come to us will have been prescribed medications by a physician. The Biblical teaching on the importance of the body affirms the use of medication for physical problems. As Biblical counselors, we do not offer medical advice including advice on withdrawing from medications. Our care for counselees may lead us to ask questions about the side-effects of medication or whether the counselees have allowed the medication to take the place of the Lord as a refuge in their life. Nevertheless, we will always encourage counselees to seek the advice of competent medical professionals for help in the use of their medication.

## CONSENT TO COUNSELING

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 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 (1 Cor. 10:31) and in a way that will bring you the greatest joy and satisfaction (John 15:11).

**Biblical Basis** – 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.

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. Moreover, when necessary, they will seek help, input, or advice from pastors, mentors, or colleagues.

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.

**Not Professional Advice** – 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 counselors do not give professional advice.

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

**Confidentiality** – Confidentiality is an important aspect of the counseling process, and our counselors will carefully guard the information you entrust to them. Absolute confidentiality, however, is not Scriptural. There are situations in which the counselors may believe that it is wise or mandated (Biblically or legally) for them to share certain information with others. Some examples would be:

- When a counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor.
- When there is concern that someone may be harmed unless others intervene.
- When abuse or another crime must be reported to the authorities.
- When a person refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in his/her church to encourage repentance and reconciliation or to begin the process of church discipline (Proverbs 15:22; 24:11; Matthew 18:15-20).

- When observers sit in on counseling sessions to assist the counselor or for training purposes (including audio & video recordings—only with permission).
- When the counselee’s pastor, staff and/or church leadership is needed to provide pastoral assistance.

*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.*

**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.

**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 Faith Community Church as a result of counseling will be mediated by the church’s elder board. It is expressly understood that by agreeing in advance to follow this process that the counselee is giving up his/her right to a trial in the civil courts. In addition, all counseling notes and records are considered to be the property of the church.

**Conclusion and Signature** – 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 church staff.

**Having read the foregoing information and conditions fully and completely, my signature below indicates that I understand all the material presented and fully agree to comply. I also expressly waive the right to sue the assigned counselor, Faith Community Church, its staff or officers, or anyone else connected with the ministry in the court of law and agree that this waiver will be binding on all family members, heirs, legal guardians, attorneys, etc. who might take action in connection with me or on my behalf.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian (*only necessary if counselee is under 18 years of age*) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## FAITH COMMUNITY COUNSELING

### PERSONAL DATA INVENTORY

Please complete this Inventory carefully and thoroughly, and then mail this Inventory along with the Consent forms to:

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

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### PERSONAL INFORMATION

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 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_ Education (last level completed) \_\_\_\_\_

Other Training (list type and years) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_ Yrs \_\_\_\_\_

Spouse's Religious Background \_\_\_\_\_

If you or your spouse have been previously married, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

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Have you ever been separated?  Yes  No When? from \_\_\_\_\_ to \_\_\_\_\_Is your spouse willing to come for counseling?  Yes  No  UncertainRate your marriage:  Unhappy  Average  Happy  Very Happy**Information about Your Children**

Name	Age	Sex (M/F)	Living?	Education (in years)	Step-Child?	Married?	By Previous Marriage?
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_____	___	___	<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
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**Information about Your Parents**

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

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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Have your parents divorced?  Yes  NoRate your parent's marriage:  Unhappy  Average  Happy  Very Happy

Did you live with anyone other than your parents? \_\_\_\_\_

**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 Average # of hours each night \_\_\_\_\_

### **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 \_\_\_\_\_

### **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) \_\_\_\_\_

\_\_\_\_\_

As you see yourself, what kind of person are you? Describe yourself \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AVAILABILITY

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

<b>Monday</b>	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
<b>Tuesday</b>	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
<b>Wednesday</b>	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
<b>Thursday</b>	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
<b>Friday</b>	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
<b>Saturday</b>	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"/> Sleep          |
|  |  | <input type="checkbox"/> Suicide        |
|  |  | <input type="checkbox"/> _____          |

## YOUR “STOREE”

We are grateful to the LORD for the opportunity to meet with you and sincerely desire to understand what is happening in your life. Please now tell us your “**storee.**” Your answers can be as long as you like but please give us at least a few sentences for each letter of the acronym.

**S – *Situation:*** What are the circumstances? What’s going on in your life? What seems to be the main problem? How do you hope we can help you?

**T – *Thinking:*** What is your typical thinking about this situation (what goes through your mind regularly)? What do you think or wonder about yourself in relation to the situation? What do you think of others in relation to the situation? What do you like to think about in general? What tends to occupy your mind?

**O – *Others:*** How are others involved? How does this issue impact others? What have others done to compound or alleviate the problem?

**R – Responses:** What are you doing about this issue? What have you done to try to address this issue in the past? What are your typical actions or reactions to this problem (e.g. “I get angry and go for a drive”)? In general, when you are feeling pressure in life, how does it come out? What do you do?

**E – Emotions:** What do you fear? What makes you feel anxious? What makes you angry? What would make you happy, related to this situation? What would give you peace, related to this situation? What is the emotion you are struggling with the most?

**E – Expectations:** What do you desire related to the situation? What are you getting that you don’t want? What do you want that you aren’t getting? What do you think you need (e.g. “I need respect”)? What are you hoping will happen through counseling?

**Is there anything else you think would be helpful for us to know?**