

Consent to Biblical Counseling and Soul Care:



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 (2 Timothy 3:16-17; 2 Pet. 1:3). Therefore, our counseling is based upon scriptural principles. *Our counselors are not trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.*

All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. However, our counselors do not know all there is to know about biblical teaching and its application to life. Therefore, when necessary, they will seek help, input, or **Not**

Professional Advice - If you have significant legal, financial, medical or other technical questions you should seek advice from an independent professional. Our counselors will cooperate with such advisors and help you to consider their counsel in the light of scriptural principles. *Our counselors do not give professional advice.*

Confidentiality - Confidentiality is an important aspect of the counseling process and we will carefully guard the information you entrust to us. There are situations, however, in which the counselor may believe that it is wise or mandated (biblically or legally) for them to share certain information with others. Some examples would be:

1. When a counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor.
2. When there is concern that someone may be harmed unless others intervene.
3. When abuse or another crime must be reported to the authorities.
4. When a person refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation or to begin the process of church discipline (Proverbs 15:22, 24:11; Matthew 18:15-20).
5. When observers sit in on counseling sessions to assist the counselor or for training purposes.
6. 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.

Cost – Though it may be necessary for you to purchase books or other materials for your own use, the biblical counseling itself is done free of charge as a personal ministry to you. Time is a valuable resource, which your counselor(s) is willing to donate. Please respect your counselor's time and the time of the people on the waiting list behind you by attending scheduled sessions and communicated necessary absence as far ahead of time as possible.

Resolution of Conflicts (Arbitration) - 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 Restore Church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration; judgment upon an arbitration award may be entered in any court having jurisdiction. It is expressly understood that by agreeing in advance to arbitrate that the counselee is giving up his right to a trial in the civil courts.

Conclusion & 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 or conditions, please speak with your counselor or an elder or pastor at Restore Church.

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.

Name (please print): _____ **Parent/Guardian Name*:** _____

Signature: _____ **Parent/Guardian Signature:** _____

Date: _____ **Parent/Guardian Date:** _____

** only required if counselee is under 18 years of age*

PERSONAL INFORMATION

Your Name: _____

Email: _____ Phone (Home): _____

(Cell): _____ (Work): _____

Street Address/Apt. #: _____

City: _____ Zip: _____

Occupation: _____ Employer: _____

Sex: M ___ F ___ Birthdate: _____ Age: _____

Referred to Two Mile Ministries by: _____

HEALTH INFORMATION

Rate your health (check): Very Good ___ Good ___ Average ___ Declining ___ Other _____

Have there been any unusual weight changes recently (+/—): Yes/No

If Yes, details:

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

Are you presently taking any medication: Yes ___ No ___ If so, what?

Have you ever used drugs other than for medical purposes? Yes ___ No ___ If so, please explain:

Have you ever been arrested? Yes ___ No ___ If so, please explain: _____

Are you willing to sign a release so that your counselor may write for social, psychiatric, or medical reports?

Yes ___ No ___

Have you recently suffered the loss of someone who was close to you? Yes ___ No ___

If so, when? _____ Please explain:

EDUCATION

Education (last grade or degree you completed)

Other training (list type and years, including degrees)

MARRIAGE AND CHILDREN (If Applicable)

Name of Spouse _____

Occupation _____

Phone(H) _____ (W) _____

Spouse's age _____ Education (last grade or degree completed)

Date of marriage _____

Your ages when married: You _____ Spouse _____

Would your spouse be willing to come for counseling? Yes _____ No _____ Uncertain _____

Religious background of spouse:

Have you ever been separated? Yes _____ No _____ If so, when?

Have either of you ever filed for divorce? Yes _____ No _____ If so, when? _____

Give brief information about any previous marriages: _____

Do you have any children? Yes _____ No _____

Name _____ - _____ - _____ - _____ -

_____ - _____ - _____ - _____ -

Age _____ - _____ - _____ - _____ -

_____ - _____ - _____ - _____ -

Gender _____ - _____ - _____ - _____ -

_____ - _____ - _____ - _____ -

From a Previous marriage? Yes _____ No _____ If yes, which children?

RELIGIOUS BACKGROUND

Are you a member of a church? Yes _____ No _____

If so, of what church are you a member?

Church Currently Attending:

How often do you attend per month? (circle) 0 1 2 3 4 +

What church did you attend as a child?

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

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

Do you believe Satan exists? Yes _____ No _____ Uncertain _____

Have you ever "dabbled" with the "Occult" (Séances, devil worship, witchcraft, etc.)? Yes _____ No _____

Do you pray to God? Yes _____ No _____ How often? Rarely _____ Occasionally _____ Often _____

Would you say you are a Christian? Yes _____ No _____

OR Would you say you are still in the process of becoming Christian? Yes _____ No _____ N/A _____

How often do you read the Bible? Never _____ Rarely _____ Occasionally _____ Often _____

Explain recent changes in your religious life, if any:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHY ARE YOU SEEKING COUNSELING? WHAT IS THE PROBLEM AS YOU SEE IT?

2. WHAT HAVE YOU TRIED TO DO ALREADY TO RESOLVE THE PROBLEM?

3. IN WHAT WAY(S) HAVE YOU CONTRIBUTED TO THE PROBLEM?

4. WHAT ARE YOUR EXPECTATIONS IN COMING HERE? WHAT CAN WE DO FOR YOU?

5. AS YOU SEE YOURSELF, WHAT KIND OF PERSON ARE YOU? DESCRIBE YOURSELF.

6. WHAT, IF ANYTHING, DO YOU FEAR?

7. IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW TO BE ABLE TO ASSIST YOU TO THE FULLEST?