



*“Let us then with confidence draw near to the throne of grace, that we may receive mercy and find grace to help in time of need.”*

## HEBREWS 4:16 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. We're glad that you're taking this important step to seek godly counsel. Jesus promises us, "Come to me, all who are weary and heavy-laden, and I will give you rest" (Matthew 11:28). No matter what your situation, this is a time in your life that the God of all creation knows and understands completely and therefore, there is great hope! This form is helpful for us to start getting to know you and your situation, as well as to communicate these first important points which explain some of our perspectives and convictions which we believe are honoring to God and the best way we can truly be of help to you.

**Biblical Basis:** We believe that the Bible provides thorough guidance and instruction for faith and life. (II Peter 1:3 and Romans 15:4) Therefore, our counseling is based solely on scriptural principles rather than those of secular psychology or psychiatry. Vital components to your growth will be assigned during the course of counseling. We will be ready to help in each step along the way. We do not give Professional Advice. If you have significant legal, financial, medical or other technical questions, you should seek advice from independent professionals. We will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant biblical principles. By signing this "Consent to Biblical Counseling" you agree to hold Hebrews 4:16 Counseling Ministry harmless in any and all matters associated with the biblical advice you have received.

**Confidentiality:** Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four situations when it may be necessary for us to share certain information with others: (1) When a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor counselor; (2) when a counselee attends a 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 we otherwise intervene; or (4) when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Please be assured that we strongly prefer not to disclose personal information to others, and will make every effort to help you find ways to resolve a problem as privately as possible.

### **Resolution of Conflicts:**

On rare occasions a conflict may arise between counselor and 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 the counselor or with this ministry as a result of counseling will be settled with mediation according to the principles of scripture and the authority of a local 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 contact us. If these guidelines are acceptable to you, please sign below.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

This form must be completed in full before counseling begins.



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## PERSONAL INFORMATION

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Sex: M \_\_\_\_ F \_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Referred here by: \_\_\_\_\_

## HEALTH INFORMATION

Rate your health (check): Very Good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Declining \_\_\_\_

Other \_\_\_\_\_ Have there been any weight changes recently (+/—): \_\_\_\_\_

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 \_\_\_\_



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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: \_\_\_\_\_  
\_\_\_\_\_



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Do you have any children?

Name                                      Age                                      Gender                                      From a previous marriage


## RELIGIOUS BACKGROUND

What church are you a member of?

\_\_\_\_\_

Church Currently Attending: \_\_\_\_\_

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

Do you attend a Small Group? \_\_\_\_\_

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 \_\_\_\_\_ Never \_\_\_\_\_ 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 \_\_\_\_\_

How often do you read the Bible? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_ Explain recent changes in your religious life, if any? \_\_\_\_\_

\_\_\_\_\_



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### **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.



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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?