

FBC Mena Counseling

CONSENT TO COUNSELING

Our Goal — Our goal in providing Christian 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 enjoy fully His love for you and His plans for your life. We offer counseling free of charge as a ministry of First Baptist Church of Mena (FBC Mena). You have no express or implied obligation to pay fees for the counseling you receive through FBC Mena.

Biblical Basis — We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles (II Timothy 3:16-17; II Peter 1:3-4) rather than those of secular psychology or psychiatry. We reject the teachings and methods of modern psychology or psychiatry, whether expressly secular or an attempted integration with biblical principles. 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. Initials _____

Not Professional Advice — If you have significant medical, legal, financial, or technical questions, you should seek advice from a competent independent professional. Our counselor will cooperate with such advisors and help you to consider their counsel in the light of scriptural principles. More specifically, we urge our counsees to properly care for their physical bodies and to seek proper medical treatment for all physiological problems. Our counselor will assist you in responding to such problems in a godly manner, but our counsel is not intended to replace the services of a qualified physician where organic problems are present or where medication has been prescribed.

Confidentiality — Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are five situations when it may be necessary for us to share certain information with others: when a counselor is uncertain of how to address a particular problem and needs to seek advice from another counselor; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone may be harmed unless others intervene; when law may require a counselor to reveal spousal or child abuse, or some other crime, to the appropriate authorities or when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Initials _____

Please be assured that the counselor strongly prefers 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 Conflict — On rare occasions a conflict may develop between a counselor and a counselee. I Corinthians 6:1-8 forbid Christians from bringing lawsuits against one another in secular courts of law. 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 this church as a result of counseling will be settled by mediation. It is expressly understood that, by consenting in advance to such arbitration, the counselee is waiving his right to a trial in the civil courts. Initials _____

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 talk with your counselor. Your signature below indicates your informed consent to these guidelines.

Signed _____ Date _____

PERSONAL DATA INVENTORY

Please complete this inventory carefully

Date _____

PERSONAL IDENTIFICATION

(1) Name _____ Birth Date _____

(2) Address _____

(3) Age _____ Sex _____ Referred by _____

(4) Marital Status: Single _____ Engaged _____ Married _____ Separated _____

Divorced _____ Widowed _____

(5) Education: (last yr. completed) _____

(6) Home Phone _____ Business Phone _____

(7) Employer _____ Position _____ Yrs. _____

MARRIAGE AND FAMILY

(8) Spouse _____ Birth Date _____

(9) Age _____ Occupation _____ How Long Employed _____

(10) Home Phone _____ Business Phone _____

(11) Date of marriage _____ Length of dating _____

(12) Give a brief statement of circumstances of meeting and dating.

(13) Have either of you been previously married _____ Who _____

(14) Information about children:

Name	Age	Sex	Living	Yr. Ed.	Step-child
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(15) Describe relationship to your father _____

(16) Describe relationship to your mother _____

(17) Number of siblings _____ Your sibling order _____

(18) Did you live with anyone other than parents _____

(19) Are your parents living _____ Do you live locally _____

HEALTH

(20) Describe your health _____

(21) Do you have any chronic conditions _____ What _____

(22) List important illnesses and injuries or handicaps _____

(23) Date last medical exam _____ Report _____

(24) Physician's name and address _____

(25) Current Medication(s) and dosage. Please include all medicines; prescription and over-the-counter (e.g., laxatives, birth control, aspirin, cold or allergy sprays, diet pills, etc.)

(26) Have you ever used drugs for other than medical purposes _____

(27) If yes, please explain _____

(28) Do you drink alcoholic beverages _____ If so, how frequently and how much

(29) Do you drink coffee _____ How much _____

(30) Other caffeine drinks _____ How much _____

(31) Do you smoke _____ What _____ Frequency _____

(32) Have you ever had interpersonal problems on the job _____ If yes, explain

(33) Have you ever had a severe emotional upset _____ If yes, explain

(34) Have you ever seen a psychiatrist or counselor _____ If yes, explain

(35) Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records _____ .

SPIRITUAL

(36) Denominational preference _____

(37) Church attending _____ Member? _____

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

(39) Do you believe in God _____ Do you pray _____

Would you say you are a Christian, or still in the process of becoming a Christian?

(40) How often do you read the Bible: Never Occasionally Often Daily

Explain any recent changes in your religious life _____

WOMEN ONLY (41-43)

(41) Have you had any menstrual difficulties? _____ Do you experience tension, tendency to cry, or other symptoms prior to your cycle? _____ please explain _____

(42) Is your husband willing to come for counseling? _____

(43) Is he in favor of your coming? _____ If no, explain _____

(44) CIRCLE any of the following words which best describe you now:

active	ambitious	self-confident	persistent	nervous	hardworking
impatient	moody	kindly	often-blue	excitable	imaginative
calm	serious	easy-going	good-natured	shy	introvert
extrovert	likeable	leader	quiet	hard-boiled	submissive
spiritual	lonely	self-conscious	sensitive	other:	_____

(45) Have you ever felt people were watching you? Yes ___ No ___
 Do people's faces ever seem distorted? Yes ___ No ___
 Do you ever have difficulty distinguishing faces? Yes ___ No ___
 Do colors ever seem too bright? Yes ___ No ___

Are you sometimes unable to judge distance? Yes ___ No ___
 Have you ever had hallucinations? Yes ___ No ___
 Are you afraid of being in a car? Yes ___ No ___
 Is your hearing exceptionally good? Yes ___ No ___
 Do you have problems sleeping? Yes ___ No ___

PROBLEM CHECK CHART (Please check all that apply)

- | | | |
|-------------------------|---------------------------|------------------------------------|
| (46) ___ Anger | (63) ___ Apathy | (80) ___ Change in lifestyle |
| (47) ___ Anxiety | (64) ___ Bitterness | (81) ___ Children |
| (48) ___ Depression | (65) ___ Sex | (82) ___ Boredom |
| (49) ___ Deception | (66) ___ Sleep | (83) ___ Pride |
| (50) ___ Envy, Jealousy | (67) ___ Wife Abuse | (84) ___ Money |
| (51) ___ Fear | (68) ___ A Vice | (85) ___ Relationships |
| (52) ___ Gluttony | (69) ___ Inferiority | (86) ___ Impatience |
| (53) ___ Guilt | (70) ___ Parent-Child | (87) ___ Irritableness |
| (54) ___ Health | (71) ___ Decision Making | (88) ___ Bizarre thinking/behavior |
| (55) ___ Homosexuality | (72) ___ Suffering (Pain) | (89) ___ Discerning a proper mate |
| (56) ___ Impotence | (73) ___ Laziness | (90) ___ Divorce/Remarriage |
| (57) ___ In-laws | (74) ___ Drunkenness | (91) ___ Suicidal Tendencies |
| (58) ___ Appetite | (75) ___ Loneliness | (92) ___ Doubt/Confusion |
| (59) ___ Memory | (76) ___ Unfair Treatment | (93) ___ Insomnia/Sleep Loss |
| (60) ___ Moodiness | (77) ___ Self-Pity | (94) ___ Handicaps (M.S. etc.) |
| (61) ___ Rebellion | (78) ___ Grief | (95) ___ Terminal Illness |
| (62) ___ Marital | (79) ___ A hidden past | |

BRIEFLY ANSWER THE FOLLOWING QUESTIONS: (use reverse side, if necessary)

(95) 1. What is your problem (what brings you here)? _____

(96) 2. What have you done about this problem? _____

(97) 3. What are your expectations from counseling? _____

(98) 4. Is there any other information we should know? _____

(99) What is it you really want, desire or hope for? _____

(100) What are your goals, and expectations? _____

(101) What brings out the worst in you? _____

(102) What bothers you? _____

(103) What do you worry about most? _____

(104) What makes you angry? _____

(105) What would sum up your life as being worth while? _____

(106) What do you think about most often? _____
