



**Nycole DeLaVara, IBCD Certified
Biblical Counselor**

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Male: ___ Female: ___ Married: ___ Single: ___ Widowed: ___ D/S: _____

Phone number: _____ Email: _____

Occupation: _____

Spouse's name: _____ Age: _____

Occupation: _____ Phone: _____

Church currently attending? _____ City _____

Pastor's Name: _____ Attendance per month? _____

Personal Health History

Are you currently struggling with chronic pain or a clinically diagnosed condition?(physical or mental) If Yes, briefly describe condition and time of onset: _____

Are you currently under a doctor's care? _____

Are you currently taking doctor prescribed medication(s)? _____

Have you ever had counseling, psychotherapy, or coaching before? _____ When? _____

Are you in counseling now? _____ Outcome/Diagnosis: _____

How many times per week do you exercise? _____ Average Hours of sleep per night? _____

Do you smoke? _____ Alcohol Use per week? _____ Recreational drug use? _____

What is motivating your seeking counsel today? _____

What are your expectations of Biblical counsel? _____

Please Read and Consider the Information Carefully Before Signing:

Goal and Basis~Biblical counseling is based on the inspired word of God and is therefore unique in its approach to soul care. My goal is to walk alongside you as you approach various issues that have confronted humanity from our very beginning. I am not a doctor or psychotherapist. These licensed professionals have their place and are both needed and appreciated for the services they provide. Biblical counseling, however, seeks to glorify God through the application of the gospel as salve and solace for the soul. Your signature below indicates that you agree to meeting and commit to comply with recommended strategies and homework.

Confidentiality~I seek to foster an environment of trust. Therefore, what you share in our sessions will be protected and held in the utmost confidence. There are occasions, however, when I am permitted or required to disclose information without either your consent or authorization. If this need should arise, I will only disclose what is absolutely required of me. Reasons are as follows:

- There is a clear indication that someone, including you, is in imminent danger or harm, unless immediate intervention is undertaken
- When a crime has been committed
- If a client files a lawsuit against me, I may disclose relevant information regarding this client in order to defend myself
- If care beyond my training and scope is deemed necessary
- When a believer persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others (i.e. your pastor, spouse in cases of infidelity) to encourage repentance and reconciliation

Lamp of God Consulting

Page 4

Disclosure~I, Nycole DeLaVara, am not a licensed clinical professional and make no claims to provide therapy or treatment as such. Your signature below indicates that you understand this and are seeking consultation for the purpose of learning to apply the word of God more effectively in your life and walk in the victory only HE can provide. You further agree that I/we are not liable or responsible for any actions or inactions, or for any direct or indirect result of any services provided by Lamp of God Consulting/Nycole DeLaVara. _____ (initial)

Consultation with Minors: It is my desire to provide comfort and counsel to all who seek it, including those under the age of 18. In order to foster a safe environment, written consent of parents or legal guardian(s) must be provided. Other special circumstances and considerations may arise in the coaching of a minor, and I reserve the right to negotiate these terms with parents/legal guardians on a case by case basis. _____ (Initial)

Dispute Resolution: In the event a conflict should arise, and we are unable to come to a resolution between us, on our own, both parties (client and coach) agree to engage in mediation/arbitration. _____ (Initial)

Cancellation Policy~Client agrees to give 24 hours notice of session cancellation or otherwise be financially responsible for \$40 payment of missed/late cancellation appointment. _____ (Initial)

Fees~This consulting service does not accept insurance. Fee for service is collected via Paypal, Square, and Venmo. All major credit cards are accepted. In person payments are to be made using cash or credit card. Checks are accepted on a case by case basis. _____ (Initial)

I am committed to protecting your dignity and privacy. If at any time you have questions or concerns pertaining to your rights or the foregoing information, please do not hesitate to contact me. (760)833-3355 or nycole@thelampofgod.com

Lamp of God Consulting
Page 5

Now that we have come to an agreement, I want to welcome and thank you for the opportunity to minister to you in this way. **Your initials above and signature below indicates that you have read and agree with the disclosures outlined herein .**

Signature _____ Date: _____

(Print name) _____

Signature _____ Date: _____

(Print name) _____

_____ Date: _____

Signature of parent/legal guardian(client's under 18)

(Print name) _____

_____ Date: _____

Signature of parent/legal guardian(client's under 18)

(Print name) _____