



**A NEW HEART
CHRISTIAN MINISTRY**

HEALING BY GOD'S INSTRUCTIONS - PSALM 51:10 -
CREATE IN ME A CLEAN HEART, O GOD, AND RENEW A RIGHT SPIRIT WITHIN ME

Dear Counselee,

My approach consists of a Spiritual/Educational perspective. It is geared to believers who have, by faith, trusted in Christ's blood atonement for freedom from their sin and guilt. My discipleship counseling is Christian Counseling, based on the Exchanged Life identification truths. Counselees are encouraged to raise any questions they may have concerning our counseling model. The average number of sessions for the counseling process is approximately from 10 to 20 sessions. My belief is that underlying every problem is a spiritual issue. Therefore, the focus of our care is not on behavior change but on spiritual transformation of the individual.

When an individual participates in this model of counseling, it is expected that **his or her desire** is to mature in Christ and to know Him more intimately. Our policy further maintains, the participant must request counseling themselves and must be committed to pursuing care without outside influences upon doing so.

A specific process is involved in this model of counseling for individuals and couples. It begins with clarifying the problem, establishing goals for counseling, getting a personal history as well as a history of the problem. This information is utilized to identify false beliefs and defeating behaviors that have been brought into adult relationships. These patterns will be charted out for each individual.

After this, each participant will be introduced to spiritual solutions. There will be assignments to contrast the individual's old patterns with the Truth of scripture. The basis of the solution is understanding one's identity in Christ. It also includes focusing on Christ's sufficiency for meeting all of one's needs. A participant's learning to relinquish dependency on his/her old ways in order to allow Christ to be lived out through him/her in relationships is essential. This involves addressing issues such as anger, forgiveness, purposes of adversity, personal "brokenness" and surrender. Then, there is the process of discipling the participant in abiding in Christ and renewing the mind to Truth as he/she faces daily circumstances.

Homework will be an integral part of the change process. Counseling will not be effective if the homework is not accomplished. Expect to come for counseling appointments only after all of homework is done. Reading books for discussion and listening to tapes is required as a large part of the homework.

Those who participate in counseling are required to:

1. Attend all sessions.
2. Be on time for every counseling appointment.



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- 3. Have a heart's desire for knowing Christ and for growing to maturity in Him, because our counseling model is based on this - and does not involve primarily teaching behavior modification and "dos" and "don'ts". The Spiritual focus is on change of the PERSON and being transformed by the renewing of the mind.
- 4. Understand that behavioral changes such as communication skills, problem-solving techniques, and anger management strategies will not be considered the solutions to the participant's problems. Personal transformation in Christ is the only answer and hope for relational as well as personal issues.
- 5. Not expect personal healing and peace to depend on the circumstances, spouse or another person changing. Fulfillment and freedom from emotional pain is to be found only in understanding God's grace, identity in Christ, and pursuing an intimate relationship with Him.
- 6. Participants with a substance abuse addiction are to be referred to a treatment program before counseling can begin. Once the participant has completed the treatment program, the counselor may proceed with counseling assuming that the participant is faithful to his or her aftercare program.
- 7. Complete weekly homework. This may involve an hour + per week. Homework may include reading, writing, listening to audiotapes and/or viewing videotapes, doing relational exercises, journaling, or all of the above.
- 8. Not come to a session unless homework is completed as assigned. This is because in the counseling process, each session builds upon the previous session and upon the homework.
- 9. Agree to refrain from discussing with anyone else, outside of counseling sessions, problematic relationships and what takes place in counseling.
- 10. Not participate in counseling because a spouse or another person is expecting it, but because the participant has a desire for personal change through knowing Christ.
- 11. Realize that the purpose of counseling will not be to change another person with whom there is a relationship.

I understand the conditions of participating in counseling, and I agree to the expectations listed above:

SIGNED _____ DATE _____

SIGNED _____ DATE _____



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APPLICATION FOR ADULTS

CONFIDENTIAL

TODAY'S DATE _____

NAME _____ AGE _____

DATE OF BIRTH _____

SPOUSE'S NAME (IF MARRIED) _____ AGE _____

DATE OF BIRTH _____

ADDRESS

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Cell) _____

(E-mail) _____

EMPLOYER _____

JOB TITLE _____

What sort of work are you doing now?

Does your present work satisfy you? Yes No

If no, please explain:

What kind of jobs have you held in the past?

Please circle the level of education you have completed GED High School College degree

Technical College degree Master's degree or higher



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RELIGIOUS BACKGROUND

PRESENT CHURCH MEMBERSHIP

Please indicate ALL Marital Relationships (past and present):



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Single

Divorced

Engaged

Wedding Date
Married to:
Separated or Divorced
Date(s)

NAMES AND AGES OF YOUR CHILDREN:

- 1. _____ Age _____
- 1. _____ Age _____
- 1. _____ Age _____
- 1. _____ Age _____
- 1. _____ Age _____

Designate any of above that are stepchildren by circling the number.

PLEASE LIST THE NUMBER OF: Miscarriage(s) _____ Abortion(s) _____

PERSONAL AND SOCIAL HISTORY

Father's Name _____ Age _____

Health _____

Occupation Deceased Date/Cause _____

Mother's Name _____ Age _____

Health _____

Occupation Deceased Date/Cause _____

Parents Separated or Divorced and Date: Yes No Date: _____

If you were not raised by your parents, by whom were you raised and during what years:



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Give a brief description of your Father's (or substitute) personality and his attitude toward you (past & present

Give a brief description of your Mother's (or substitute) personality and her attitude toward you (as a child and as an adult):

Please list your brothers and sisters with ages:

1. _____
2. _____
3. _____
4. _____
5. _____

Which one do you feel closest to and why?

Which one do you feel most distant from and why?



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Check any of the following that apply to you during your childhood:

- | | | |
|--|---|---|
| <input type="checkbox"/> Happy childhood | <input type="checkbox"/> Not enough friends | <input type="checkbox"/> Verbal, physical, sexual abuse |
| <input type="checkbox"/> Unhappy childhood | <input type="checkbox"/> School problems | <input type="checkbox"/> Severely bullied or teased |
| <input type="checkbox"/> Emotional/behavior problems | <input type="checkbox"/> Financial problems | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Legal trouble | <input type="checkbox"/> Strong religious convictions | <input type="checkbox"/> Abortion (s) |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Drug use | <input type="checkbox"/> Exposed to pornography |
| <input type="checkbox"/> Medical problems | <input type="checkbox"/> Used alcohol | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Severely punished | |

Please comment on any of the above issues:

IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY?

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____

PLEASE COMPLETE THE FOLLOWING:

HAVE YOU REACHED THE PLACE IN YOUR SPIRITUAL LIFE WHERE YOU KNOW FOR CERTAIN THAT IF YOU WERE TO DIE TODAY THAT YOU WOULD GO TO HEAVEN?

YES _____ NO _____ UNCERTAIN _____

IF YOU CHECKED YES, ACCORDING TO YOUR BELIEFS, ON WHAT BASIS WOULD GOD LET YOU INTO HIS HEAVEN?



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HAVE YOU RECEIVED COUNSELING BEFORE? _____ DATE(S) OF PREVIOUS
COUNSELING _____ NAMES OF COUNSELOR(S) _____

ARE YOU UNDER THE CARE OF A PHYSICIAN? _____ YES _____ NO

NAME:

ARE YOU UNDER THE CARE OF A PSYCHIATRIST? _____ YES _____ NO

NAME: _____

NAME(S) OF MEDICATION(S) YOU ARE TAKING

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHOLOGICAL/PSYCHIATRIC
PROBLEMS? _____ YES _____ NO (IF YES, WHEN AND WHERE?)

HAS ANY RELATIVE OF YOURS ATTEMPTED OR COMMITTED SUICIDE? _____ YES
_____ NO

HAVE YOU EVER ATTEMPTED SUICIDE? _____ YES _____ NO

DO YOU OR ANY MEMBER OF YOUR FAMILY SUFFER FROM AN EMOTIONAL,
PHYSICAL, OR MENTAL DISORDER, INCLUDING THE FOLLOWING (PLEASE
IDENTIFY THE FAMILY MEMBER)



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Depression

Anxiety

Bi-polar Disorder

Attention Deficit Disorder

Chronic Fatigue

Hypoglycemia

Endometriosis

Multiple Sclerosis

Hormonal/Endocrine System Imbalance

Menstrual Problems

Thyroid Disease

Chronic Sadness

Substance Abuse

Suicidal Thinking

Obsessive-Compulsive Disorder

Thyroid Disease

Diabetes

Mitral Valve Prolapse

Schizophrenia



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WHAT IS THE SPECIFIC PROBLEM THAT HAS CAUSED YOU TO SEEK COUNSELING?

WHAT HAVE YOU DONE ABOUT THIS PROBLEM UP UNTIL THIS POINT?

ON THE SCALE BELOW, PLEASE ESTIMATE BELOW THE SEVERITY OF YOUR PROBLEM(S):

___MILDLY UPSETTING___MODERATELY UPSETTING___VERY SEVERE ___
EXTREMELY SEVERE___TOTALLY INCAPACITATING

WHEN DID YOUR PROBLEM(S) BEGIN?

WHAT SEEMS TO WORSEN YOUR PROBLEM(S)?

WHAT HAVE YOU TRIED THAT HAS BEEN HELPFUL?

HOW SATISFIED ARE YOU WITH YOUR LIFE AS A WHOLE THESE DAYS?

NOT AT ALL SATISFIED

VERY SATISFIED

1

2

3

4

5

6

7

HOW WOULD YOU RATE YOUR OVERALL LEVEL OF TENSION DURING THE PAST MONTH?

RELAXED

TENSE

1

2

3

4

5

6

7



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EXPECTATIONS REGARDING COUNSELING

IN A FEW WORDS, WHAT DO YOU THINK THE FUTURE WOULD LOOK LIKE ONCE THIS PROBLEM HAS BEEN OVERCOME? _____

WHAT PERSONAL QUALITIES DO YOU THINK THE IDEAL COUNSELOR SHOULD POSSESS?

ARE YOU OPEN TO GOD'S SOLUTION? _____

Confidentiality Statement

The communications between you and your counselor will be considered confidential except where disclosure is required by law, i.e., where there is a threat of serious harm to self or others, as in the case of child abuse, elder abuse, suicide, threatened violence, or homicide. In such instances, your communications will be disclosed to your counselor's supervisor, and the appropriate state law enforcement authorities.

SIGNATURE _____ DATE _____