

How did you hear about us?

Self: Personal Identification

Name: Phone: Email:
 Address:
 Marital Status: Age: Gender:
 Education: Occupation:
 Have you ever been arrested? If "YES" for what?

Self: Spiritual

Believe in God? Which best describes your religious beliefs?
 Been Baptized? I pray I read the Bible
 Church now attending: Member:
 How often do you attend?
 How are you involved in this church?

Self: Health

Have you previously received counseling for some or all of the same issues that have brought you to us?

Briefly describe the outcome of previous counseling:

Describe your overall health: My last medical exam was:

List important illnesses, injuries, or handicaps:

Daily intake of:

Alcohol Coffee/Tea Soft Drinks Water

Avg. hours sleep per night: Is this sleep restful?

Briefly describe any *recent* and *significant* changes in your life (changes in emotions, memory, health, social interaction, work habits, etc.):

Children

Name	Age	Gender	Adopted?	Previous Marriage?

If you have more than 6 children please inform your counselor during your 1st meeting.

Spouse: Personal Identification

Name: Phone: Email:

Address:

Marital Status: Age: Gender:

Education: Occupation:

Have you ever been arrested? If "YES" for what?

Spouse: Spiritual

Believe in God? Which best describes your religious beliefs?

Been Baptized? I pray I read the Bible

Church now attending: Member:

How often do you attend?

How are you involved in this church?

Spouse: Health

Have you previously received counseling for some or all of the same issues that have brought you to us?

Briefly describe the outcome of previous counseling:

Describe your overall health:

My last medical exam was:

List important illnesses, injuries, or handicaps:

Daily intake of:

Alcohol

Coffee/Tea

Soft Drinks

Water

Avg. hours sleep per night:

Is this sleep restful?

Briefly describe any *recent* and *significant* changes in your life (changes in emotions, memory, health, social interaction, work habits, etc.):

Health cont.

Self: Medications		Spouse: Medications	
Medication:	Dosage:	Medication:	Dosage:

Additional Information

1. What problem are you having (what brings you here)?

2. What have you done about this problem?

3. What are your expectations from counseling?

4. Is there any other information we should know?

Our Goal: The goal of Biblical Counseling is to help people work through difficulties of life in a way that is pleasing and honoring to the Lord Jesus Christ. The way to accomplish this has been provided in the Bible. Our goal is to help others learn God's truth and live it in a way that is pleasing to God.

Biblical Basis: Counseling received at Springfield Center of Biblical Counseling (SCBC) is religious in nature and is conducted under the authority and leadership of Southern View Chapel. We believe the Bible provides sufficient instruction for all matters of life and faith (cf. 2 Timothy 3:16-17, 2 Peter 1:3-4). Our counseling is based solely on the principles of Scripture and does not use the teachings or methods of modern psychology or psychiatry. **Those who receive counsel from SCBC understand this biblical distinction in our counseling and that the counsel received will be based upon the counselor's understanding of the Holy Scripture.**

Counseling Fees:

- All counseling provided by SCBC is free of charge.
- Resources used during the counseling process are the financial responsibility of those receiving counsel. Resources include books, CD's, pamphlets, or the like. We accept checks or cash. Checks should be made payable to *Springfield Center of Biblical Counseling*.
- Cancellation of appointments:
 - Cancellations less than six hours prior to the appointment will result in a \$30 fee. Counseling will not resume until this fee is paid.
 - Failure to show up for an appointment without sufficient notice will result in a \$30 fee. Counseling will not resume until this fee is paid.
 - Cancellation fees are set because we have counselors who drive long distances and they volunteer a large amount of time in the counseling process. These fees can be easily avoided by simply maintaining clear communication with your counselor well in advance of any potential conflicts of scheduling.

Church Attendance: As long as you are involved in counseling at SCBC you agree to attend at least one church service or bible study per week at a Bible teaching church. If you are currently not active in a local church then you agree to attend Southern View Chapel since the teaching here will match what you receive in counseling. This policy is in place because the more you learn about God, His Word, and His instructions for life, the better equipped you are to respond properly to the situations of life that create challenges.

Confidentiality:

Springfield Center of Biblical Counseling understands that confidentiality is an important and vital characteristic of the counseling relationship. To that end, SCBC and its representatives agree to carefully guard to the fullest extent possible the information entrusted to them by those seeking counsel. However, there are times when it is necessary to share information with others, for example:

COUNSELING CONSENT & AGREEMENT

1. When there is clear indication that someone has been harmed, or may be harmed unless others intervene, we will break confidentiality as is needed to protect those at harm.
2. Where a counselee is encouraged to renounce a particular sin but refuses to do so it may become necessary to seek the assistance of others in the church to *encourage repentance and reconciliation* in accordance with Scripture (cf. Proverbs 15:22, 24:11; Matthew 18:15-20).
3. Counselors uncertain as to how a particular issue should be addressed may reveal necessary information to and seek assistance from another counselor or one of the pastors at Southern View Chapel.
4. When a counselee attends another church and the counselor needs to talk with their pastor or elder/leader we will break confidentiality as is needed.

If you have any questions about the above *Counseling Consent & Agreement* guidelines please speak with your counselor. By typing your electronic signature below you indicate your informed consent to these guidelines.

Electronic Signature (Self):

Date:

Electronic Signature (Spouse):
(If Applicable)

Date: