

Personal Information

Name: _____ Date: _____

Address: _____ Zip Code : _____

City: _____ State: _____

Phone: [best contact] _____ Email: _____

Birthdate: _____ Age: _____ Gender: M / F

Education [last year or degree completed]: _____

Occupation: _____

Employer: Title: _____ Years: _____ Avg Hours/Week: _____

Emergency Contact Person: _____ Phone: _____

With whom do you live? (Please check all that apply)

- Alone Parent(s) Spouse Children Significant Other Other: _____

Have you ever been arrested? If yes, briefly explain:

Family Information

Relational Status: Single _____ Engaged _____ Married _____

Separated _____ Divorced _____ Widowed _____

How long have you been together? _____

Name of significant other: _____ Age: _____

Is he/she employed? _____ Length of employment: _____ Avg Hours/Week: _____

Is your significant other willing to come for counseling? If not, briefly explain:

Is he/she in favor of your coming? If not briefly explain:

Please list your children below:

Children's Name	Age	Gender	Adopted?	Previous Marriage?

Have you ever been separated from your present spouse? _____

[Persons not married] Have either of you ever broken-off this relationship and then restarted it? _____

Have you ever filed for divorce? _____ Number of previous marriages by significant other?: _____

Please list your previous marriages below:

Ex-Spouse's Name	Year Married	Length of Marriage	# of Kids	Reason for Divorce

Are your parents living? _____ Where do they live? _____

Describe your relationship to your father:

Describe your relationship to your mother:

Number of siblings: _____ Your sibling order: _____

When you were growing up, did you live with anyone other than your parents? If so, who and why?

Which of the following words best describe your childhood home (check all that apply):

- | | | | | |
|--|---|--|--|-----------------------------------|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> Authoritarian | <input type="checkbox"/> Unpredictable | <input type="checkbox"/> Divorced | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Verbal Abuse | <input type="checkbox"/> Perfectionistic | <input type="checkbox"/> Critical |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Affirming | <input type="checkbox"/> Permissive | <input type="checkbox"/> Safe |

Health Information

Describe your overall health:

Have you had counseling before? Yes No

Have you seen a psychiatrist before? Yes No

Please list past counseling experience below:

Age	Duration	Counselor / Center	Issues/Topics/Diagnosis	Your Evaluation of This Counseling

Date of last medical exam: _____

Do you have any chronic conditions? Briefly explain:

List important illnesses, injuries, or handicaps: _____

Are you presently taking any medication? Yes No

Please list current medications below:

Medication	Dosage	Medication	Dosage

Have you ever used drugs recreationally? Yes No

If yes, when? _____ What drug? _____

Briefly describe the circumstances of this drug use:

How many ounces/servings of the following type beverages do you consume daily?:

Alcohol _____ Coffee/Tea _____ Soft drinks _____ Water _____

How many hours of sleep do you average each night? _____ Is this sleep restful? _____

Have you ever had a severe emotional upset? If yes, please explain:

Have you or others noticed any recent changes in your personality (anger, mood swings, withdrawal) thinking, memory, or work habits? If yes, briefly explain:

Spiritual Information

What church do you attend? Name and location: _____

How often do you attend church? _____ Are you a member? Yes No

When did you become a member? _____

What ministries or activities are you involved in at church? _____

Pastor's name? _____ Permission to consult with Pastor? Yes No

What are you learning through sermons and Bible studies at your church?

Do you pray? If so, how often: _____

What do you pray about? Describe your prayer life:

Do you read your Bible? If so, how often: _____

How helpful is your reading? Describe your Bible reading:

Did you attend church as a child? Yes No If so, what church? _____

What was your religious experience as a child? What was your home environment like in regard to Christianity, the Bible, and church?

What is your honest view of the Bible?

- I don't know enough about the Bible to have an opinion.
- It is a book that contains helpful principles that I am free to follow or disregard as I think best.
- It is a book that was inspired by God that contains helpful principles and instructions I should follow unless I believe there is good reason to do otherwise.
- It is a book that was inspired by God that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
- Other:

Do you consider yourself a Christian? Yes No

Explain your answer below:

Do you believe in eternity? Yes No

If so, where will you spend eternity? How do you know?

If you consider yourself a Christian, name two ways you have become more like Jesus in the last year:

Counseling Information

Underline any of the following areas of concern or struggle. Circle your top three concerns.

- | | | | | |
|------------|---------------|---------------|---------------------|------------------|
| Abortion | Abuse | Adultery | Anger | Anxiety |
| Apathy | Appetite | Bitterness | Change in lifestyle | Communication |
| Conflict | Children | Deception | Decision Making | Dating/courtship |
| Depression | Divorce | Drug Abuse | Drunkenness | Eating habits |
| Envy | Fear | Finances | Grief | Guilt |
| Health | Impotence | Infertility | In-Laws | Laziness |
| Loneliness | Lust | Marriage | Memory | Menopause |
| Moodiness | Past Memories | Perfectionism | Rebellion | Sex |
| Singleness | Sleep | Wife abuse | Same Sex Attraction | Gender Identity |

Why are you seeking counseling today? What is the problem as you see it?

What have you tried to do already to resolve the problem?

For what part of the problem do you see yourself as responsible?

What are your expectations for counseling?

Have you told your pastor or spiritual leaders in your church about your problem? Why or why not? How have they helped you?

What else can you tell us that will help us to counsel you better?

❖ **Completed by Couselee (*Print Name*):** _____

❖ **Signature:** _____ **Date:** _____

Our Goal: The goal of Biblical Counseling is to help people work through the difficulties of life in a way that will be pleasing and honoring to the Lord Jesus Christ. We are here to help others learn truth so that they may live in accordance with truth.

Counseling Provided and Fees: We provide counseling free of charge because we desire to be a blessing to our community. The undersigned counselee will receive Biblically based counseling from a qualified counselor at no cost. While counseling is free, we do need to charge for most resources used during the counseling process. These charges will mostly consist of books, pamphlets, CD's or the like. Payment for these materials will be due on the day they are issued. We accept checks or cash, no credit or debit cards. Checks should be made out to Jacksonville Bible Church.

Cancelation Policy: We do not charge for counseling, but we do charge for cancelations made less than six hours prior to the appointment, or if you fail to show up for an appointment. If either of these situations occurs, we will not resume counseling until we receive either a cash payment or a check from you for \$30. You may avoid this charge by simply changing your appointment as soon as you know that you will not be able to keep it or maintaining clear communication with your counselor well in advance of any potential conflicts of scheduling.

Counselee(s) Initials: _____

Biblical Basis: Counseling received at Jacksonville Bible Church (JBC) is religious in nature and is conducted under the authority and leadership of Jacksonville Bible Church. We believe the Bible provides sufficient guidance 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. The counseling you receive will be based upon your counselor's understanding of the Holy Scripture.

Counselee(s) Initials: _____

Confidentiality: We view confidentiality as a vital element in the counseling process. We strive for the highest integrity concerning confidentiality and have developed a policy that addresses this issue specifically. The JBC Confidentiality Policy is attached to this form and is to be read, signed, and turned in to JBC before counseling begins.

Church Attendance: As long as you are receiving counseling at JBC you agree to attend at least one church service or bible study at a Bible teaching church. If you are currently not active in a local church, then we strongly recommend you attend Jacksonville Bible Church since the teaching here will match what you receive in counseling. This policy is in place because the more you are learning about God, His Word, and His instructions for life, the better equipped you will be to respond properly to the situations of life that are creating trouble for you. Your counselor will review any specific questions related to this policy. We strongly recommend that you take notes during the service you attend so that you will be able to recall points of importance in that message. Counselors will inquire about services attended and some of the highlights that you gleaned from the service.

Conflict Resolution: On rare occasions a conflict may develop between a counselor and a counselee. The Bible commands that Christians make every effort to live in peace and to resolve disputes with each other in private or within the Church instead of involving the secular courts (cf. 1 Corinthians 6:1- 8). In keeping with obedience to Scripture we require all counselees, whether professing to be Christian or not, to agree to follow these procedures in the event of a conflict with Jacksonville Bible Church or any of the counselors associated with this ministry.

By initialing below I agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision. Copies of the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation are available upon request and more information can be found at www.peacemaker.net/icc.

Counselee(s) Initials: _____

If you have any questions about these guidelines, please speak with your counselor. Your signature below indicates your informed consent to these guidelines.

Signature: _____ Date: _____

Signature: _____ Date: _____

The Counselors of Jacksonville Bible Church, hereafter JBC, understand that confidentiality is an important and vital characteristic of the counseling relationship. To that end, JBC and its representatives agree to carefully guard to the fullest extent possible the information entrusted to them by counselees.

Staff members and students participating in the JBC program are expected to protect the information they receive in order to ensure the highest integrity of the counseling process and the privacy of the counselee. Should a counselor fail to protect information it may become necessary for them to be dismissed from service in the JBC program. The decision to dismiss a counselor will be determined by the elders of JBC.

Even though JBC has a high regard for confidentiality there are certain circumstances where it may be necessary to reveal information obtained in the counseling process in order to uphold the principles of Scripture, the standards of JBC, and/or the laws of the state of Illinois. JBC does not hold to the legal concepts of the priest/penitent, doctor/patient, psychotherapist/patient or counselor/counselee privileges, unless one of the pastors from JBC is doing the counseling. In such case that Pastor's role as a Pastor will override this policy and he has the option to counsel under the priest/penitent laws of the state of Illinois.

Some situations where JBC may deem it necessary to reveal otherwise confidential information include but are not limited to:

1. 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). In such cases only the information that is necessary to deal with that particular sin will be revealed. Further, such information will only be revealed to those Biblically required to be involved. When following Scripture in such cases it may become necessary to contact the pastor and/or other elders of a counselee's home church.
2. 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 elders at JBC.
3. Where a counselee threatens to harm himself/herself or another person, it may become necessary to notify the proper legal authorities, family members, elders, intended victims or all of the above. If the counselee makes such threats in the context of a counseling session, the Counselor will immediately consult with the elders of JBC who will work with them to assess the situation and assist in making the appropriate notifications, if necessary.
4. If a counselor is made aware of evidence that abuse or some other crime has been or is about to be committed, it may be necessary to reveal such to the legal authorities.
5. JBC recognizes that in the course of the loving discipline of their children, Christian parents may employ corporal punishment, in accordance with the teachings of scripture and, in conformity with those Scriptures, JBC supports a parent's right to do so.

However, if in the course of counseling, the Counselor suspects that a minor has been physically or sexually abused, the Counselor will immediately consult with another JBC counselor and/or the elders

who will assist in the assessment of the situation. If it is then suspected that abuse has occurred, the legal authorities will be contacted immediately. If no other counselor is available and a child is in imminent danger of being abused, the Counselor will immediately contact the appropriate legal authorities without employing the above consultation process.

6. Observers, including but not limited to counselors in training, may sit in on counseling sessions either to assist in the counseling process or for training purposes. JBC desires to train others in biblical counseling. One aspect of the training is to observe other counselors as they counsel people. Advance notice will be given to a counselee if possible.
7. All observers and counselors agree to be bound by this confidentiality agreement and should they be found to be in violation of this agreement understand they face expulsion from the JBC counseling program by the elders of JBC.

I have read and understand the above Confidentiality Policy of JBC and agree to be bound by its terms.

Signature: _____ Date: _____