

Greetings,

We are grateful that you have made the decision to pursue biblical counseling at Crossroads Baptist Church. We pray that this is a time of growth and progress as you apply the resources of the gospel of Jesus Christ and God's Word to your life and situation. We are eager to hear your story and listen carefully to what is going on in your life. Please know that you have made a wise and courageous decision by choosing to receive biblical counseling. We are praying that God will bring help and hope to you.

The next step is to complete the included forms. These forms are designed to gather as much helpful information as possible for your counselor and to provide important information to you. Please know that your information will be handled sensitively. You will need approximately 30-45 minutes to thoroughly complete these forms. Please read each question carefully and contact us if you have any questions by emailing us at counseling@crossroadsetown.com

In this packet you will find:

- Counselor Information Form
- Consent to Receive Biblical Counseling

How to return this packet:

- You may drop the completed packet off at the church office during normal business hours in a sealed envelope for your privacy or you can simply hit the submit button!
- You may scan and email the completed packet to counseling@crossroadsetown.com

What's next?

- Please allow us 3-5 business days to process your forms and assign a counselor to care for you
- A member of our counseling team will contact you to schedule your first meeting

We are eager to minister to you in the name of Jesus and pray for God to be at work in your life as you begin biblical counseling at Crossroads Baptist Church.

Grace and peace to you,

Nate Brady
Pastor of Teaching and Counseling

Stanley Goodman
Minister of Students and Counseling

Counselee Information Form

Date: ____/____/____

Please complete the following questions to the best of your ability as your honest answers will help us to know and serve you better.

Name: _____ Sex: M F DOB: ____/____/____

Email: _____ Phone number (____) ____ - ____

Address: _____

Education Level: _____ Current Occupation: _____

How many hours do you work in a week at your job? _____

Who do you live with and what is their relationship to you?

Marital Status: Single Engaged Married Separated Divorced Widowed Remarried

Spouse's Name: _____ Length of Marriage: _____

(If Married) On a scale of 1-10 rate the health of your marriage _____

Spouse's Current Occupation (or responsibility): _____ Weekly Hours: _____

Have you ever been separated before? Yes No If yes, please explain:

Has either of you ever considered or filed for divorce? Yes No If yes, please explain:

Have you been married before? Yes No If yes, please list previous marriage(s) and date(s) of divorce:

Is your spouse in favor of your coming to counseling? Yes No

Is your spouse willing to come to counseling (if needed)? Yes No

Rate your physical health: Very Good Good Average Declining

Date of last medical exam: ____/____/____ Physician's name: _____

List all prescriptions and over-the counter medications you are currently taking (include diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin, etc.).

Medication: _____ For What? _____

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Medication: _____ For What? _____

Medication: _____ For What? _____

List all important present or past illnesses, diagnoses, injuries, handicaps, or chronic medical conditions:

Have you used drugs for other than prescribed medical purposes? Yes (Past) Yes (Now) No
If yes, please explain:

Have you used more than the prescribed amount of any medication? Yes (Past) Yes (Now) No
If yes, please explain:

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

Alcohol _____ Coffee _____ Tea _____ Soft Drinks _____ Water _____

On a scale of 1-10 (10 be the healthiest), how healthy do you eat? _____ Do you smoke? _____

How often do you exercise? Frequently Never Rarely

How many hours of sleep do you average each night? _____ Has there been any recent change? _____

Have you ever experienced hallucinations, seen distorted faces, or heard voices? Yes No If yes, please explain:

Have you ever had a severe emotional upset? Yes No If yes, please explain:

Have others noticed any significant changes in your emotional or mental state, memory, or work abilities? Yes No If yes, please explain:

If necessary, are you willing to sign a release of information so that your counselor may write for any counseling and medical information that might be helpful? Yes No

Were you raised by both biological parents? Yes No If no, please explain:

Rate your parents' marriage: Unhappy Average Happy Very Happy

Are/were your parents divorced? Yes No If yes, please explain briefly when and the basic circumstances:

Describe your relationship with your mother: _____

Describe your relationship with your father: _____

How many older siblings do you have? Brothers _____ Sisters _____

How many younger siblings do you have? Brothers _____ Sisters _____

Describe your relationships with your siblings: _____

Was there any substance abuse in your family? Yes No If yes, please explain:

Other than your parent(s), describe people who have had a significant influence in your life (positive or negative):

Has there been any abuse in your past? Physical Verbal/Emotional Sexual No

If so, by whom? _____ What age? _____

Have you ever seen a psychologist, psychiatrist, or received counseling before? Yes No If yes, please explain:

Do you carry significant guilt? Yes No If yes, for what?

Have you ever been arrested? Yes No If yes, please describe the circumstances and dates:

Describe any recent, significant event(s) in your life (i.e. job loss, birth, death, successes, etc.):

Do you attend a local church? Yes No

If yes, what is the name of the church you attend? _____

Are you a member? Yes No If so, for how long? _____

Have you been baptized? Yes No If yes, at what age? _____

How many church servives do you attend monthly? _____

Are you part of a small group? Yes No If yes, Who is your small group leader? _____

Do you consider yourself as Christian? Yes No Not sure

If married, does your spouse consider himself/herself a Christian? Yes No Not sure

Have you come to the place in your spiritual life where you know with certainty that you would enter heaven after death? Yes No Not sure

If you were to die and stand before God, and He asked you why He should permit you to enter heaven, how might you respond?

Explain recent changes in your spiritual life, if any: _____

How often do you pray to God? Never Rarely Sometimes Often

How often do you read the Bible? Never Rarely Sometimes Often

Please mark (on a 1-3 scale) how the following issues are having a *negative* impact in your life. If an issue has no relevance, please leave it blank.

- 1 = occasional/mild issue
- 2 = frequent/significant issue
- 3 = overwhelming/severe issue

_____ Anger	_____ Discouraged/Downcast	_____ Lust
_____ Anxiety	_____ Domestic Abuse	_____ Marriage Problems
_____ Apathy	_____ Drunkenness	_____ Moodiness
_____ Bad Memories	_____ Envy	_____ Overwhelmed
_____ Bitterness	_____ Fear	_____ Perfectionism
_____ Change in lifestyle	_____ Finances	_____ Pornography
_____ Children	_____ Gluttony	_____ Procrastination
_____ Communication	_____ Guilt	_____ Rebellion
_____ Conflict (fights)	_____ Grief	_____ Sexual Immorality
_____ Control	_____ Health	_____ Sex (in marriage)
_____ Deception	_____ Homosexuality	_____ Sleep
_____ Decision Making	_____ Impotence	_____ Time Management
_____ Depression	_____ In-laws	_____ Weary
_____ Disciplined Living	_____ Laziness	_____ Other
_____ Disorganization	_____ Loneliness	

What has brought you here? Describe the main problem in your life as you see it. (Include when it began and any other very significant events or information.)

What have you done to try and resolve the problem on your own?

Why do you now want to seek help?

What are you hoping we can do for you?

Is there any other information you think we should know?

Please describe the days/times that you are available to meet.

Consent to Receive Biblical Counseling

On the date set forth below, it is agreed that _____ (“Counselor”) will provide biblical counseling services to _____ (“Counselee”) on the following terms and conditions:

Biblical Counseling: This is a ministry of the gospel of Jesus Christ and is part of Counselor’s practice of religion. Counselee has indicated that Counselee is a Christian and/or is voluntarily seeking religious guidance (biblical counseling) from Counselor, as a part of Counselee’s practice or pursuit of religion. Counselee’s testimony or evangelistic precounseling will establish that the counselee is a candidate for the end goal of biblical counseling, which is to help Christians become more like Jesus Christ in attitude, thought, and action. Counselor’s goals in providing counseling are to help Counselee to know the God of the Bible more fully and vitally and to live life in a God-honoring way. This includes, but is not limited to, providing biblical counsel to assist in: meeting the challenges of life; increasing in true worship; applying the gospel and God’s sufficiency daily; shedding the sin that so easily entangles; learning to develop, cultivate, and live in relationships that please God; giving thanks to God in all circumstances; living in a community of other believers through participation in a local church; and learning to rely on the Holy Spirit for power and direction through prayer and Bible study. Although the biblical advice Counselor provides is intended to be practical, it is entirely Counselee’s decision how to (and whether to) implement that advice. Counselor wants to help Counselee love God and love others through this process.

Biblical Basis: Counselor believes that the Bible provides sufficient guidance and instruction for faith and life. Therefore, counseling is based on biblical principles rather than those of secular psychology or psychiatry. Counselor is not licensed or certified as a psychotherapist, psychologist, psychiatrist, mental health professional, marriage and family therapist, or social worker and is not acting in such capacities. If Counselee is unwilling to use the Bible as the final authority in counseling or is unwilling to do the homework assigned, Counselee should not proceed with this counseling.

Professional Advice: Counselor is not providing legal, tax, financial, medical, or other technical or professional advice, and Counselor undertakes no duty to recognize or opine when such advice is actually needed, and the parties further agree that no fiduciary or professional client relationship is being created between Counselor and Counselee as a result of this relationship. While the counselee may provide remuneration for the ministerial services provided pursuant to this agreement, such remuneration does not change this relationship from a religious to a “professional” or “fiduciary” relationship.

Confidentiality: Please be assured that our counselors strongly prefer not to disclose your personal information to others (if not needed), and they will make every effort to help you find ways to resolve a problem as privately as possible. Although confidentiality is often one aspect of the counseling process and Counselor intends to guard the information received from Counselee, there are a number of situations when it may be necessary or prudent (as determined in Counselor’s sole discretion) for Counselor to share information with others. Confidentiality is conditional. Counselee agrees that Counselor may share information in at least the following circumstances:

- When Counselor is uncertain how to address a problem and needs to seek the advice from a pastor, supervising counselor, or educator (Proverbs 11:14; 24:6).
- When there is concern that someone is being or may be harmed unless other persons or protective services intervene (Romans 13:1–7).
- When Counselee expresses clear and specific suicidal intent, Counselor may take reasonable measures for the safety of Counselee. Reasonable measures may include notifying police if the Counselee will not cooperate to involve him or herself in a watch- care program or facility.

- If Counselor has reasonable cause to believe that an adult is in need of protective services, Counselor may take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of a threat or intent and/or informing the appropriate protective and/or law enforcement agencies.
- If there is a claim of, the observance of, or clear reasonable cause to suspect the physical or sexual abuse of a child with whom Counselor comes into contact or who is associated with someone to whom Counselor is in contact with, reasonable measures may be taken to ensure the child’s protection and/or to fulfill the legal mandate to report such harm to the appropriate governmental protection agencies.
- When Counselor becomes aware of any other criminal activity Counselee is engaged in and Counselee refuses to bring to the appropriate biblical and/or legal authorities.
- When counseling someone who is under familial authority (e.g., wife to husband, child to parent) and if deemed safe by Counselor, Counselor may encourage Counselee to inform Counselee’s familial authority of critical issues and/or Counselor may inform the familial authority (Ephesians 5:22–6:4).
- When a person refuses to renounce a particular sin and/or refuses to confess it to those impacted, Counselor may, in Counselor’s discretion, seek the assistance of a trusted member or leader of any involved church to encourage repentance and/or reconciliation (Proverbs 15:22; 24:11; Matthew 18:15–20).
- When Counselor deems it appropriate or necessary to discuss information with a training observer or an assisting advocate who is involved or observing counseling.
- When Counselee makes a complaint against Counselor, handling it biblically may involve sharing information with the elder body for complaint resolution purposes.

Liability: It is intended that the Holy Scriptures (the Bible) shall be the authority governing the counseling process, and that God’s glory is the ultimate goal. However, failure of Counselor to interpret or apply the Bible in any particular way shall not subject the Counselor to liability or give rise to complaint by anyone. There shall be no legal or other liability that attaches to Counselor or any related institution or person for any advice, methods, conduct, or any act or omission related in any way to the service that is provided, and Counselee acknowledges that Counselee is voluntarily seeking this counsel (free from coercion, duress, or pressure) with a full understanding of the nature, purpose, and effect of this agreement.

Termination: At any time and for any reason, Counselor or Counselee may terminate counseling. However, termination will not preclude Counselor from making the disclosures set forth above if deemed appropriate by Counselor, or if compelled by other legal means. Counselor is not required to keep records, but if records are made, Counselor may destroy any such records without incurring liability. Resolution of Conflicts: On rare occasions, a conflict may develop between a Counselor and a Counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner (the Bible prohibits lawsuits in court among believers; 1 Corinthians 6:1–8), the parties agree that if a conflict arises, the conflict will be resolved according to the guidance laid out in the Word of God.

By signing this document, you are irrevocably waiving any right that you might have to a trial by jury or judge in a judicial proceeding. If any provision of this agreement shall be held invalid, illegal, or unenforceable, only that provision shall be stricken, and the remainder of the agreement shall be in no way affected. The parties agree to the terms and conditions set forth in this document and acknowledge that Counselor would not enter into this counseling relationship without each term set forth above. All of the above is understood and agreed:

Print Name _____ Signature _____
 (If Under 18) Guardian Name _____ Guardian Signature _____

Dated: _____