

# ARE YOU INTERESTED IN RECEIVING BIBLICAL COUNSEL AT GRACE BIBLE CHURCH?

## Here's what you need to know:

The counseling staff of Grace Bible Church are available to take a limited number of counseling cases. Because of our commitment to the Word of God, all counselors practice their counseling from a Bible-based, Christ-centered approach to counseling.

The following outlines several conditions upon which counseling cases will be initiated. While this is not meant to be exhaustive in scope, it does represent our philosophy of biblical counseling within the parameters of Grace Bible Church.

**(1) Our Priority:** Counseling members of Grace Bible Church always takes precedence over all non-member counseling.

**(2) Our Framework:** The counseling received here is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastors nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists. Counseling will be done by one of the pastors/elders or trained/approved counselors supervised by a pastor.

**(3) Our Focus:** Is to deal with issues within the scope of biblical parameters. Therefore, if you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional. Our counselors will be happy to cooperate with such advisors and help you to consider their counsel in light of relevant scriptural principles.

**(4) Our Foundation:** All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. Your counseling will be biblical counseling in which the Scriptures are, in all cases, the final authority. If you are not sure that you will be interested in biblically-based counseling, you will be given the option of attending one or two sessions to discover what biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling or are unwilling to do the homework assigned, sessions will be terminated.

**(5) Non-members:** All counseling for those who are not a part of Grace Bible Church takes place on Monday nights. Since we want to recognize and respect the shepherding responsibility of pastors and church leaders over their own congregations, we reserve the right to communicate with the counselee's church leadership that we are counseling one of their members. If the counselee is a member of a church where the Word of God is not taught or obeyed or if the counselee is not attending a church, you will be asked to attend Grace Bible church weekly so as to facilitate good biblical input to compliment the counseling.

**(6) Counseling Location:** Our counseling most frequently takes place in one of the offices at the church facility. All office doors are equipped with windows to ensure accountability.

### (7) Counseling Regulations

a. Counseling someone of the opposite sex will only be done with another person present in the general office area.

b. Counseling of a child will be conducted with another adult present usually a parent of the child.

c. The pastoral staff does not do on-going, one-on-one counseling with a female. Usually after 1 or 2 sessions, the female counselee will be referred to a female counselor in the church.

d. Realizing that there are some exceptions, whenever possible, couples will be counseled together.

**(8) Confidentiality:** Information disclosed in counseling sessions will be held confidential to the extent that we as a church believe before God we can practice confidentiality. The exceptions to maintaining confidentiality are:

a. All child abuse or suspicion of child abuse must, by state law, be reported.

b. If the counselee has been involved in committing a crime we believe we need to report such to law enforcement.

c. If the counselee or any other individual is physically at risk (suicide threat or threat by someone else) and we learn of this in the counseling session, we will report such information to law enforcement.

d. On-going, non-repentant sin, whereby the church is obligated out of obedience to Jesus Christ, to practice the principles of confrontation, as set forth in Matthew 18:15-17.

Please initial here signifying you have read and understand this requirement.

**(9) Our (and Your) Prerogative:** At any time during the counseling, for reason(s) sufficient to him/her, the counselor, or counselee, shall have the option of terminating counseling.

**(10) Previous Counseling:** We reserve the right to consult with anyone with whom you formerly received counsel whether that person was a member of Grace Bible Church or one of the pastoral staff or a pastor/counselor at the church you attend. The consultation will be regarding any of the previous counsel received.

**(11)** The counselor reserves the right to discuss any and all counseling situations with the leadership at GBC (usually the Pastor of Counseling Ministry).

### (12) Waiting List For Counseling:

Due to the overwhelming number of people requesting biblical counseling, please understand that you may be put on a waiting list. Our priority for providing counsel is first to our church members; secondly to provide counsel for those who attend Grace Bible but are not members; and then for those who either have no church home or attend another church fellowship (For those who attend another church please see #5 in column one on page I and read carefully). Please initial here \_\_\_\_\_ to signify that you have read and understand this.

**(13) Trainee:** For counseling situations there may be a person being trained to do biblical counseling sitting in on the counseling sessions. This person has agreed to all elements of confidentiality and are there for observation of the counselor as he/she counsels.

**(14) Our Fee:** All counseling is done free of charge as a ministry of Grace Bible Church. However, it should be noted that sometimes there is a cost for some of the material that is used as homework, so the counselee may be required to purchase some materials.

We are confident that the Bible contains all necessary information for life and godliness (2 Peter 1:3). There are no problems between persons which the Bible fails to address either in general or specific principles. While our counselors do not pretend to know all there is to know about biblical teaching and its application to life, they do know much and will do their utmost to help you.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any further questions, please feel free to contact any of the pastoral staff at the church office (586-9782). Thank you.

Have you read **each element** of this document? If **these guidelines** are acceptable to you, please sign below:

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

(For those from another church): Please provide the name and contact details of the Pastor or person who **might** possibly accompany you to the counseling session on the line below:

.....  
.....

**GRACE BIBLE CHURCH COUNSELING MINISTRY**  
**PERSONAL DATA INVENTORY**

Please complete this inventory carefully

**PERSONAL IDENTIFICATION:**

Today's Date: \_\_\_\_\_

Name(s) \_\_\_\_\_ Home/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Education (last year completed) \_\_\_\_\_

Business/Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_\_

**HEALTH INFORMATION:**

Rate Your Health (check): Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_

Do you have any chronic conditions \_\_\_\_\_ What: \_\_\_\_\_

List important illnesses and injuries or handicaps: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_ Weight Changes Recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

Report from last medical examination: \_\_\_\_\_

Your Physicians name and address: \_\_\_\_\_

Are you presently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

Previous medication(s) taken and dosage (if you remember): \_\_\_\_\_

Have you ever used drugs for other than medical purposes: Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever had a severe emotional upset \_\_\_\_\_ If so, explain:

Have you ever been arrested: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have problems sleeping? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes \_\_\_\_\_ No \_\_\_\_\_

**RELIGIOUS BACKGROUND:**

Denominational Preference: \_\_\_\_\_ Member of \_\_\_\_\_ (Church)

How often do you attend per month (circle) 0 1 2 3 4 5 6 7 8 9 10+

Church attended as a child? \_\_\_\_\_ Were you baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Religious background of spouse (if married) \_\_\_\_\_

Do you consider yourself to be a religious person? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you pray to God? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_



**PERSONALITY INFORMATION:**

Have you ever had any psychotherapy or counseling before? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, list counselor or therapist and dates:\_\_\_\_\_

What was the outcome?\_\_\_\_\_

What, if anything, do you fear?

Is there any other information that would help us to help you? Have you recently suffered a loss from serious social, business, or other reversals, etc.?

Yes\_\_\_\_\_ No\_\_\_\_\_ Explain if yes:

Circle any of the following words which best describe you now: Active, Ambitious, self-confident, persistent, nervous, hardworking, impatient, impulsive, moody, often-blue, excitable, imaginative, calm, serious, easy-going, shy, good-natured, introvert, extrovert, likable, leader, quiet, submissive, self-conscious, lonely, sensitive, other\_\_\_\_\_

**PERSONAL BEHAVIORAL HABITS:**

1. Do you drink coffee or other caffeinated drinks? Yes\_\_\_ No\_\_\_ How much per day?\_\_\_\_\_

2. Do you smoke? Yes\_\_\_\_\_ No\_\_\_\_\_ How much?\_\_\_\_\_

3. Do you explode when you get angry? Yes\_\_\_ No\_\_\_

4. Do you withdraw when you get angry or hurt? Yes\_\_\_ No\_\_\_

5. Do you frequently argue with significant other people? Yes\_\_\_ No\_\_\_

6. Have you ever been enslaved to anything (Coffee, drugs, alcohol, pornography, gambling, etc.):

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

## FEAR OF MAN QUESTIONNAIRE

Check any of the following which describe you:

- I struggle with peer pressure. In adulthood, it looks different than when a teen. Now it might be by trying to impress others.
- I am over-committed. I find it hard to say, "No." I am a people pleaser.
- I 'need' something from my spouse or others in my life (such as the person I am dating, a roommate, other friends).
- I feel like I have low self-esteem. I am concerned with what others think of me.
- I often feel like I will be exposed as an imposter. I am afraid others will think I am a failure.
- I find myself second-guessing decisions because of what others might think. I am afraid of making mistakes.
- I feel empty or meaningless. I often feel hungry for love.
- I easily get embarrassed.
- I lie, even little white lies, in order to make myself look better before other people.
- I am sometimes jealous of other people.
- People often make me angry or depressed. They make me "crazy."
- I often avoid people
- I am hungry for people to notice my efforts and to praise me, but when they do, it's not enough or I don't believe them.
- I often compare myself to others and either feel wanting or feel like I'm not so bad.
- I feel I have to keep others from knowing my secret thoughts or actions for fear they won't like or love me.
- I cover up, justify, blame, avoid or change the subject often.
- I show favoritism, respecting one person over another.
- I often think and feel responsible for other people and their actions or behaviors.
- I am compelled to "fix people".
- I get tired of feeling like I am always giving to others and no one gives to me.
- I blame others or blame circumstances.
- I often feel unappreciated.
- I often am afraid of being rejected.
- I often feel ashamed of who I am
- I often focus my energy on other people and/or on problems.
- I frequently threaten, bribe or beg.
- I try to say or do what I think will please others or get what I need.
- I manipulate people and situations.
- I let other people keep hurting me and never say anything.
- I feel angry.
- I feel like a martyr.
- I feel extremely responsible or irresponsible.

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What is the main problem as you see it? What brings you here?
2. What have you done about your problem?
3. What can we do? (What are your expectations in coming here?)
4. As you see yourself, what kind of person are you? Describe yourself:
5. Is there any other information we should know?

**PROBLEM CHECK LIST (Check those which are current problems):**

- |                                    |                                     |                                    |  |
|------------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Anger     | <input type="checkbox"/> Envy       | <input type="checkbox"/> Appetite  | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> Fear      | <input type="checkbox"/> Memory     | <input type="checkbox"/> Apathy    | <input type="checkbox"/> Gluttony            |
| <input type="checkbox"/> Moodiness | <input type="checkbox"/> Bitterness | <input type="checkbox"/> Guilt     | <input type="checkbox"/> Rebellion           |
| <input type="checkbox"/> Health    | <input type="checkbox"/> Sex        | <input type="checkbox"/> Children  | <input type="checkbox"/> Homosexuality       |
| <input type="checkbox"/> Sleep     | <input type="checkbox"/> Depression | <input type="checkbox"/> Impotence | <input type="checkbox"/> Wife Abuse          |
| <input type="checkbox"/> Deception | <input type="checkbox"/> In-laws    | <input type="checkbox"/> A Vice    | <input type="checkbox"/> Change in Lifestyle |
| <input type="checkbox"/> Adultery  | <input type="checkbox"/> Lust       | <input type="checkbox"/> Addiction | <input type="checkbox"/> Other               |

Give details of any family background that might be pertinent to the struggles in your own life. (I.e., do others in your family have similar problems? What did your home life look like? Did mom lead or dad? Was dad at home a lot or gone a lot? Was “self-control” taught from early on?, etc.)