

Counseling Consent Form

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 the counselor’s practice of religion. The counselee has indicated that he/she is a Christian and is voluntarily seeking religious guidance (biblical counseling) from a counselor as a part of the counselee’s practice of religion. The goal of biblical counseling is to help Christians become more like Jesus Christ in attitude, thought, and action. The counselor’s goal in providing counseling is to help the counselee 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, shedding sin that easily entangles, learning to cultivate and live in relationships that please God in the context of the local church, giving thanks to God in all circumstances, and learning to rely on the Holy Spirit for direction as the counselee seeks to know God through the authoritative and all-sufficient Bible. Although the biblical advice the counselor provides is intended to be practical, it is entirely the counselee’s decision to implement that advice. The counselor wants to help the counselee love God and others through this process.

Biblical Basis: The 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. The 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 the counselee is unwilling to use the Bible as the final authority in counseling or is unwilling to do the homework assigned, the counselee should not proceed with counseling.

Non-Members: Since we want to recognize and respect the shepherding responsibility of pastors and church leaders over their own congregations, we generally do not offer counseling to members of other churches. If counseling does occur, this is only done after communicating with the home church pastors. Also, unless there are extenuating circumstances, you will need to bring a church leader or someone in spiritual leadership as your advocate; for women, it should be a woman who is in the place of spiritual leadership at your church; for couples, it should be a man or couple (husband and wife) in spiritual leadership at your church. If you are not attending a church, we will expect you to attend _____ weekly.

Professional Advice: The counselor does not provide legal, tax, financial, medical, or other technical or professional advice, and he/she undertakes no duty to recognize when such advice is needed. The parties further agree that no fiduciary or professional client relationship is being created between the 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: Confidentiality is conditional. Although confidentiality is often one aspect of the counseling process and the counselor intends to guard the information received from the counselee, there are a number of situations when it may be necessary or prudent (as determined in the counselor’s sole discretion) for the counselor to share information with others. The counselee agrees that the counselor may share information in at least the following circumstances:

- When the 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 the counselee expresses clear and specific suicidal intent, the counselor may take reasonable measures for the safety of the 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 the counselor has reasonable cause to believe that an adult is in need of protective services, the 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 the counselor comes into contact or who is associated with someone to whom the 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 the counselor becomes aware of any other criminal activity the counselee is engaged in and the 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 the counselor, he/she may encourage the counselee to inform the counselee's familial authority of critical issues and/or the 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, the counselor may in his/her 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 the counselor deems it appropriate or necessary to discuss information with a training observer or an assisting advocate who is involved or observing counseling.
- When the counselee makes a complaint against the counselor or a counseling center or other related organization, it is agreed that the dispute will be handled biblically, outside the court, and may involve sharing information with an assisting local church pastor and/or the appropriate person(s) within the organization for complaint resolution purposes.

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.

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 the counselor to interpret or apply the Bible in any particular way shall not subject the him/her to liability or give rise to complaint by anyone. There shall be no legal or other liability that attaches to the 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 the counselee acknowledges that he/she 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. The counselor is not required to keep records, but if records are made, the 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 Cor. 6:1-8]), the parties agree that if a conflict arises, the conflict will be resolved according to the ACBC dispute resolution proceedings, which are then operative. That conflict resolution policy may be found at <https://biblicalcounseling.com/acbc-member-complaint-case-policy>.

Our Fee: All discipleship counseling is done free of charge as a ministry of _____. Part of the weekly homework assignments may require the purchase of materials that correspond to the counseling.

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. By signing below, the parties agree to the terms and conditions set forth in this document and acknowledge that the counselor would not enter into this counseling relationship without each term set forth above.

All of the above is understood and agreed:

[PRINT NAME] _____ Dated: _____

[SIGNATURE] _____

[IF UNDER 18, PARENT/GUARDIAN SIGNATURE] _____

Counseling Application Form

*This form is a critical first step in the discipleship counseling process at _____.
Although some questions may be uncomfortable for you to answer, please fill out this form completely
and honestly. (Please do not write in cursive. PRINT only)*

Today's date: _____

PERSONAL IDENTIFICATION

Name _____

Address (incl. Zip.) _____

Birth Date _____ Birth City/State _____ Age _____ Sex _____

Referred By _____

Marital Status: Single ___ Engaged ___ Dating ___ Married ___ Separated ___ Divorced ___ Widowed ___

Education (last year completed) _____

Have you served in the military? If so, which branch and for how long? _____

Cell Phone _____ Business Phone _____

Email Address _____

Employer _____ Position _____ Years _____

In case of an emergency, please contact:

(name) _____ (phone) _____ (relationship) _____

MARRIAGE AND FAMILY

If single, describe how you think about your singleness:

If single, are you dating anyone? _____ If so, is he or she a Christian? _____

Spouse _____ Birth Date _____ Birth City/State _____ Age _____

Employer _____ Position _____ Years _____

Home Phone _____ Business Phone _____

Education (last year completed) _____

Date of Marriage _____ Length of Dating _____ Length of engagement _____

Ages when married: _____ Husband _____ Wife _____

Give a brief statement of circumstances of meeting and dating:

Did you receive premarital counseling? If so, by whom, what material did you use, and how many times did you meet?

Is your spouse willing to come for counseling? Is he/she in favor of your coming? _____ If no, explain:

Have either of you been previously married? _____ If so, to whom? _____

Have you ever been separated? If so, when? _____

Have you ever filed for divorce? If so, when? _____

Please explain the circumstances:

Have you, or are you, considering a divorce? If so, explain:

If you have marriage difficulties, how are you contributing to the problem?

What would your spouse say concerning how you contribute to the problem?

When is the last time you made a clear confession of sin, repented, and asked forgiveness of your spouse?

When is the last time your spouse made a clear confession of sin, repented, and asked for your forgiveness?

Do you go to bed at the same time? _____

Information about Children:

Name	Age	Living?	Yr. of Ed	Stepchild

Describe current relationship with children:

Describe relationship to your father:

Describe relationship to your mother:

Number of siblings _____ Describe any relational problems with your siblings:

Are your parents divorced? _____ If so, explain the circumstances:

Check the blanks that apply to your family life growing up:

Traditional nuclear family ___ Divorced ___ (if so, I lived with my: Dad ___ Mom ___ Other ___)

Authoritarian ___ Alcoholism was present ___ Drugs were present ___ Perfectionistic ___

Affectionate ___ Emotional ___ Screaming allowed ___ Repressed (no emotions allowed) _____

Religious ___ (if so, nominal ___ normal ___ strict ___ hypocritical ___)

___ Abusive (if so, verbal ___ sexual ___ emotional ___ other ___)

Describe any significant events in your childhood (from parents, siblings, relatives, friends) that affect you today (divorce, abuse [sexual, bullying, emotional], trauma, economic status):

Describe any character traits from your parents or siblings that negatively affect you today:

Were you raised by both biological parents? ___ Did you live with anyone other than parents? If so, describe the relationship:

Are your parents living? ___ Do they live locally? ___ Do you currently live with your parents? ___

Do you have any weapons in the house? If so, what?

Do you feel safe at home? ____ If not, why?

Have you been involved in an abortion? If so, describe the circumstances, how you have responded, and any continuing effects:

HEALTH

Describe your health (good, bad, excellent, etc)_____

Do you have any chronic conditions, illnesses, injuries, or handicaps? _____ If so, what are they?

Date of last medical exam _____ Date of last blood work _____

Did you receive a good report? _____ If not, why?

All current medication(s) and dosage (include diet pills, laxatives, birth control pills, cold/allergy medicines, aspirin, etc.):

Have you ever used drugs for other than for medical purposes? _____

If yes, please explain:

Have you ever experienced hallucinations, seen distorted faces, or heard voices? _____ If so, please explain:

Have you ever been arrested? If so, when and for what reason?

Are you on parole? _____

Do you drink alcoholic beverages? _____ If so, how frequently and how much?

Have you ever attempted suicide? _____ If so, please explain:

Have you contemplated suicide? _____ If so, have you thought of a plan how? _____

Do you drink coffee or other caffeine drinks? _____ How much? _____

Do you have a healthy diet? _____ Please explain:

On average, how much sleep do you get a night? _____

On average, when do you go to bed and wake up? _____

Do you exercise? _____

How? _____

Frequency _____

Do you overwork? _____ How many hours a week do you work? _____

Do you observe one day of rest every week? _____

Do you smoke? _____ What? _____ Frequency _____

Have you ever seen a psychiatrist or counselor? _____

If yes, were you given a *Diagnostic and Statistical Manual* label? _____

Explain your experience and diagnosis:

If you have seen another Christian counselor, please explain your experience:

SPIRITUAL

Denominational preference _____

Previous denomination or religions?

Church attending _____ Are you a member? _____

If not attending _____, have you spoken to your pastor(s) about counseling?

If not attending _____, and since counseling can only be done with the consent of one's home church leadership, do you agree to having your counselor contact your home church pastor for approval? Yes ___ No ___

Home church pastor name: _____

Home church pastor email: _____

Sunday morning worship service attendance, on average (circle) 0 1 2 3 4 5

Do you believe in God? _____ Would you say you are a Christian? _____, or still in the process of becoming a Christian? _____ Are you born again? _____ Not sure what is meant by being born again? _____ If born again, approximately what date were you saved? _____

If you were to die today, and God were to ask you, "Why should I let you into heaven?", what would you say?

How do you define "sin"?

What is the authority for what you believe?

If not a member of _____, have you been baptized? _____

If so, approximately what date? _____ When is the last time you evangelized someone? _____

Do you attend a community group? _____ If so, which one? _____

How often do you read the Bible? Never ___ Occasionally ___ Often ___ Daily ___

How often do you pray? Never ___ Occasionally ___ Often ___ Daily ___

What is your strategy for what you pray for?

Religious background of spouse:

Explain any recent changes in your religious life:

Explain how family worship is led in your home:

What roles or responsibilities do you have at church?

LIFESTYLE

How many minutes/hours a day do you watch television? _____

How many minutes/hours a day do you play electronic games? _____

How many minutes/hours a day do you surf the internet/social media? _____

Do you have internet monitoring software? _____ If so, which kind? _____

Do you have a family budget? _____ Are you in debt? _____ If so, by how much? _____

Have you ever had interpersonal problems on the job? _____

If yes, explain:

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

Describe your personality:

Besides the Bible, how many pages of other books do you read each day? _____

What kind of other books do you read? _____

What kind of music do you listen to most? _____

WOMEN ONLY

Have you had any menstrual difficulties? _____ If you experience uncommonly high tension, uncontrollable crying, or other severe symptoms related to your cycle, please explain:

Have you had a miscarriage? _____ If so, please explain how you have responded, and any continuing effects:

Are you pregnant? _____ If so, how many months are you and describe any difficulties:

PROBLEM CHECK LIST

On a scale of 0–10, with **10 being the most negative**, place a number in the blank of **5 to 10 the categories** with which you struggle.

___ Alcohol	___ Jealousy
___ Abuse	___ Life (purpose, direction)
___ Adultery	___ Loneliness
___ Anger	___ Lust
___ Anxiety	___ Marriage
___ Apathy	___ Masturbation
___ Bitterness	___ Medical issue
___ Boss	___ Moody
___ Children	___ Obsessive/Perfectionism
___ Co-workers	___ Paranoid
___ Communication	___ Parenting
___ Conflict/Fights	___ Parents
___ Contentment	___ Patience
___ Controlling	___ Pessimism
___ Critical speech	___ PMS
___ Deception/Lying	___ Pornography
___ Decision making	___ Procrastination
___ Depression	___ Psychological illness
___ Divorce (prior, or thoughts of)	___ Rebellion
___ Driving (road rage, stress)	___ Respect
___ Doubts	___ Rude speech
___ Drugs	___ Same-sex attraction
___ Eating	___ Security of salvation
___ Envy/Jealousy	___ Selfishness
___ Entertainment	___ Self-control
___ Fear	___ Self-image
___ Finances/Budget	___ Self-injury (cutting, etc.)
___ Gaming	___ Sex
___ Gambling	___ Singleness
___ Gluttony	___ Sleep/Insomnia
___ Gossip	___ Spiritual life
___ Grief	___ Spouse
___ Guilt	___ Stress
___ Hate	___ Suicide (thoughts of)
___ Health	___ Time (wasting of)
___ Hopelessness	___ Vengefulness
___ Infidelity	___ Work
___ In-laws	___ Other (list below)

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1.What are your concerns (what brings you here)?

2. In as much detail as possible, give a **specific, real-life example** of what you are describing. Be sure to describe (1) what led up to the event, (2) what happened, (3) where it happened, (4) what was said, (5) how you (and others) responded, and (6) what happened in the end.

3.When did this problem start, and why?

4.What have you done about this problem?

5.What are your expectations from counseling?

6.Fill in the blank:

“Life would be ok and I would be happy if . . .”

“More than anything, I need . . .”

7. What sin do you struggle with the most and how do you handle it?

8. Is there any other information we should know?

9. Have you been completely truthful in this application, giving the full picture of what is happening? If not, please give additional information.

Session Homework Sheet Template: Page 2

Counselor Session Notes

Bible
Memory

Journaling

Church
Attendance

Prayer

Bible
Reading

Sermon
Notes

Date
Night

Sleep

Reading assessment:

Journaling observations:

How did you review themes of past counseling sessions?

Significant changes or challenges:

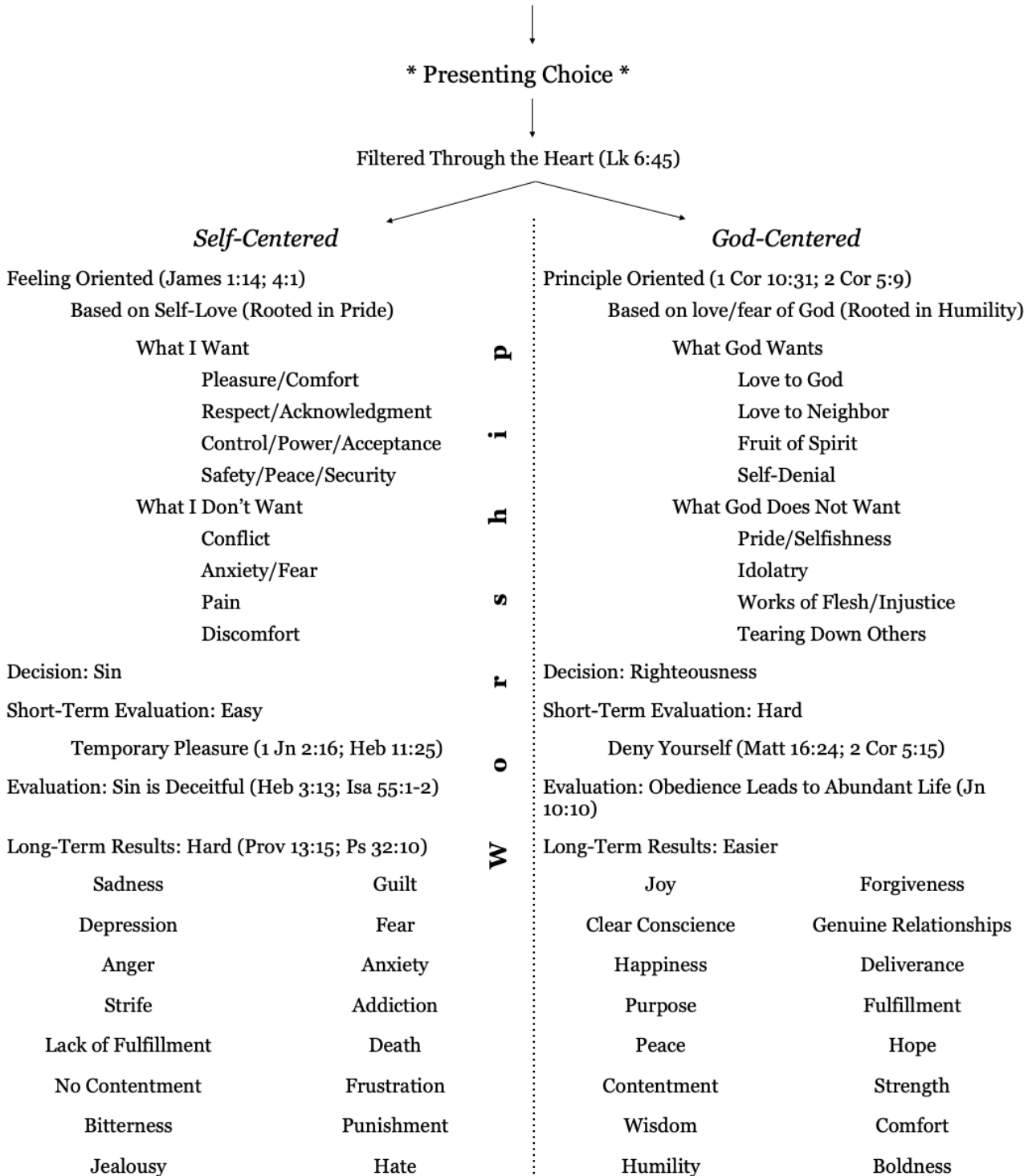
What heart patterns are there?

How did you give hope?

What are your goals for future sessions?

Two Paths Chart

Chronology of Two Paths: the Anatomy of a Choice



Journal Questions

*Be sure to answer *every* detail of *every* question. Also, you are to focus solely on *your* sin, not the sin of another*

Search me, O God, and know my heart! Try me and know my thoughts! And see if there be any grievous way in me, and lead me in the way everlasting. (Ps. 139:23–24)

Name: _____

Date of the event: _____ Time of the event: _____

(a) What happened? _____

(b) Where did it happen? _____

(c) What led up to it? _____

2. What are three *choices* you made that caused the act?

1. I chose _____

2. I chose _____

3. I chose _____

3. Using the Two Paths Chart, *specifically* identify your heart idols (pleasure, peace, control, respect, etc.)

4. As the foundation for love (putting others first, with no if/then conditions, and with joy), humility is the heart disposition to lower yourself in deference to another. Using this criteria, what are three ways you showed lack of humility or love?

1. _____

2. _____

3. _____

5. To show how God can use this event as an opportunity to make you more like Jesus, rate yourself on a scale of 0–10 concerning how you reflected the attitude of Christ (10 being the most Christ-like).

Love	Joy	Peace	Patience	Kindness	Goodness	Faithfulness	Gentleness	Self-Control
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6. How did your feelings affect your behavior? _____

7. How did your action make the other(s) feel? _____

8. Write out a complete Bible verse (with citation), and explain what the Bible says about your behavior.

9. If you were to relive this event, what are three *specific* things you would do differently in order to prevent this from happening again?

1. _____

2. _____

3. _____

10. Did you repent *and* make things right before God ___ and others ___? Write out your confession to the other person, including (a) what you did, (b) identifying the idol that caused the behavior, (c) recognizing the specific hurt you caused, (d) explaining what you will do next time, (e) asking for forgiveness, and (f) informing everyone who witnessed the event.

Prayer Journal

Weekdays

Daily

Sun.

Mon.

Tues.

Wed.

Thurs.

Fri.

Sat.

Session #7 Homework Sheet

Session 7
(16 November)

Marriage Roles

Review

Marriage

Ephesians 5:22–33

* God designed marriage for His glory by being a living picture of the covenant union and relationship between Jesus and His bride, the church. Representing Jesus, the Head of the church, the husband is to be the head of his wife. The husband is to love his wife as Christ loved the church by sacrificially giving himself for her, devoting himself to her purity, and by knowing, leading, providing, and protecting her. Representing the church, the Bride of Christ, the wife is to submit to the loving leadership of her husband as unto the Lord by honoring, respecting, and helping him with a gentle and quiet spirit.

Homework

Bible Memory:

Ephesians 5:22, 25. Prayerfully meditate on this during the week.

* Be prepared to recite these verses next week.

Reading

Riccucci, *Love that Lasts*

* “The Role of the Husband”—husband reads

* “The Role of the Wife”—wife reads

* Make ten highlights on statements that you think are important, meaningful, or challenging.

Spiritual Songs

Listen to “Find Us Faithful” on your playlist.

Next Meeting

November 23

Continue

- * Bible Reading (at least **three** chapters a day with one sentence chapter summaries).
 - * Have a goal of moving to four chapters a day so you can read the Bible in a year.
- * Journaling (be prepared to discuss every week)
- * Sleep habits (1000–0600)
- * Prayer Chart
- * Bible Memory Review
- * Church attendance
- * Date Night
- * Budget Maintenance
- * Sermon Notes
- * Mentor Couple

To foster new habits, it is best to work on these things daily, and not wait just prior to the next session.