



BIBLICAL COUNSELING MINISTRY

Thank you for expressing interest in counseling from the Heritage Biblical Counseling Ministry, a ministry of Heritage Baptist Church. Our goal in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His plans for your life. It is our prayer that we can be a help to you.

With this letter you will find several forms for you to fill out and return to us sealed in the envelope provided. Upon receiving your completed forms, we will finalize the details of an appointment with you. It is important that you answer all the questions on the "pink" sheet and the personal data information sheet.

Heritage Baptist Church Counseling Ministry is located on the premises of Heritage Baptist Church at 1000 Butcher Road, Waxahachie Texas.

Again, we look forward to ministering to you soon. Please send back the enclosed information as soon as possible.

If you have any other questions, you may call the counseling secretary at 972.938.1463.

Lord Bless,

Sam Bradley
Biblical Counseling Pastor

Enclosures

1000 Butcher Road ~Waxahachie, TX ~75165 ~ 972.938.1463

Consent To Counsel

Our Goal – Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love and His plans for your life.

Biblical Basis – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. None of the counselors or counselors-in-training are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

Not Professional Advice – Some of our counselors may work in professional fields outside the institution. When serving as counselors within this institution, however, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Therefore, if you have significant legal, financial, medical or other technical questions, you should seek the advice from an independent professional. Our counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

Confidentiality – Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share certain information with others: when a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor/counselor; when a counselee attends a church it may become necessary to talk with his or her pastor/counselor; when there is a clear indication that someone may be harmed unless others intervene; or when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others to encourage repentance and reconciliation (See Proverbs 15:22; 24:11; Matthew 18:15-20). Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflict – 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, we require all of our counsees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court having jurisdiction.

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 grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk to one of the counselors. If these guidelines are acceptable to you, please sign below.

Signed: _____

Date: _____

BIBLICAL COUNSELING CENTER

FINANCIAL POLICY

The counseling ministry at Heritage Baptist Church is a non-profit ministry. In no way do we solicit ministry for the purpose of gaining any financial support. Our desire is to offer the principles of God's Word free of charge to anyone the Lord directs to us. However, expenses are involved in this ministry and we encourage everyone ***who is able*** to donate a love offering in order to offset these expenses. A suggested donation to this ministry is a love offering of \$25 per session. However we will gladly receive whatever you feel you can honestly afford. Please know that our ministry to you will not depend on whether or not you can make a donation. Our ultimate goal in this counseling ministry is to help you through life's challenges for your good and for the glory of God!

Thank you for the opportunity to minister God's Word in your life.

Signed: _____ Date: _____

PERSONAL DATA INFORMATION

TODAYS DATE: _____

Name _____ Phone _____

Address _____

Occupation _____ Cell Phone _____

Sex _____ DOB _____ Age _____

Marital Status (circle one) Single Steady Dating Engaged Married Separated Divorced

Widowed Other _____

Education (last year completed): _____ (grade or degree)

Other training (list type and years, degrees, ect.)

Referred by _____

Address _____

HEALTH:

Rate your health (circle one): very good good average declining other _____

Your approximate weight ____ lbs. Weight recently lost ____ gained ____ Approx. Height ____

List all important present or past illnesses or injuries or handicaps:

Date of last medical examination: _____ Report: _____

Your Physician _____ Address _____

Are you presently taking medication? YES ____ NO ____ What? _____

Have you used drugs for other than medical purposes? YES ____ NO ____ What? _____

Have you ever suffered a severe emotional upset? YES ____ NO ____

Explain _____

Have you ever been arrested? YES ____ NO ____ Explain _____

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 _____

Membership (Name and Address) _____

Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood _____ Baptized? YES ____ NO ____

Do you consider yourself a religious person? YES ____ NO ____ Uncertain ____

Do you believe in God? YES ____ NO ____ Uncertain ____

Do you pray to God? Never ____ Occasionally ____ Often ____

Are you saved? YES ____ NO ____ Not sure what you mean ____

How often do you read your Bible: Never ____ Occasionally ____ Often ____

Do you have regular family devotions? YES ____ NO ____

Explain any recent changes in your religious life, if any _____

(OVER FOR OTHER SIDE)

PERSONALITY INFORMATION:

Have you ever had psychotherapy or counseling before? YES ____ NO ____

If yes, list the counselor or therapist and the dates with reason for such _____

What was the outcome? _____

Circle the words that 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 likeable leader quiet hard-headed submissive
self-conscious lonely sensitive Other _____

Have you ever felt people watching you? YES ____ NO ____

Do people's faces ever seem distorted? YES ____ NO ____

Do you ever have difficulty distinguishing faces? YES ____ NO ____

Do colors ever seem too bright? YES ____ NO ____

Are you sometimes unable to judge distances? YES ____ NO ____

Have you ever had hallucinations? YES ____ NO ____

Are you afraid of being in a car? YES ____ NO ____

Is your hearing exceptionally good? YES ____ NO ____

Do you have problems sleeping? YES ____ NO ____

Approximate hours of sleep a night _____

MARRIAGE AND FAMILY:

Name of spouse: _____ Address: _____

Phone _____ Occupation _____ Bus Phone _____

Spouse's Age _____ Education in years _____ Other special training _____

Is your spouse willing to come for counseling? YES ____ NO ____ NOT SURE ____

Have you ever been separated? YES ____ NO ____ When? _____ How long _____

Brief reason _____

Has either of you filed for divorce? YES ____ NO ____ When _____

Date of marriage _____ Your ages when you married: Husband ____ Wife ____

How long did you know your spouse before you married? _____

Length of steady dating _____ Length of Engagement _____

Give brief information about any previous marriages _____

Information about children: (Place a check mark beside name of child from previous marriage)

Name Age Sex Education in years Marital Status

(If deceased, please indicate)

If you were reared by anyone other than your own natural parents, briefly explain: _____

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem? (What brings you here? What is your greatest concern at this time?)
2. What have you done about it?
3. What do you want us to do for you? (What are your expectations coming here?)
4. Is there any information we should know? What do we need to know in order to help understand your present situation?