



## *Welcome \* Consent \* Commitment*

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Welcome to the biblical counseling ministry of Geist Community Church. Our goal in providing counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ. In doing this, God can enable you to fully enjoy His love and plans for your life.

We believe that the Bible provides comprehensive guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral or 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. 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 consider their counsel in light of relevant scriptural principles.

Confidentiality is vital to the counseling process and the information you entrust to us will be carefully guarded. There are four situations; however, when it may be necessary for us to share certain information with others: 1) When a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor, elder or biblical counselor; 2) When a counselee attends another church and it is necessary to talk with his/her pastors or elders; 3) When there is a clear indication that someone may be harmed unless others intervene; and 4) When a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (based on 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.

The counseling team provides their time, energy and spiritual gifts as a service to God and as a labor of love (1 Thessalonians 2:7-8; 1 Timothy 1:5). Our first session with you will last approximately 90 minutes; thereafter, each subsequent meeting will last about 60 minutes. The term of counseling should last no longer than twelve (12) weeks from the date of the first session without elder approval. While our ministry does not charge for counseling services, we ask for a fully refundable check deposit of \$25 made out to Geist Community Church. We may also need to charge for books, pamphlets or materials that are used during sessions. Counselees are not expected nor required to contribute to this ministry; however, voluntary contributions by you or your home church are appreciated.

Counselees are asked to give a 24 hour notice prior to cancelling an appointment. If there is a failure to cancel or give notice within the 24 hour timeframe (except for absolute emergencies), you agree that

your \$25 check will be considered a donation to the ministry. Should you wish to continue counseling, a new deposit check must be received before the next appointment can be scheduled. A failure to keep scheduled appointments puts your counseling case at risk for deactivation and your time slot possibly given to the next counselee on the wait list.

Should a conflict develop during the counseling process, we desire to resolve the conflict in a biblical manner. Therefore, we require all of our counselees to bring any grievance first to the counselor before speaking with another concerning the issue based on Matthew 18:15 and solve this dispute within the church according to the principles of Scripture and the authority of Geist Community Church.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ. We consider it a privilege to be used by God as He helps you grow in spiritual maturity and prepares you for usefulness in His body. By signing below you are acknowledging that you have read, understand and agree to all of the conditions in this document including the following:

- Be on time for appointments.
- Give 24 hours advance notice to cancel an appointment.
- Do the homework that is assigned.
- Bring a Bible, notepad, completed homework & resources needed.
- Allow additional persons to sit in on sessions for training and accountability purposes.
- Regularly attend Sunday worship at a bible believing church.
- Address any grievances first to the counselor before speaking with others.

If you have any questions, you may ask your counselor before signing this form or committing to the above expectations.

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Counselee's Signature

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Date

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Counselor's Signature

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Date

\*Please return these forms to Geist Community Church, 6697 West 900N, McCordsville, IN 46055 in a sealed envelope marked "confidential" attention to Living Hope. Any questions, contact Dawn Sylce at (317) 335-7500.

\*\*Please make childcare arrangements for your children as we have no child care provisions for them at this time. Thank you.

# Personal Data Inventory

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Education (last grade completed & include other training) \_\_\_\_\_

Marital Status \_\_\_\_\_ Referred by \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

## Habits and Health

Approx. how many hours of sleep do you get each night? \_\_\_\_\_ Describe any recent changes in sleep habits? \_\_\_\_\_

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State of Health: \_\_\_\_\_ Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining

Date of last medical eval: \_\_\_\_\_ Results: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Are you presently taking any medication? \_\_\_\_\_ If so, what (include dosage)? \_\_\_\_\_

What reasons do you take these medications? \_\_\_\_\_

Have you used drugs other than for medical purposes? \_\_\_\_\_ If so, when? \_\_\_\_\_

What drugs? \_\_\_\_\_

Frequency? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ How much? \_\_\_\_\_

How often? \_\_\_\_\_ Have you ever been arrested? \_\_\_\_\_

If so, for what? \_\_\_\_\_ Outcome? \_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_ Cause? \_\_\_\_\_

List all important present or past illnesses, injury or handicaps (include year) \_\_\_\_\_

Recent weight changes? \_\_\_\_\_ Amount Lost \_\_\_\_\_ Amount Gained \_\_\_\_\_

Please initial for consent to release medical records \_\_\_\_\_

## Spiritual Life

Denominational Preference: \_\_\_\_\_

Home Church & Address: \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Attendance (per month): \_\_\_\_\_ Are you a member? \_\_\_\_\_

How long? \_\_\_\_\_ Church attended in childhood? \_\_\_\_\_

What are you learning through the messages/bible studies at your church? \_\_\_\_\_

Please list your ministry involvement: \_\_\_\_\_

Have you been baptized? \_\_\_\_\_ When? \_\_\_\_\_

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

What do you pray about? \_\_\_\_\_

Have you come to a place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven? \_\_\_\_\_

Have you received Jesus Christ personally as your Savior? \_\_\_\_\_

If yes, how do you know that Jesus Christ is your Savior? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, what changes took place when you became a believer? \_\_\_\_\_

\_\_\_\_\_

If yes, have you told any family members about your becoming a believer? \_\_\_\_\_

If yes, who have you told? \_\_\_\_\_

Do you read the bible? \_\_\_\_\_ If so, how often? \_\_\_\_\_ Do you have personal

Devotions? \_\_\_\_\_ Do you have a family devotion time? If so, how often? \_\_\_\_\_

Explain any recent changes in your spiritual life: \_\_\_\_\_

\_\_\_\_\_

## **Marriage & Family**

Name of spouse \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse's age \_\_\_\_\_

Spouse's religion \_\_\_\_\_ Is your spouse willing to come in with you for

counseling? \_\_\_\_\_ Are you separated? \_\_\_\_\_ Since: \_\_\_\_\_

Has either of you filed for divorce? \_\_\_\_\_ when? \_\_\_\_\_ Who filed? \_\_\_\_\_

Date of marriage \_\_\_\_\_ Length of dating \_\_\_\_\_

Length of engagement \_\_\_\_\_ Give brief information about any previous

marriage(s) \_\_\_\_\_

\_\_\_\_\_

Children's Name(s)      Age      Gender      Living (y/n)      Education (yr completed)      Married?

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Place a star \* by the name of any child by a previous marriage

Family

If you were raised by anyone other than your birth parents, briefly explain: \_\_\_\_\_

\_\_\_\_\_

How many siblings do you have? \_\_\_\_\_

Name \_\_\_\_\_

Briefly answer the following questions:

1 – What is the main problem? What brings you here?

2 – What have you done about it?

3 – What can we do? What are your expectations in coming here?

4 – What led you to seek help now?

5 – What kind of person are you? Please describe yourself.

6 – What, if anything, do you fear?

7 - Is there any other information we should know?

8 – Appointment availability: \_\_\_\_\_

i.e.: anytime; evenings after 5:30 pm; afternoons on a particular day, etc.