



## Biblical Counseling, Christ-Centered Care Intake Form

### Personal Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gender at Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Education: Last Grade Completed: \_\_\_\_\_  
Referred By: \_\_\_\_\_

### The Basic Problem as You Understand It

*Briefly complete the following (please use additional paper if necessary):*

1. Please describe the current problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What have you done about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What do you expect in coming here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What led you to seek help now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is there any other information we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT SPIRITUAL LIFE**

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

May we contact your Pastor(s)? \_\_\_\_\_ **Please Initial** \_\_\_\_\_

Church Attendance: How many times a month do you attend church? \_\_\_\_\_

Are you currently a member of your church?  No  Yes

How long have you attended? \_\_\_\_\_ How long have you been a member? \_\_\_\_\_

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

\_\_\_\_\_

Please list ministry involmnet: \_\_\_\_\_

Have you been baptized?  No  Yes 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?  Yes  No  Uncertain

If yes, what is your basis for answering the above question? \_\_\_\_\_

\_\_\_\_\_

Have you received Jesus Christ personally as your Savior?

Yes -- When? \_\_\_\_\_  No  Uncertain  Don't know what you mean

**If yes, please answer questions 1-3:**

1. How do you know that Jesus Christ is your Savior? \_\_\_\_\_

2. What changes took place in your life when you became a believer? \_\_\_\_\_

3. Have you told household/family members about receiving Jesus as Savior?  Yes  No

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

Do you read the Bible?  Never  Occasionally  Often How often? \_\_\_\_\_

Do you have personal devotions?  Never  Occasionally  Often How often? \_\_\_\_\_

Describe your personal devotions: \_\_\_\_\_

Do you have family devotions?  Never  Occasionally  Often How often? \_\_\_\_\_

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

\_\_\_\_\_

# INFORMATION ABOUT PRIOR COUNSELING

Have you had counseling before? Yes No

Counselor Name (s)	Dates: To-From	Medication Prescribed	Outcome and Diagnosis
_____	_____	_____	_____
_____	_____	_____	_____

May we contact your counselor(s)? \_\_\_\_\_ Please initial: \_\_\_\_\_

## INFORMATION ABOUT PERSONAL HABITS AND HEALTH

Approximately how many hours of sleep to you get each night? \_\_\_\_\_

When do you normally: Go to bed? \_\_\_\_\_ Fall asleep? \_\_\_\_\_ Wake up? \_\_\_\_\_ Get out of bed? \_\_\_\_\_

If there is a length of time between going to bed and falling asleep, what do you do during that time? \_\_\_\_\_

If there is a length of time between waking up and getting out of bed, what do you do during that time? \_\_\_\_\_

Describe any recent changes in sleep habits? \_\_\_\_\_

State of health: Very Good Good Average Declining Other

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

Physician's Name: \_\_\_\_\_

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

Are you presently taking medications? No Yes

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

Dosage? \_\_\_\_\_

For what reason do you take this medication? \_\_\_\_\_

Have you used drugs for other than medical purposes? No Yes When? \_\_\_\_\_

What kind? \_\_\_\_\_

Amount/Dosages? \_\_\_\_\_

Do you drink alcoholic beverages? No Yes

How often? \_\_\_\_\_

How much? \_\_\_\_\_

Have you ever been arrested? No Yes

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

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

List all important present or past illnesses, injuries or handicaps: \_\_\_\_\_

Approximate weight: \_\_\_\_\_ Weight changes recently: Lost: \_\_\_\_\_ Gained: \_\_\_\_\_

Consent for release of Medical Records (*please initial here*) \_\_\_\_\_

**FAMILY INFORMATION**

Name of Father: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Name of Siblings (age): \_\_\_\_\_ (\_\_\_\_)

Name of Siblings (age): \_\_\_\_\_ (\_\_\_\_)

Name of Siblings (age): \_\_\_\_\_ (\_\_\_\_)

Name of Siblings (age): \_\_\_\_\_ (\_\_\_\_)

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Signature

Date

# Biblical Counseling Goals and Focus Form

## Individual Counseling

Your Name: \_\_\_\_\_

1. What are the main reasons that you want to meet with a biblical counselor? What are you facing that you would like help with?
  
2. Tell us more about the history of what you're facing:
  - a. How long has this issue existed? Were there any significant events occurring in your life/family's life when this issue began?
  
  - b. What pain or suffering has this issue brought into your life? What main emotions/feelings has all of this stirred up in your soul? How would things be different for you if the issue were remedied?
  
  - c. How has this issue impacted your relationship to Christ? What have you prayed to God about regarding this area of your life? What biblical principles have you sought to apply as you face this issue?
  
3. What are the top 2 or 3 areas in your heart, actions, attitude, and relationships that you want help changing so that your life can be even more Christlike and Christ-honoring as you face this issue?
  
4. Let's create an **Ephesians 3:14-21 vision** for your life (please read Ephesians 3:14-21).
  - a. Think ahead 3 months or 3 years. As God does exceedingly, abundantly above all that you could ask or imagine in your heart and in this situation, what **2 or 3 amazing changes are you envisioning, praying for, and hoping for?**
  
  - b. What needs to happen in your heart and life so that through Christ's strength these amazing changes could start occurring?
  
5. What else do you want us to know, think about, or focus on in our times together?

## PROBLEM CHECKLIST

- Abuse
- Addiction
- Adultery
- Anger
- Anorexia
- Anxiety
- Bitterness
- Bulimia
- Change in lifestyle
- Children
- Communication
- Conflict (fights)
- Cutting
- Deception
- Decision Making
- Depression
- Drunkenness
- Envy
- Fear
- Finances
- Grief
- Guilt
- Health
- Homosexuality
- Infertility
- In-laws
- Loneliness
- Lust/Pornography
- Memory
- Moodiness
- Perfectionism
- Rebellion
- Sex
- Sleep
- Unbiblical Habit
- Unresolved Past

## **Lifeway Baptist Church POLICY ON CONFIDENTIALITY**

Biblical counseling at Lifeway Baptist Church is considered a ministry. We use the Bible, the Holy Spirit, and prayer as resources. The Bible tells us in Proverbs 11:13 “A gossip betrays the confidence, but a trustworthy man keeps a secret.” James 4:11-12 says “Brothers do not slander one another. Anyone who speaks against his brother or judges him speaks against the law and judges it. When you judge the law, you are not keeping it, but sitting in judgement on it. There is only one Lawgiver and Judge, the One who is able to save and destroy. But you – who are you to judge your neighbor?”

In order to protect the confidentiality of counselees and their families and to avoid the sins of gossip, slander, and judgement of others, Lifeway Baptist Church has adopted the following policy on confidentiality.

All information disclosed by the counselee during the counseling session or in written documents and records will be held in confidence, except when given to authorized individuals in cases where there is a “need to know” as defined by compliance with state and federal laws and regulations, adherence to sound Biblical principles or with regard for the safety of that individual or others. This required reporting includes, but is not limited to the following circumstances:

- When a counselee is homicidal
- When a counselee is suicidal
- When a counselee is under 18 and is being sexually or physically abused
- When a counselee is 16 or under and the sexual partner is over 18
- When the counselee is under 14 regardless of the age of the sexual partner

In the before-mentioned circumstances and whenever possible, the counselee will be notified of the disclosure of information. Otherwise, information may not be revealed without written consent from the counselee.

When there is a need to report a situation of abuse, the counselor will inform the Senior Pastor immediately of the situation. If there is a legal responsibility for reporting the incident, the Pastor of Lifeway Baptist Church, or the person he designates will report the information to the appropriate legal authority along with any necessary documentation.

## **Consent to Biblical Counseling Lifeway 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 love for you and His plans for your life.

***Biblical Basis-*** We believe that the Bible provides thorough guidance and instruction for faith and life. (II Peter 1:3 and Romans 15:4) Therefore, our counseling is based only on scriptural principles rather than those of secular psychology or psychiatry. Although some of the pastoral or lay counselors of this church may be licensed in other fields, such as medicine or psychology, they will not practice as professionals but as Biblical counselors.

***Not Professional Advice-*** Some of our counselors work in professional fields outside the church. When serving as counselors within the church, 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 advice from another independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principle.

***Confidentiality-*** Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, because we are continually training others to be effective counselors, we ask that you agree to allow counselors in training to be present during your sessions. There are four other situations 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 or elder in this church; (2) when a counselee attends another church and it is necessary to talk with his or her pastor or elders; (3) when there is a clear indication that someone may be harmed unless we otherwise intervene; or (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 (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 Conflicts-*** On rare occasions a conflict may arise between counselor and counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with the counselor or with this church as a result of counseling will be settled with mediation within the church according to the principles of scripture and the authority of this local church.

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 questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

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