

# TRINITY BAPTIST CHURCH

1010 E. 126<sup>th</sup> Street, Carmel, IN 46033 tel: 317-846-1343

[www.tbccarmel.com](http://www.tbccarmel.com)

## COUNSELING AGREEMENT

If you are interested in receiving biblical counseling at TBC, please read and sign the following statement.

The biblical counselors at TBC are available to take a limited number of counseling cases. Our counselors (by design) are not certified by the state of IN; rather, they have received or are receiving extensive training in biblical counseling. Our primary counselors are certified by or are in the process of becoming certified by the Association of Certified Biblical Counselors (ACBC, formerly NANC: The National Association of Nouthetic Counselors).

If you seek counseling at TBC, we want you to know that **all counseling will be conducted in accordance with the counselor's understanding of the Scriptures**. Your counseling will be **biblical**, meaning that the Bible will be the authority in all cases. If you are not sure that you will be interested in biblically-based counseling, you may first attend one or two sessions to better understand what biblical counseling is like. If you are unwilling to use the Bible as the final authority or are unwilling to do the assigned homework, the sessions will be terminated.

**If you attend a church other than TBC, we encourage you to invite your pastor or another leader from your church to accompany you to the counseling sessions.** We recognize and respect the authority and discipline of your church. The attendance by your pastor or other leader will make the transfer back to the pastoral care of your church much easier. If you are not attending a church, or if your pastor or another leader from your church does not accompany you to the counseling sessions, or if your church is not structured or willing to provide the kind of counseling received at TBC, we will expect you to attend TBC every Sunday while you are in counseling here. Lasting change is more effectively realized when people also receive help from the church's ministry of preaching, teaching, and fellowship and when those ministries complement the help given in counseling.

Confidentiality is practiced in our counseling sessions; however, absolute confidentiality is not scriptural. In certain circumstances, the Bible requires that facts be disclosed to certain other people (Matthew 18:15ff). If your church leadership should inquire, we will disclose to them only the information that we believe is necessary for them to effectively and biblically fulfill their responsibility to shepherd you. If you have a problem with this procedure, please discuss your concerns and reasons for those concerns with your counselor.

At any time during the counseling, either the counselor or the counselee—for reasons sufficient to himself or herself—shall have the option of terminating the counseling.

TBC currently does not charge a fee for counseling. However, there are costs associated with maintaining this ministry. If you would like to express your appreciation and make a contribution, please make donations to Trinity Baptist Church, not to the counselor. Also, you may be required to purchase homework materials in the course of counseling.

Biblical counseling involves giving scriptural teaching and advice and making practical application to the counselee. **The counselee is held fully responsible for how he implements that counsel.**

Trinity Baptist Church is also committed to training biblical counselors. This means that one or two people may sit in the sessions with the counselor for training purposes.

We are confident that the Bible has all the information necessary for life and godliness (2 Peter 1:3). There are no problems between persons or in persons that the Bible fails to address either generally or specifically. Our counselors are not infallible, nor do they pretend to know all there is to know about biblical teaching and its application to life. But they are well-equipped and competent to help people change. They will make a point to differentiate between God's commands and their suggestions. Counselors will also honestly tell you if they are stymied and need to seek help. Please note that we do not give medical or legal advice.

If a conflict should arise between the counselee and the counselor, both parties agree to resolve the dispute outside the secular court system. Conciliation will be sought under submission to and at the direction of the elders of Trinity Baptist Church, Carmel, Indiana.

If you are willing to enter into this kind of counseling, please complete this form, sign below, and email this form and your completed Personal Data Inventory to Pastor Kurt Larson at [kurt@tbccarmel.com](mailto:kurt@tbccarmel.com)

I have read the conditions for counseling set forth in this document and agree to enter into counseling in accordance with them.

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

## PERSONAL DATA INVENTORY (PDI)

### IDENTIFICATION DATA:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Sex: M F  
Education: (last year completed) \_\_\_\_\_ Other training \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Separated: \_\_\_\_ Divorced: \_\_\_\_ Widowed: \_\_\_\_ Single: \_\_\_\_  
Going Steady: \_\_\_\_ Married: \_\_\_\_  
Referred here by: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email address: \_\_\_\_\_

### MEDICAL HISTORY:

Have you had any of the following physical problems? Please check:

Heart Problems \_\_\_\_ Liver Problems \_\_\_\_ Visual Problems \_\_\_\_ Sensory Distortion \_\_\_\_  
Weakness \_\_\_\_ Problems Walking \_\_\_\_ Unusual Hair Loss \_\_\_\_ Parkinson's Disease \_\_\_\_  
Blackouts \_\_\_\_ Amnesia \_\_\_\_ Impotence \_\_\_\_ Physical Change \_\_\_\_ Constant Hunger \_\_\_\_  
Food Cravings \_\_\_\_ Headaches \_\_\_\_ Dizziness \_\_\_\_ Stiff Neck \_\_\_\_ Bulimia \_\_\_\_ Anorexia \_\_\_\_  
Hallucinations \_\_\_\_ Changes in Sexual Drive \_\_\_\_ Seizures \_\_\_\_ Brain Tumor \_\_\_\_  
Multiple Sclerosis \_\_\_\_ Bowel/bladder \_\_\_\_ Nausea/Vomiting \_\_\_\_ Weight Change \_\_\_\_  
Personality Change \_\_\_\_ Déjà vu \_\_\_\_ Changes in Consciousness \_\_\_\_ Lung Problems \_\_\_\_  
Allergies \_\_\_\_ Cancer \_\_\_\_ High Blood \_\_\_\_ Pressure \_\_\_\_ Menstrual Irregularities \_\_\_\_  
Kidney Problems \_\_\_\_ Head Stroke \_\_\_\_ Injury/Concussion \_\_\_\_ Fatigue \_\_\_\_ Rashes \_\_\_\_  
Heat/Cold Sensitivity \_\_\_\_ Memory Problems \_\_\_\_ Episodic Disorientation \_\_\_\_ Pneumonia \_\_\_\_  
Speech Problems \_\_\_\_ Incoordination \_\_\_\_

Rate your health: Very Good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_ Declining \_\_\_\_ Other \_\_\_\_

Your approximate weight: \_\_\_\_ lbs. Recent weight changes: Lost \_\_\_\_ lbs. Gained \_\_\_\_ lbs.

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

\_\_\_\_\_  
List previous surgeries (those which required anesthesia)

List all prescription and over the counter medications: Include diet pills, laxatives, birth control pills, cold and allergy medicines, and aspirin.

What is your average daily caffeine consumption? Include coffee, tea, chocolate, stimulants, and caffeinated soft drinks.

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful?

Have you or others noticed any changes in your personality (anger, mood swings, irritability, withdrawal) thinking and memory, or work habits?

Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

Have you recently suffered loss from serious social, business, or other reversals? Yes \_\_\_ No \_\_\_

Have you recently suffered loss of someone who was close to you? Yes \_\_\_ No \_\_\_

### RELIGIOUS BACKGROUND

Denominational preference \_\_\_\_\_ Name of Church \_\_\_\_\_

Are you a member? Yes \_\_\_ No \_\_\_

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

Church attended in childhood \_\_\_\_\_ Were you baptized? Yes \_\_\_ No \_\_\_

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

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 much do you read the Bible? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_

Do you have regular family devotions? Yes \_\_\_ No \_\_\_

Have there been any changes in your religious life, explain: \_\_\_\_\_

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond? \_\_\_\_\_

### PERSONALITY INFORMATION

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

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

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

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 hard-boiled submissive self-conscious lonely sensitive. Add at least two  
more \_\_\_\_\_

Have you ever felt people watching you? Yes \_\_\_ No \_\_\_

Do people's faces ever seem distorted? Yes \_\_\_ No \_\_\_

Do colors ever seem too bright? Yes \_\_\_ No \_\_\_

Are you sometimes unable to judge distance? 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 \_\_\_

Indicate which might have applied during your childhood and/or adolescence:

School problems \_\_\_ Family problems \_\_\_ Medical problems \_\_\_

Drug/alcohol abuse problems \_\_\_ Social problems \_\_\_ Legal problems \_\_\_

Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MARRIAGE AND FAMILY INFORMATION:

Name of Spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Spouse's age: \_\_\_\_\_ Education (yrs.) \_\_\_\_\_ Religion: \_\_\_\_\_

Is spouse willing to come for counseling? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ When? From \_\_\_\_\_ to \_\_\_\_\_

Have either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating with spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information about children (PM=Children from previous marriages)

PM	Name	Age	Sex	Living Y/N	Education	Marital Status	Living with you
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ If you were reared by anyone other than your parents, explain  
\_\_\_\_\_  
\_\_\_\_\_

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

### OCCUPATIONAL HISTORY

What jobs have you held in the past? \_\_\_\_\_  
\_\_\_\_\_

Does your present work satisfy you? If not, please explain: \_\_\_\_\_  
\_\_\_\_\_

Present annual income \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. What is the main problem as you see it? (What brings you here) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did it start? Please specify a date if possible: \_\_\_\_\_  
\_\_\_\_\_

Please describe any significant events occurring at that time. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have you done about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you want us to do about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. As you see yourself, what kind of person are you? (describe yourself) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is there any other information we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What, if anything, do you fear? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_