

TRINITY BAPTIST CHURCH
1010 E. 126th Street, Carmel, IN 46033 tel: 317-846-1343
www.tbccarmel.com

COUNSELING AGREEMENT

If you are interested in receiving biblical counseling at Trinity Baptist Church, 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 through affiliates of ACBC, the Association of Certified Biblical Counselors (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 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, IN.

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 Chad Knudson at chad@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

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: () _____ - _____

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, 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? _____
