



Saving Grace Bible Church
Pastoral Offices and TES Seminary
211 South Keystone Rd.
Venice, FL 34292
(941) 474-1905

CONSENT TO BIBLICAL COUNSEL/DISCIPLESHP

On the date set forth below, it is agreed that _____ (“Counselor”) will provide biblical counseling services to _____ (“Counselee”) on the following terms and conditions:

Biblical Counseling: This is a ministry of the Gospel of Jesus Christ and is part of Counselor’s practice of religion. Counselee has indicated that Counselee is a Christian and is voluntarily seeking religious guidance (biblical counseling) from Counselor, as a part of Counselee’s practice of religion. The goal of biblical counseling is to help Christians become more like Jesus Christ in attitude, thought, and action. Counselor’s goal in providing counseling is to help Counselee live life in a God-honoring way. This includes, but is not limited to, providing biblical counsel to assist in meeting the challenges of life, shedding the sin that so easily entangles, learning to develop, cultivate, and live in relationships that please God, giving thanks to God in all circumstances, living in a community of other believers through participation in a local church, and learning to rely on the Holy Spirit for direction as Counselee seeks to know God through the Bible. Although the biblical advice Counselor provides is intended to be practical, it is entirely Counselee’s decision how to (and whether to) implement that advice. Counselor wants to help Counselee love God and love others through this process.

Biblical Basis: Counselor believes that the Bible provides sufficient guidance and instruction for faith and life. Therefore, counseling is based on biblical principles rather than those of secular psychology or psychiatry. Counselor is not licensed or certified as a psychotherapist, psychologist, psychiatrist, mental health professional, marriage and family therapist, or social worker, and is not acting in such capacities. If Counselee is unwilling to use the Bible as the final authority in counseling or is unwilling to do the homework assigned, Counselee should not proceed with this counseling.

Professional Advice: Counselor is not providing legal, tax, financial, medical, or other technical or professional advice and Counselor undertakes no duty to recognize or opine when such advice is actually needed, and the parties further agree that no fiduciary or professional client relationship is being created between Counselor and Counselee as a result of this relationship. While the counselee may provide remuneration for the ministerial services provided pursuant to this agreement, such remuneration does not change this relationship from a religious to a "professional" or "fiduciary" relationship.

Confidentiality: Confidentiality is conditional. Although confidentiality is often one aspect of the counseling process and Counselor intends to guard the information received from Counselee, there are a number of situations when it may be necessary or prudent (as determined in Counselor’s sole discretion) for Counselor to share information with others. Counselee agrees that Counselor may share information in at least the following circumstances:

- When Counselor is uncertain how to address a problem and needs to seek the advice from a pastor, supervising counselor, or educator. (Proverbs 11:14; 24:6).

- When there is concern that someone is being or may be harmed unless other persons or protective services intervene (Romans 13:1-7).
- When Counselee expresses clear and specific suicidal intent, Counselor may take reasonable measures for the safety of Counselee. Reasonable measures may include notifying police if the Counselee will not cooperate to involve him or herself in a watch-care program or facility.
- If Counselor has reasonable cause to believe that an adult is in need of protective services, Counselor may take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of a threat or intent and/or informing the appropriate protective and/or law enforcement agencies.
- If there is a claim of, the observance of, or clear reasonable cause to suspect the physical or sexual abuse of a child with whom Counselor comes into contact or who is associated with someone to whom Counselor is in contact with, reasonable measures may be taken to ensure the child's protection and/or to fulfill the legal mandate to report such harm to the appropriate governmental protection agencies.
- When Counselor becomes aware of any other criminal activity Counselee is engaged in and Counselee refuses to bring to the appropriate biblical and/or legal authorities.
- When counseling someone who is under familial authority (e.g. wife to husband, child to parent) and if deemed safe by Counselor, Counselor may encourage Counselee to inform Counselee's familial authority of critical issues and/or Counselor may inform the familial authority (Ephesians 5:22-6:4).
- When a person refuses to renounce a particular sin and/or refuses to confess it to those impacted, Counselor may in Counselor's discretion, seek the assistance of a trusted member or leader of any involved church to encourage repentance and/or reconciliation (Proverbs 15:22, 24:11; Matthew 18:15-20).
- When Counselor deems it appropriate or necessary to discuss information with a training observer or an assisting advocate who is involved or observing counseling.
- When Counselee makes a complaint against Counselor, an ACBC counselor, or a counseling center or other related organization, it is agreed that the dispute will be handled biblically, outside the court, and may involve sharing information with an assisting local Church Shepherd and/or the appropriate person(s) within the ACBC organization for complaint resolution purposes.

Please be assured that our counselors strongly prefer not to disclose your personal information to others (if not needed), and they will make every effort to help you find ways to resolve a problem as privately as possible.

Liability: It is intended that the Holy Scriptures (the Bible) shall be the authority governing the counseling process, and that God's glory is the ultimate goal. However, failure of Counselor to interpret or apply the Bible in any particular way shall not subject the Counselor to liability or give rise to complaint by anyone. There shall be no legal or other liability that attaches to Counselor or any related institution or person for any advice, methods, conduct, or any act or omission related in any way to the service that is provided, and Counselee acknowledges that Counselee is voluntarily seeking this counsel (free from coercion, duress, or pressure) with a full understanding of the nature, purpose, and effect of this agreement.

Termination: At any time and for any reason, Counselor or Counselee may terminate counseling. However, termination will not preclude Counselor from making the disclosures set forth above if deemed appropriate by Counselor, or if compelled by other legal means. Counselor is not required to keep records, but if records are made, Counselor may destroy any such records without incurring liability.

Resolution of Conflicts: On rare occasions, a conflict may develop between a Counselor and a Couselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner (the Bible prohibits lawsuits in court among believers; 1 Cor. 6:1-8), the parties agree that if a conflict arises, the conflict will be resolved according to the ACBC dispute resolution proceedings, which are then operative. That conflict resolution policy may be found at <https://biblicalcounseling.com/acbc-member-complaint-case-policy/>.

BY SIGNING THIS DOCUMENT, YOU ARE IRREVOCABLY WAIVING ANY RIGHT THAT YOU MIGHT HAVE TO A TRIAL BY JURY OR JUDGE IN A JUDICIAL PROCEEDING.

If any provision of this agreement shall be held invalid, illegal, or unenforceable, only that provision shall be stricken and the remainder of the agreement shall be in no way affected. By signing below, the parties agree to the terms and conditions set forth in this document and acknowledge that Counselor would not enter into this counseling relationship without each term set forth above.

All of the above is understood and agreed:

[PRINT NAME] _____ Dated: _____
[SIGNATURE] _____



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2550 Englewood Rd.
Englewood, FL 34223
(941) 474-1905

Please answer to the best of your ability. Any question you feel uncomfortable answering, you can leave blank and discuss with your counselor.

1. Name _____ 2. Phone _____ Cell _____

3. Email address: _____

4. Address _____

City _____ State _____ Zip _____

5. Occupation: _____ Employer: _____

7. Birth Date: _____ 8. Sex: Male Female 9. Age: _____

10. Marital Status: Single Engaged Married Separated Divorced Remarried Widow

11. Education: Elementary High School GED College Graduate Degree: _____

12. Other Training (List type and years): _____

13. Hobbies: _____

14. Referred to us by: _____ Relationship: _____

15. If you were raised by anyone other than your own parents, briefly explain: _____

16. How many siblings do you have? Older brothers: ___ Sisters: ___ Younger brothers: ___ Sisters: ___

Marriage Information:

17. Name of Spouse: _____ Address: _____

Occupation: _____ Phone: _____ Age: _____

Business Phone: _____ Religion: _____ Education: _____

18. Does your spouse know you are coming for counseling? Yes No

19. Is your spouse willing to come to counseling? Yes No Uncertain

20. Have you ever been separated? Yes No When? From: _____ Till: _____

21. Your ages when married: Husband: _____ Wife: _____ Wedding Date: _____

22. How long did you know your spouse before marriage? _____

23. Length of steady dating with spouse: _____ Length of engagement: _____

24. Give brief information about any previous marriages: _____

Children Information:

25. List the information about your children below :

*(PM)	NAME	BIRTHDATE	SEX	LIVING ? yes/no	EDUCATION	MARITAL STATUS
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*Check this column if child is by previous marriage

History Information:

26. Have you dealt with severe emotional struggles in your past? Yes No

27. Have you ever had any therapy or counseling before? Yes No

If yes, list counselor or therapist and dates:

What was the result of your counseling?

28. Check off any of the following words which best describe you now:

- | | | | | |
|---|-----------------------------------|---------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> self confident | <input type="checkbox"/> anxious | <input type="checkbox"/> moody | <input type="checkbox"/> often sad | <input type="checkbox"/> impulsive |
| <input type="checkbox"/> excitable | <input type="checkbox"/> calm | <input type="checkbox"/> shy | <input type="checkbox"/> fearful | <input type="checkbox"/> introvert |
| <input type="checkbox"/> extrovert | <input type="checkbox"/> likeable | <input type="checkbox"/> lonely | <input type="checkbox"/> bitter | <input type="checkbox"/> angry |

29. List fears you have:

30. Have you ever been arrested? Yes No Reason: _____

Health Information

32. Rate your health: Very Good Good Average Declining Other _____

33. Approximately how much sleep do you get each night? _____

34. When do you go to sleep at night? _____ When do you get up? _____

35. Your approximate: Weight ____ Height ____ 36. Weight changes recent Lost ____ Gained ____

37. Do you have any chronic medical conditions? –List and Describe below:

38. When is the last time that you have been seen by a doctor for a physical? _____

39. Are you presently taking prescription medications? Yes No

Please list: _____

39. How much alcohol do you consume? Daily Weekly Occasionally Very little or never

40. In the past five years, have you used illegal or excessive prescription drugs? Yes No Not sure

Religious Background

41. Church attended in childhood (if any): _____ City: _____

42. What church do you now attend (if any)? _____ City: _____

43. What is the number of church activities you attend per month? (circle)

0 1 2 3 4 5 6 7 8 9 10 10+

44. Do you desire for us to contact your pastor for background information? Yes No

45. Do you believe in God? Yes No Uncertain

46. Do you pray to God? Yes No Occasionally

47. Are you a Christian? Yes No Uncertain

48. Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? Yes No Not Sure

49. How often do you read the Bible? Often Occasionally Never

50. Does your family regularly read the Bible and pray together? Often Occasionally Never

51. Religious background of spouse: _____

52. If you died today and God asked you "Why should I let you into my heaven?" What would you say?

53. Explain any recent changes in your religious/spiritual life, if any:

Briefly answer the following questions that help us understand your situation better

1. How do you describe the issues with which you are struggling?

2. What have you tried to do about it?

3. How do you hope counseling might help? (What are your expectations in coming here?)

4. What brings you here at this time? (Did any recent event cause you to schedule the appointment now?)

5. Is there any other information you think we should know to help you?
