

**Consent to Biblical Counseling**  
*Granbury Biblical Counseling Ministries, LLC*  
*A Ministry of Grace Bible Church*

**Our Goal-** 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 this ministry. When serving as counselors within this ministry, 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.

**Childcare -** Unfortunately, at this time we cannot provide childcare while you attend your counseling session. If you have children who are not involved in the counseling session itself, please do not bring them with you to your session.

**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.

**Fees-** Our counseling is free of charge as a service to our community. However, our cancellation policy requires that you cancel a scheduled appointment no less than 24 hours prior to your appointment time. Failure to cancel an appointment within this timeframe may result in forfeiting your allotted time slot. Since our ministry regularly has a waiting list, it could be some time before your preferred time slot becomes available.

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 church. If you have any questions about these guidelines, please contact our office at 682-498-3019. If these guidelines are acceptable to you, please sign below.

**Printed Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Personal Data Inventory

## IDENTIFICATION DATA:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Do you check your email frequently? Yes No  
Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_ Sex \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_  
Education: (last year completed) \_\_\_\_\_ Other training: \_\_\_\_\_

Counseling is offered Mon – Friday depending on counselor availability, please indicate the time of day you are available: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Anytime \_\_\_ Morning Only \_\_\_ Afternoon Only \_\_\_ Evening Only \_\_\_

Referred here by: \_\_\_\_\_

## HEALTH INFORMATION:

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: \_\_\_\_\_  
Date of last Medical Examination: \_\_\_\_\_ Report: \_\_\_\_\_

Your Physician: \_\_\_\_\_ Address \_\_\_\_\_  
Are you currently taking medication: Yes \_\_\_ No \_\_\_ If so, What? \_\_\_\_\_  
Have you used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_  
Which drugs? \_\_\_\_\_  
Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_  
Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? Yes \_\_\_ No \_\_\_

## RELIGIOUS BACKGROUND:

Denominational preference: \_\_\_\_\_ Church \_\_\_\_\_ 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 frequently do you read the Bible? Never Occasionally Often  
Do you have regular family devotions? Yes No  
Explain recent changes in your religious life, if any: \_\_\_\_\_

## PERSONALITY INFORMATION:

Have you ever had psychotherapy or counseling before? Yes \_\_\_ No \_\_\_  
If yes, list counselor and dates: \_\_\_\_\_  
What was the outcome? \_\_\_\_\_

**CHECK ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW:**

active	self-confident	moody	likeable	good-natured	leader	self-conscious
ambitious	hardworking	often-blue	serious	easy-going	quiet	hard-boiled
nervous	impatient	excitable	introvert	extrovert	lonely	sensitive
persistent	impulsive	imaginative	shy	submissive	calm	

other: \_\_\_\_\_

**MARRIAGE AND FAMILY INFORMATION:**

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

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Business 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 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* (check)	Name	Age	Sex (M/F)	Living Y/N	Education (in years)	Marital Status

\*Check PM column if child is by previous marriage

If you were reared by anyone other than your own parents,

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

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

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

How did you hear about our ministry?

**PLEASE ANSWER THE FOLLOWING QUESTIONS.**

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

2. What have you done about it?

3. How can we help you? (what are you hoping this counseling will accomplish?)

4. Is there any other information we should know?