



## **Biblical Counseling** **Counseling Application**

**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.

We're glad that you're taking this important step to seek godly counsel. Jesus promises us, "Come to me, all who are weary and heavy-laden, and I will give you rest" (Matthew 11:28). No matter what your situation, this is a time in your life that the God of all creation knows and understands completely and therefore, there is great hope! This form is helpful for us to start getting to know you and your situation, as well as to communicate these first important points which explain some of our perspectives and convictions which we believe are honoring to God and the best way we can truly be of help to you.

**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 solely on scriptural principles rather than those of secular psychology or psychiatry. In order to support this conviction, we ask that all of those we counsel to be regular attendees to our Sunday morning worship services, as well as a weekly Journey group. These are vital components to your growth in the Lord, and we would be glad to help you find a group that is most suitable to you.

**Not Professional Advice-** Although some of the pastoral counselors of this church may be licensed in other fields, such as medicine or psychology, they do not practice as professional doctors, psychologists or psychiatrists in their role as Open Bible Baptist Church Counselors. In this role, 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 independent professionals not associated with Open Bible Baptist Church. Our pastoral counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant biblical principles. By signing this "Consent to Biblical Counseling" you agree to hold Open Bible Baptist Church harmless in any and all matters associated with the biblical advice you have received.

**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 *the possibility* of counselors in training to be present during your sessions. So as to bring as much understanding and grace to your counseling, your counselor, and Small Group Leader. Also, 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 in this church; (2) when a counselee attends another church and it is necessary to talk with his or her pastor; (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. If these guidelines are acceptable to you, please sign below.

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

*This form must be completed in full before the counselor is assigned. We will do our best to assign a counselor to you within 2 weeks.*

This form will enable us to gain a quicker understanding of you and it will become a part of your confidential file. Please answer each question as completely as possible. If you are a couple, please fill out two forms, one for each person.

## CONTACT INFORMATION

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

Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## HEALTH INFORMATION

Rate your health (check): Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_\_\_

Have there been any weight changes recently (+/—): \_\_\_\_\_

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

\_\_\_\_\_

Are you presently taking any medication: Yes \_\_\_ No \_\_\_ If so, what? \_\_\_\_\_

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

If so, please explain:

\_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_

If so, please explain:

\_\_\_\_\_

## CURRENT OR PRIOR COUSELING/PSYCOLOGICAL CARE

Are you currently receiving or have you ever received any type of counseling, psychotherapy, phychaitric care or addiction recovery help. If yes, please indicate:

From whom?	When?	For What Reason?	Results

Have you ever attempted suicide? If so, when? \_\_\_\_\_

Have you ever been hospitalized for a mental, emotional or addiction Issue? If yes please indicate:

Date	When?	For What Reason?	Results

### **Concerns Checklist:** (Check all that currently or recently apply to you)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anger / frustration         | <input type="checkbox"/> Intrusive thoughts            | <input type="checkbox"/> Employment problems       |
| <input type="checkbox"/> Fearfulness                 | <input type="checkbox"/> Unsure of salvation           | <input type="checkbox"/> Conflicts with co-workers |
| <input type="checkbox"/> Prolonged sadness           | <input type="checkbox"/> Spiritual concerns/confusion  | <input type="checkbox"/> Withdrawing from others   |
| <input type="checkbox"/> Depression                  | <input type="checkbox"/> Distance from God             | <input type="checkbox"/> Social/relational stress  |
| <input type="checkbox"/> Confusion                   | <input type="checkbox"/> Gambling problem              | <input type="checkbox"/> Explosive anger           |
| <input type="checkbox"/> Loneliness                  | <input type="checkbox"/> Pornography use               | <input type="checkbox"/> Family tension            |
| <input type="checkbox"/> Hopelessness                | <input type="checkbox"/> Past abuse: physical/sexual   | <input type="checkbox"/> Family / marital violence |
| <input type="checkbox"/> Anxiousness                 | <input type="checkbox"/> Past abuse: emotional/neglect | <input type="checkbox"/> Parenting struggles       |
| <input type="checkbox"/> Guilt over the past         | <input type="checkbox"/> Sexual concerns               | <input type="checkbox"/> Marital difficulties      |
| <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Physical problems             | <input type="checkbox"/> Alcohol use/abuse         |
| <input type="checkbox"/> Financial problems          | <input type="checkbox"/> Substance use/abuse           | <input type="checkbox"/> Other (specify)           |

## LEGAL ISSUES

Are you currently involved in, or anticipate being involved in any litigation or legal action? If yes please explain:

Has counseling been recommended or ordered for you by an attorney, police, court, probation, or parole system? If so please explain:

Are you willing to sign a release so that your counselor may write for social, psychiatric, or medical reports?

Yes\_\_\_\_ No \_\_\_\_

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

If so, when? \_\_\_\_\_

Please explain:

\_\_\_\_\_

## MARRIAGE AND CHILDREN (If Applicable)

Name of Spouse \_\_\_\_\_

Occupation \_\_\_\_\_

Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Spouse's age \_\_\_\_\_ Education (last grade or degree completed) \_\_\_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: You \_\_\_\_\_ Spouse \_\_\_\_\_

Would your spouse be willing to come for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Religious background of spouse: \_\_\_\_\_

Have you ever been separated? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

Have either of you ever filed for divorce? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

Give brief information about any previous marriages:

\_\_\_\_\_

Do you have any children?

Name	Age	Gender	From a Previous Marriage?

## RELIGIOUS BACKGROUND

What church are you a member of? \_\_\_\_\_

Church Currently Attending: \_\_\_\_\_

How often do you attend per month? (circle) 0 1 2 3 4 +

Which Small Group do you participate in? \_\_\_\_\_

What church did you attend as a child? \_\_\_\_\_

Do you consider yourself a religious person? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you believe Satan exists? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Have you ever "dabbled" with the "Occult" (Séances, devil worship, witchcraft, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pray to God? Yes \_\_\_\_\_ No \_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_

Would you say you are a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Or would you say you are still in the process of becoming Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Explain recent changes in your religious life, if any

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## PLEASE ANSWER THE FOLLOWING QUESTIONS: (Be as detailed as possible)

1. WHY ARE YOU SEEKING COUNSELING? WHAT IS THE PROBLEM AS YOU SEE IT?

2. WHAT HAVE YOU TRIED TO DO ALREADY TO RESOLVE THE PROBLEM?

3. WHAT ARE YOUR EXPECTATIONS IN COMING HERE? WHAT ARE YOUR GOALS IN COUNSELING?

7. IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW THAT YOU HAVE NOT WRITTEN ABOUT ON THIS FORM?

I declare that this information is accurate and complete.

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Signature

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