

## **Consent to Counseling**

### **East Shore Biblical Counseling Ministries, LLC**

**Our Goal-**Our goal in providing Christ-centered, biblically-focused 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). Therefore, our counseling is based on biblical principles rather than those of secular psychology or psychiatry.

**Not “Licensed” Professional Advice-** If you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our ministry staff and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant biblical principles. That will equip and refine your response in all circumstances and situations (Phil. 4:4).

**Confidentiality-** Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are five situations, however, when it may be necessary for us to share certain information with others:

1. We see East Shore Biblical Counseling Ministries, LLC as a training facility for lay biblical counselors. With that in mind, more often than not, you will have observers in your counseling sessions. Those serving in that capacity are there for training purposes only and will not be involved in the active counseling session. They will be required to keep all information confidential and discuss only those things necessary for training with the training counselor.
2. In discussions with the pastor of your local church, physician, previous counselor and/or your advocate for the sole purpose of gaining information for your care or to help in follow up and after care.
3. When a counselor is uncertain of how to address a particular problem and needs to seek advice and wisdom from other ESBC staff members or lay counselors. We will make every effort to be sensitive to your situation.
4. When there is a clear indication that someone may be harmed unless others intervene.
5. When a person persistently refuses to renounce a particular sin and it becomes necessary to seek 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 we will help you find ways to resolve a problem as privately as possible.

**Resolution of Conflicts-** On rare occasions, a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counsees to agree that any dispute that arises with the counselor or with East Shore Biblical Counseling Ministries, LLC as a result of counseling will be settled by mediation from a third party; our Pastoral staff and Deacon body, and/or leadership from your church. We will make every effort to resolve conflict in a manner that is in line with biblical principles and under the authority of the 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 an East Shore Biblical Counseling Ministries, LLC staff member or lay counselor. If these guidelines are acceptable to you, please sign below.

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

East Shore Biblical Counseling Ministries, LLC  
6721 Jonestown Road  
Harrisburg, Pa 17112  
Phone (717) 657-0614

I understand that the counseling I receive at East Shore Biblical Counseling Ministries, LLC will be based on the counselor's understanding of the Bible.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Personal Data Inventory

Identification Data:

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Sex \_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_ Height \_\_\_\_\_

Marital Status: Single \_\_\_\_ Dating \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Education (last year completed): \_\_\_\_\_ grade \_\_\_\_\_ Other training (list type and years): \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Information:

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

Your approximate weight \_\_\_\_\_ lbs. Weight changes recently: Lost: \_\_\_\_\_ Gained: \_\_\_\_\_

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

\_\_\_\_\_

Date of last medical examination \_\_\_\_\_ Report: \_\_\_\_\_

Your physician \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_\_ No \_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

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

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: \_\_\_\_\_ Member \_\_\_\_\_

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

Church attended in childhood: \_\_\_\_\_ 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 \_\_\_\_\_

Explain recent changes in your religious life, if any \_\_\_\_\_

#### PERSONALITY INFORMATION:

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

If yes, list counselor or therapist 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 likeable leader quiet hard-boiled submissive self-conscious lonely sensitive other \_\_\_\_\_

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

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

Do you ever have difficulty distinguishing faces? Yes \_\_\_\_\_ No \_\_\_\_\_

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

#### MARRIAGE & FAMILY INFORMATION:

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Your Spouses' age \_\_\_\_\_ Education in years \_\_\_\_\_ Religion \_\_\_\_\_

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

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

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

Date of marriage \_\_\_\_\_ Your 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	Name	Age	Sex	Living? Yes/No	Education (in years)	Marital Status
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Check this column if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain: \_\_\_\_\_

\_\_\_\_\_

How many older siblings do you have? Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

How many younger siblings do you have? Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

## BASIC SUMMARY

Name \_\_\_\_\_

Briefly 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. What can we do? What are your expectations in coming here?
4. As you see yourself, what kind of person are you? Describe yourself.
5. Is there any other information we should know?