

Friendswood Baptist Church
7901 S Kentucky Avenue
Camby, IN 46113
(317) 856-4817

Thank you for contacting Friendswood Baptist Church! We look forward to helping you with your problems using God's Word. In order to be as clear as possible about the counseling and the process used at Friendswood Baptist Church, please read the following information. ***Indicate your agreement to it by putting your signature and the date at the bottom of this sheet. This signed form must accompany your personal information forms before we can schedule an appointment with you.***

What is biblical counseling?

Biblical counseling involves understanding the problems of living in a fallen world – and their solutions – from a biblical perspective. The Bible is used both to define the problems and to develop methods for solving these problems. The counselors at Friendswood Baptist Church have received formal training in biblical counseling. They are not licensed psychologists, but rather pastoral counselors. Some are certified by the Association of Certified Biblical Counselors, a national organization devoted to insuring the quality of counseling offered by its members. As previously stated in the above paragraph, ***this form must be signed and accompany your personal information forms before we can schedule an appointment with you.***

Are counseling sessions kept confidential?

The Bible clearly says that gossip is wrong. Therefore, the counselors at Friendswood Baptist Church will not release information about particular counselees except in the few situations required by the Bible or the laws of our state. Those situations are: 1) when someone is in danger of being harmed 2) when a child is physically or sexually abused or 3) when someone persistently refuses to stop a sinful pattern, and it is necessary to seek assistance from his/her church to encourage proper change (see Matthew 18: 15-20 and Romans 13: 1-7); if your pastor calls to inquire if you are counseling.

What are the fees for counseling at Friendswood Baptist Church?

The biblical counselors at Friendswood Baptist Church provide their time, energy, and spiritual gifts as a service to God and as a labor of love (I Thessalonians 2:7-8; I Timothy 1:5). Friendswood Baptist Church does not charge for counseling services. The ministry accepts donations that are used to accomplish the ministry's mission. Counselees are not required to contribute to Friendswood Baptist Church, however voluntary contributions given to the ministry are appreciated.

What if I miss an appointment?

Counselees are asked to cancel appointments at least 24 hours prior to the appointment. This gives others the opportunity to use the canceled time slot. If no cancellation is made, or less than 24 hours notice is received, except for absolute emergencies, you will risk your counseling case being inactivated and your time slot will be given to the next case on our waiting list.

What if I have a dispute with my counselor at Friendswood Baptist Church?

If you have a dispute with your counselor at Friendswood Baptist Church, the procedure for addressing your concerns are as follows: First, speaking the truth in love, go to the counselor, as Scripture requires. If reconciliation cannot be accomplished, contact the pastor in writing, explaining your concern. They in turn will contact you regarding your dispute at their earliest convenience. Finally, if necessary, we would be pleased to meet with your pastor provided the above is pursued.

Why are there so many questions?

Our counselors spend a lot of time praying and preparing for your session before they even meet with you the first time. The more information they have up front, the better they are able to prepare for your first session, and bring materials that would be beneficial to dealing with your situation. (Proverbs 18:13)

I affirm the accuracy of the personal information provided herein, have read the information and agree to the conditions set forth therein. I hereby agree to the following conditions:

1. I am committed to seeking new insights into a personal, love relationship with Jesus Christ, which may involve new understandings from God’s Word, and to pursuing a transformed life that reflects God’s grace as revealed in His Word.
2. I will fulfill the weekly assignments or the session might be cancelled.
3. I will consistently attend a Bible-believing church each Sunday while I am in counseling.
4. I will keep the appointment time, or will call to cancel 24 hours in advance.
5. I agree to hold any counselor with Friendswood Baptist Church harmless from any advice, counsel or suggestions rendered during our counseling sessions. I recognize that his/her role is to assist me in hearing and understanding God’s will in the matters we discuss. We will not, therefore, sue or engage in any type of litigation negatively affecting them or the organization.

Having clearly stated 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 to our pastor, Andy Mox or counselor Melissa Gilliland. If these guidelines are acceptable to you, please sign below.

I have read and understood the policies stated above, and I consent to abide by them.

Print your name: _____

Signed: _____ Date: _____

Counselor: _____ Date: _____

Assistant Counselor: _____ Date: _____



Friendswood Baptist Church Counseling Intake Form

Personal Information

Full Name _____
Last First M.I.

Address _____
Street Address Apt. #

_____ *City Zip Code*

Home Phone _____ Cell Phone _____

Would you like to receive appointment notifications via text? Yes No

Gender Male Female Birthdate _____ Email _____
*mm/dd/yyyy *(required for scheduling appointments)*

Marital Status Single Engaged Married Separated Divorced Widowed Military _____
(Branch)

Occupation _____ Education _____
(High School, College, Grad School, Post Grad)

Referred By _____

Background Information

Please answer each of the following questions. You will have an opportunity to provide more detailed information during your first session with your counselor.

Please briefly describe the problem.

What have you done about it?

What are your expectations in coming here?

As you see yourself, what kind of person are you? Please describe yourself.

Information About Spiritual Life

Denominational Preference _____ Church Name _____

Church Address _____
Street Address *City* *Zip Code*

Pastor's Name _____ *Please Initial*

Frequency of Attendance _____ Are you a member? If so, how long? _____
(times per month) *Yes* *No*

Spouse's Church Attendance _____ Spouse's Religious Background _____
(if applicable) *(times per month)*

What are you learning through the sermons/bible studies/messages at your church?

Please list ministry involvement. _____

Have you been baptized? If yes, when? _____
Yes *No*

How often do you pray? _____

If you pray, what do you pray about?

If God asked you, "Why should I allow you into my heaven?", how would you respond?

Have you received Christ personally as your Savior?
Yes *No* *Uncertain* *Don't Understand*

If yes, when? _____

If yes, please answer the next two questions:

1. How do you know that Jesus Christ is your Savior?
2. What changes took place in your life when you became a believer?

How many times did you read your Bible last week? _____ How about the week before? _____

Describe your personal devotions.

Prior Counseling

Have you had counseling before? **If yes, please fill out information below.**
Yes No

| Counselor's Name(s) | Dates (From - To) | Medication Prescribed | Outcome/Diagnosis |
|---------------------|-------------------|-----------------------|-------------------|
| | | | |
| | | | |
| | | | |

Do we have your consent to contact your counselor(s)? **If yes, please initial here:** _____
Yes No

Personal Habits and Health

How many hours of sleep do you get each night? _____ When do you: _____
Go to Fall Wake Get Out
Bed Asleep Up Of Bed

Describe any recent changes in sleep habits. _____

State of health: Date of last medical examination _____
Very Good Good Average Declining Other mm/dd/yyyy

Results: _____

Physician's Name _____ Address _____
Street City Zip Code

Are you taking any medications? **If yes, please complete chart below.**
Yes No

| Medication | Reason for Taking | Length of Time |
|------------|-------------------|----------------|
| | | |
| | | |
| | | |
| | | |

Have you ever used drugs other than for medicinal purposes? **If yes, what?** _____
Yes No

Do you ever drink alcoholic beverages? **How much?** _____ **How often?** _____
Yes No

Have you ever been arrested? What was the outcome? _____
Yes No

Consent for release of medical records _____
(please sign here)

Marriage and Family

Spouse's Name _____ Age _____

Occupation _____ Education _____
(High School, College, Grad School, Post Grad)

Religion _____ Date of Marriage _____
mm/dd/yyyy

Your ages when married: _____ How long did you know your spouse before marriage? _____
Husband Wife

Length of steady dating with spouse _____ Length of engagement _____

Have you been married before? If yes, how many times? _____
Yes No

If you were married before, what caused the end of the marriage? _____

Has your spouse been married before? If yes, how many times? _____
Yes No

If your spouse was married before, what caused the end of the marriage? _____

Are you currently separated from your spouse? If yes, since when? _____
Yes No

Have you ever been separated in your current marriage? If yes, how many times? _____
Yes No

Have either of you ever filed for divorce? If yes, when? _____ Who filed? _____
Yes No

Is your spouse willing to come to counseling with you?
Yes No Uncertain Haven't asked

| Children's Names | Previous Marriage? | Age | Gender | Living (yes or no) |
|------------------|--------------------|-----|--------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Were you raised by anyone other than your parents? If yes, please briefly explain below.
Yes No

If you need more space for any additional comments or other information that you would like for us to know you may include it on this page.

