



## WHAT IS BIBLICAL COUNSELING?

Biblical counseling is using the Word of God as the answer to, and the basis for, every question and concern in a Christian's life.

The Bible says that we are to admonish, to warn, to teach, and to counsel. It is a discipleship process of using the Bible to assist the counselee to commit to behavioral changes through the ministry of the Holy Spirit.

*All scripture is given by the inspiration of God and it is profitable for doctrine, for reproof (conviction), for correction, and for instruction; that the person of God may be complete, thoroughly equipped for every good work.*

2 TIMOTHY 3:16-17

The goal of biblical counseling is to help those who are seeking counsel to please God and become more like Jesus through gaining a clear understanding of God's written Word. The counselee will learn to put off all wrongful and sinful behaviors and attitudes in order to please and glorify God the Father. Their mind will be renewed through regular use of the Bible; thereby, they will develop new and godly thoughts and habits.

As the counselor and counselee work together, change is made possible through assigned homework. This helps the counselee to identify, correct, and change the areas of their life that are not in line with God's principles and precepts. By working through the assigned homework, the counselee will discover and learn to accept God's unchanging truths for solving all sinful problems. Furthermore, these homework assignments will help the counselee learn to problem-solve any future issues of sin in a glorifying way, and assist them to put godly thoughts and behaviors into daily practice.

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Do you have any questions about the statement above? ☐ Y ☐ N

*If yes, write them here so you can review them with your counselor at your initial session.*

*I commit to completing counselor-assigned homework. I commit my time, my thoughts, and my efforts to the Father, the Son, and the Holy Spirit, in order that I may change by putting off my sinful thoughts and habits, and putting on His new creation of me by way of godly thoughts and behaviors.*

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



## CONSENT TO BIBLICAL COUNSELING

*This form must be signed in front of the counselor at the first session.*

### OUR GOAL

Our goal in providing Biblical counseling is to help you meet the challenges and problems of life.

### BIBLICAL BASIS FOR COUNSELING

We believe that the Bible is sufficient in providing thorough guidance and instruction for life and its challenges. Therefore, our counseling is based upon Scriptural principles.

### COUNSELORS

When ministering under the authority of Poplar Creek Church, all counselors will function solely as Biblical counselors, utilizing the principles of the Bible and not act as a therapist, psychologist, psychiatrist, medical doctor, or legal advisor. If you have formal legal or medical needs or questions, you will need to consult with the appropriate professional of that field.

*Please initial to indicate your agreement.* \_\_\_\_\_

### CONFIDENTIALITY

Confidentiality is an important aspect of the counseling process, and counselors will carefully guard the information entrusted to them. However, there may be situations in which it is necessary to share certain information with others. These would include: When a counselor is uncertain as to how to address a particular problem and needs to seek advice from another pastor, counselor, or elder of this church; when there is a clear indication that someone may be harmed unless others intervene; when the counselee attends another church and it is necessary to talk with the counselee's pastor, elders, or deacons (Proverbs 15:22, 24:11; Matthew 18:15–20). Whenever possible, every effort will be taken to help you find ways to resolve a problem as privately as possible. However, when a counselee discloses any issue regarding homicide, threatened suicide, criminal activity, or any form of abuse, we cannot guarantee confidentiality.

*Please initial to indicate your agreement.* \_\_\_\_\_

All issues of child abuse must be reported to the authorities. If you share an incident of child abuse that has been reported to the police, we will require you to share a copy of the Police report to your Biblical counselor.

*Please initial to indicate your agreement.* \_\_\_\_\_

### COMMITMENT

Problem resolution requires change in accordance with Biblical teaching, which requires strong desire and effort on the counselee's part. Failure to maintain this commitment level will give the counselor no other alternative but to cancel counseling until the counselee is committed to work toward change.

If you have any concerns about your Biblical counseling sessions, please share your concerns with your Biblical counselor. If the issue is still unresolved, then you are asked to talk with Pastor Jeffrey Amidon, Director of Lay Counseling Ministry. If it is still unresolved, then you are asked to talk with one of the pastors at Poplar Creek Church.

*Please initial to indicate your agreement.* \_\_\_\_\_

### **INDEMNIFICATION**

Counselee releases Poplar Creek Church, its pastors, agents, and employees from any and all claims for damages that he or she may have as a result of the counseling services provided, even though that liability may arise out of the negligence on the part of the persons released herein. Counselee hereby agrees to indemnify and hold the church, its pastors, agents, and employees harmless from any claim for damages.

*Please initial to indicate your agreement.* \_\_\_\_\_

Having stated the principles and policies of our counseling ministry above, we welcome the opportunity to minister to you. If you have any questions, please feel free to ask them. If these guidelines are acceptable to you, please sign below.

Signature: \_\_\_\_\_ Print Your Name: \_\_\_\_\_

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

Counselor: \_\_\_\_\_



## PERSONAL DATA INVENTORY

Date \_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports? ☐ Yes ☐ No

### IDENTIFICATION DATA

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Marital Status: ☐ Single ☐ Dating ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Education (Last Year Completed) \_\_\_\_\_ Grade \_\_\_\_\_

Other Training (List Type and Years) \_\_\_\_\_

***Referred Here By*** \_\_\_\_\_ ***Phone*** \_\_\_\_\_

### HEALTH INFORMATION

Rate Your Health: ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other \_\_\_\_\_

Height \_\_\_\_\_ Approx. Weight \_\_\_\_\_ lbs. Recent Weight Changes: Lost \_\_\_\_\_ Gained \_\_\_\_\_

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

\_\_\_\_\_

Date of Last Medical Exam \_\_\_\_\_ Any Significant Findings \_\_\_\_\_

Your Physician \_\_\_\_\_

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

Phone \_\_\_\_\_

Are you currently taking medication(s)? ☐ Yes ☐ No What? \_\_\_\_\_

Have you used drugs for non-medical purposes? ☐ Yes ☐ No What? \_\_\_\_\_

If yes, explain

\_\_\_\_\_

Have you ever had a severe emotional upset? ☐ Yes ☐ No Explain:

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Have you ever been arrested? ☐ Yes ☐ No If yes, please explain:

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## RELIGIOUS BACKGROUND

Denominational Preference \_\_\_\_\_ Church Member ☐ Yes ☐ No

Church Attendance per Month 0 1 2 3 4 5 6 7 8 9 10+

Church Currently Attending \_\_\_\_\_ Baptized ☐ Yes ☐ No

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 ☐ Uncertain

How much do you read the Bible? ☐ Never ☐ Occasionally ☐ Often

Do you have regular devotions? ☐ Yes ☐ No

Explain recent changes in your religious life, if any

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## PERSONALITY INFORMATION

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

If yes, list your counselor(s)/therapist(s) and dates:

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What was the outcome? \_\_\_\_\_

Circle any of the following words that 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	Likable	Leader
Quiet	Hard-hearted	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

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain or provide the facts and circumstances \_\_\_\_\_

\_\_\_\_\_

## **MARRIAGE AND FAMILY INFORMATION**

### **Marriage Information (Skip if Single)**

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

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

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Spouse's 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 \_\_\_\_\_ Age When Married: You \_\_\_\_\_ Your Spouse \_\_\_\_\_

Did you attend pre-marital counseling? \_\_\_\_\_

Length of steady dating with spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

### **Family Information**

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

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

### **Children Information**

Put a check by child's name if he or she is from a previous relationship/marriage.

Name	Age	Sex	Living? (Y/N)	Education	Marital Status
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## BASIC SUMMARY

*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 the Poplar Creek Church Counseling Ministry do for you? 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 the counseling ministry staff should know?
6. When are you available for counseling? Select all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						



We want to be a blessing to the community, and providing counseling services is one way we can do that. Here at Poplar Creek Church, we provide the facility and the volunteers for you.

There are costs involved within this ministry. In order to offset some of these costs, you can make your donation:

- Online at [poplarcreek.org](http://poplarcreek.org) > Events
- By calling the church office at 262.782.1777 to give a debit or credit card over the phone
- Using a church offering envelope and designating it to the Counseling Ministry

If you find this ministry has been a blessing to you, we would appreciate a donation.

Please note: There may be books or other materials that may be used during your counseling at Poplar Creek Church. Your counselor will discuss prices to purchase materials.

If you have any questions about registration, contact the church office at 262.782.1777 or via email at [counseling@poplarcreek.org](mailto:counseling@poplarcreek.org).

Signature: \_\_\_\_\_

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