



Counselor: _____

Date: _____

Biblical Counseling Ministry

Please indicate: Marriage Counseling _____ Personal Counseling _____

PERSONAL INFORMATION:

Name _____ Age _____ Sex _____
Address _____ City: _____ Zip: _____
Phone: Home _____ Work _____ Cell _____
Email: _____

FAMILY INFORMATION:

Single ___ Married _____ Separated _____ Divorced _____ Widow _____
Name of spouse: _____ Age _____ Date Married _____
Have you been married previously? Yes _____ No _____
Do you have children? If so, what are the ages _____
Have there been any deaths in the family in the past two years? _____

EMPLOYMENT INFORMATION:

Are you employed? _____ Where: _____
How long have you been at this position? _____
Is your spouse employed? _____ Where: _____
How long has he/she been at this position? _____

SPIRITUAL INFORMATION:

Do you believe in God? Yes _____ No _____ Uncertain _____
Is your spouse a Believer or Non Believer? _____
Do you pray to God? Regularly _____ Occasionally _____ Never _____
Do you read the Bible? Regularly _____ Occasionally _____ Never _____
Is Calvary Chapel your home church? Yes _____ No _____ How Long? _____
How many times per month do you attend church? _____
Have you received Jesus Christ as your Savior: Yes ___ No ___ If Yes, when? _____
Has your spouse received Jesus Christ as Savior: Yes ___ No ___ If Yes, When? _____
If yes, when? _____
Have you been baptized in water since you received Christ? Yes _____ No _____
Have you been baptized in the Holy Spirit? Yes _____ No _____ Uncertain _____
If yes, when? _____
Have you been involved in any cults or occult practices? Yes _____ No _____
If yes, explain: _____
Are you currently involved in a Ministry? If so, what Ministry and Ministry Leader: _____
Do you currently attend a Life Group/Small Group? ___ Which One? _____
Have you counseled with anyone here at Calvary Chapel? _____
Name of Pastor or Counselor? _____

HEALTH INFORMATION:

Rate your health: Very Good _____ Good _____ Average _____ Poor _____

Please list any significant illnesses, injuries, or handicaps: _____

Please list any medication(s) you are presently taking: _____

Have you ever or do you now use alcohol or drugs? _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What are your main problems or areas of concern?

Spouses reply:

2. What have you done to resolve this problem?

Spouses reply:

3. Please describe what person(s), situation(s) or activities that trigger this problem or make it worse.

Spouses reply:

4. Is there any other information we should know?

Spouses reply:

BIBLICAL COUNSELING MINISTRY POLICIES

1. By accepting counseling by the Biblical Counseling Ministry, the counselee agrees to the following:
 - A. **To commit themselves and be faithful to the purpose of the counseling.**
 - B. **To commit to be open and honest during the counseling sessions.**
 - C. **To commit and be diligent in the completion of all homework and/or exercises assigned.**
 - D. **To commit to a regular schedule of worship, Bible study, and prayer agreed upon with the counselor.**
 - E. **To commit to attend a Life Group**
2. All counselors are a part of the Biblical Counseling Ministry and are spiritually mature and Biblically knowledgeable.
3. All counselors are to open and close every counseling session with prayer and are to refer to an open Bible during the counseling session.
4. Lay counselors are not to discuss any counseling session with anyone who is not a pastor or minister of Calvary Chapel St. Petersburg. Any contact with a party outside of the foregoing or the counselee may be initiated only after first obtaining both written pastoral permission and written permission of the counselee or through pastoral determination. This privacy and confidentiality privilege may only be modified as set forth herein.
5. Certain communications made by a counselee, may be required under applicable Florida law to be reported to the appropriate legal authorities. In these instances the counselor and the Biblical Counseling Ministry will make every effort to work with the counselee to address these issues.
6. Men are not permitted to counsel women one on one and women are not permitted to counsel men one on one without pastoral approval.
7. Biblical Counseling is a ministry. Therefore, there is not to be any compensation for any type of Biblical Counseling. Any relationship that extends into the possibility of fees is to be clearly identified to the counselee and approved by the pastoral staff. (Example: legal or accounting work)
8. All officially scheduled counseling is to be done at the church building unless written pastoral permission is granted. The written permission must state where the counseling shall take place, under what circumstances the counseling will take place, and the number of times this counseling will be permitted.
9. Pastoral approval is required for anyone to be counseled more than three times.
10. The failure to adhere to the above commitments may result in the counseling relationship being terminated. The termination of counseling will in no way authorize the publication or discussion of any of the privileged communications acquired during the counseling sessions except as herein set forth and as set forth in the Guidelines of the Biblical Counseling Ministry.
11. Any violations of the above policies should be reported to the Pastor of the Biblical Counseling Ministry or to any of the Pastors at Calvary Chapel St. Petersburg

I have read and understand Calvary Chapel's Biblical Counseling Ministry Policies and I agree to submit to them. I also understand that I am not seeking nor receiving professional paid counseling, but I am asking for Biblical Spiritual advice. I also understand that confidentiality of my disclosures will be maintained by the Counselor and the Pastoral Staff of Calvary Chapel within the guidelines listed in the Biblical Counseling Ministry Policies and pursuant to applicable Florida law. I understand that all lay counselors will act as a conduit to the Pastoral Staff.

Name - Please Print

Signature

Date

Spouse - Please Print

Signature

Date

