



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

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

# Biblical Counseling Ministry

Please indicate:      **Marriage Counseling** \_\_\_\_\_      **Personal Counseling** \_\_\_\_\_

## ***PERSONAL INFORMATION:***

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## ***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**

