

Five Points Community Counseling Ministry

Counseling Agreement

The following outlines several conditions upon which counseling cases will be initiated. While this is not meant to be exhaustive in scope, it does represent our philosophy of Biblical counseling, a vital aspect of the total shepherding ministry of Five Points Community Church.

Our framework - We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, we base our counseling on Scriptural principles rather than those of secular psychology and psychiatry. Neither the pastoral nor the lay counselors of this church are trained or licensed psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

*Some of the counseling at Five Points Community Church is provided as part of a counseling training program. To facilitate both counseling and training, the counselor may have one to two people assisting him/her in each counseling session.

Our focus - Our purpose is to deal with issues within the scope of biblical parameters. We are confident that the Bible contains all necessary information for life and Godliness (2 Peter 1:3). There are no problems between persons that the Bible fails to address either in general or specific principles. While our counselors do not pretend to know all that there is to know about biblical teaching and its application to life, nevertheless, they do know much and will do their utmost to help you.

If you should have significant legal, financial, medical or other technical questions, you may choose to seek advice from an appropriate independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider counsel in light of relevant Scriptural principles.

Our foundation - All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. Your counseling will be biblical counseling in which the Scriptures are, in all cases, the final authority. If you are not sure that you will be interested in biblically-based counseling, you will be given the option of attending one or two sessions to discover what biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling or are unwilling to apply the biblical principles assigned, sessions may be terminated.

Our (and Your) Prerogative – At any time during the counseling process, for reason(s) sufficient to him/her, the counselor, or counselee, shall have the option of terminating counseling.

Our Commitment to Confidentiality - Confidentiality is an important aspect of the counseling process, and our counselors will carefully guard the information you entrust to them. To ensure that you are receiving consistent counsel and support, however, the counselor(s) will need to be able to discuss your situation with others such as appropriate leaders of the church you attend, your attorney, if you have one, and/or other individuals involved in your life. Information disclosed in counseling sessions will be held confidential to the extent that the counselor believes the Bible or the State requires. Absolute confidentiality is not Scriptural; for instance, matter of church discipline (Matthew 18:15), or criminal incidents, may require the counselor to divulge information to others.

Your Commitment to Confidentiality - You too must agree not to discuss our communication with people who do not have a necessary interest in the counseling process. Furthermore, you must agree that you will not attempt to force any counselor to divulge information acquired during the counseling process or to testify in any legal proceeding related to the issues discussed during the counseling process.

Church Attendance – Because biblical principles are foundational to the counseling, we require you attend one service a week at Five Points Community Church, Sunday morning, Sunday evening or Wednesday evening.

Our Fee – All counseling is done free of charge as a ministry of Five Points Community Church. Part of the weekly homework assignments may require the purchase of materials that correspond to the counseling.

Mediation – 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 a counselor or with Five Points Community Church as a result of counseling will be mediated by the church's elder board.

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 helps you to grow in spiritual maturity and prepare you for usefulness in His body. If you have any questions about these guidelines, please feel free to call and speak with a member of the pastoral staff. If these terms are acceptable to you, please sign below.

Signature

Print Name

Date

Personal Data Inventory

Please complete this inventory carefully and thoroughly, and then mail this inventory along with the Counseling Agreement.

Personal Information

Name: _____ Today's Date: ____ / ____ / ____
Birthdate: ____ / ____ / ____
E-mail: _____ Age: ____ Sex: ____ Height: ____
Address: _____ Home Phone: _____
City: _____ Cell Phone: _____
State: ____ Zip: _____ Work Phone: _____
Referred for Counseling by: _____
Education (last level completed): _____
Other Training (list type & years): _____
Occupation: _____ Employer: _____ Position: _____ Years: ____
In case of an emergency, please contact: _____ Phone: _____

Marital Status

Mark all that apply

Never Married Single Going Steady Engaged Now Married ____ year(s)
 Now Separated ____ months Divorced ____ time(s) Widowed

Marriage & Family

If never married, check here and omit the spouse and marriage sections.

Spouse

Spouse's Name: _____ Birth Date: ____ / ____ / ____
E-mail: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: ____ Zip: _____
Age: ____ Education (last completed): _____ Occupation: _____
Religious Background: _____

Marriage

Ages when married: You: ____ Spouse: ____
Date Married: ____ / ____ / ____ Length of steady dating: ____ Length of engagement: ____

Give a brief statement of circumstances of meeting and dating: _____

Has your spouse been previously married? Yes No # of times: _____

Have you ever been separated? Yes No If so, when? From: _____ to: _____

Is your spouse willing to come for counseling? Yes No Uncertain

Rate your marriage: Unhappy Average Happy Very Happy

Give brief information about any of your previous marriages: _____

Your Children

Name	Age	Sex (M/F)	Living? Y N	Education (years)	Step-Child? Y N	Married? Y N	By Previous Marriage? Y N
_____	_____	_____	Y N	_____	Y N	Y N	Y N
_____	_____	_____	Y N	_____	Y N	Y N	Y N
_____	_____	_____	Y N	_____	Y N	Y N	Y N
_____	_____	_____	Y N	_____	Y N	Y N	Y N
_____	_____	_____	Y N	_____	Y N	Y N	Y N

Parents

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

Is your **father** still living? Y N Does he live nearby? Y N Where? _____

Father's Religious Affiliation: _____ Father's Occupation: _____

Describe your relationship with your father: _____

Is your **mother** still living? Y N Does she live nearby? Y N Where? _____

Mother's Religious Affiliation: _____ Mother's Occupation: _____

Describe your relationship with your mother: _____

Have your parents divorced? Y N Rate your parent's marriage: Unhappy Average Happy Very Happy

Siblings

Number of older brothers: _____ Older sisters: _____ Younger brothers: _____ Younger sisters: _____

Rate your childhood: Unhappy Average Happy Very Happy

Have there been any deaths in your family during the last year? Y N (if yes, please describe)

Legal

If you have talked with an attorney about your situation, or intend to, please provide:

Attorney's Name: _____ Firm: _____

Address: _____ Phone: _____

Has legal action been filed or is one likely to be filed in this situation? Yes No

If yes, give the dates and describe action: _____

If you have received advice or counsel from anyone else regarding your situation, please list their name(s) and their relationship to you: _____

Health History

Rate your health: ___ Very Good ___ Good ___ Average ___ Declining ___ Other: _____

Do you have any chronic conditions? Yes No If so, what? _____

List significant illnesses, injuries or handicaps: _____

Your approximate weight: _____ lbs. Weight changes recently? Lost: _____ lbs. Gained: _____ lbs

Date of last medical exam: _____ Results of examination: _____

Physician's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you currently taking any prescription or over-the-counter medications? Yes No

If Yes, please list the name(s) and dosage(s): _____

Have you ever used drugs for other than medical purposes? Yes No

If Yes, please explain: _____

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

Do you ever drink alcoholic beverages? Yes No If yes, how frequently and how much? _____

Do you drink coffee? Yes No How frequently and how much? _____

Other caffeinated drinks? Yes No How frequently and how much? _____

Do you use tobacco? Yes No What? _____ Frequency? _____

Have you ever had interpersonal problems on the job? Yes No If yes, please explain: _____

Have you ever had a severe emotional upset? Yes No If yes, please explain: _____

Have you ever seen a psychiatrist or counselor? Yes No If yes, please explain: _____

List counselor / therapist dates: _____

What was the outcome? _____

Are you willing to sign a release form so that your counsel may write for social, psychiatric or other medical records? Yes No

Have you ever felt that people were watching you? Yes No

Do people's faces ever seem distorted? Yes No

Do colors sometimes seem... Too bright Too dull

Are you sometimes unable to judge distance? Yes No

Have you ever had hallucinations? Yes No

Is your hear exceptionally good? Yes No

Do you have problems sleeping? Yes No

How many hours of sleep do you get each night? _____

Spiritual Background

Religion: ___ None ___ Christian ___ Jewish ___ Muslim ___ Agnostic ___ Other: _____

Denominational preference: _____

Church attending: _____ Member? Yes No

Church address: _____

Phone: _____ Pastor's name: _____

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

Please describe your religious upbringing: _____

Do you believe in God? Yes No Uncertain Why? _____

How often do you pray to God? Daily Weekly Occasionally Never

How often do you study the Bible? Daily Weekly Occasionally Never

Would you say you are a Christian or still in the process of becoming a Christian? _____

Do you believe that when you die, you will be with God eternally? Yes No Uncertain

Why? _____

Have you been baptized? Yes No

Explain any recent changes in your religious life: _____

What is your opinion of the Bible?

I don't know enough about the Bible to have an opinion.

It is a book that contains helpful principles that I am free to follow or disregard as I think best.

It is a book that was inspired by God and that contains helpful principles and instructions I should follow unless I believe there is good reason to do otherwise

It is a book that was inspired by God and that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.

Other: _____

Who, if anyone has the most influence in your spiritual life? (please list their names and relationship to you)

Women Only

Have you had any menstrual difficulties? Yes No If yes, please explain: _____

Is your husband in favor of your coming for counseling? Yes No

If no, please explain: _____

Please mail this form, along with the counseling agreement to:

Five Points Community Church Counseling Ministry
3411 East Walton Boulevard
Auburn Hills, MI 48326