



## ***Biblical Counseling and Educational Center***

*“Therefore if any man is in Christ, he is a new creature; the old things have passed away; behold new things have come.”  
2 Corinthians 5:17*

Greetings in the name of the Lord,

Thank you for the privilege of allowing us to work with you on the issues that are confronting you at this time. This packet assists us in gaining information about your situation. In order to make our first session as profitable as possible, we would ask you to give careful attention to all items enclosed. Once you have completed all paperwork, please call the office at 559-635-1150 for your initial interview. The cost of the initial interview is \$20 and it will take approximately 30 minutes to complete. Upon completion of the initial interview, a counseling team will be assigned as soon as one is available. If you have difficulty in completing any of the following steps, please call the office and we will be glad to assist you.

- 1) Carefully read "Facts about Biblical Counseling" and note any questions that you might like to ask at the initial interview.
- 2) Read and sign the “Consent to Counsel Form.”
- 3) Fill in the Personal Data Inventory. The 'Stating the Problem' sheet is **very** important. Each question should be thought out carefully and then answered as concisely as possible.
- 4) Please read and fill in the “Fee supplement form.”

Thank you very much for your attention to these matters. Your careful attention to the above will enable us to accomplish twice as much in our first session.

Sincerely,

Chuck Andrews  
Executive Director BCEC

**Charles Andrews, Executive Director**

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## CONSENT TO COUNSEL

Through the Biblical Counseling and Educational Center

**Our Goal--** Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life.

**Biblical Basis--** Scripture says (2 Peter 1:3) that the Bible provides guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors of this ministry are licensed as psychotherapists or mental health professionals.

**Professional Advice --** In the process of Biblical counseling there are often times when there is a need for significant advice with regards to legal, medical, financial or other technical areas. In those cases you will be encouraged to seek independent professional counsel. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

**Confidentiality--** Confidentiality is an important aspect of the counseling process and we will carefully guard the information you entrust to us. There are four situations, however, when it may be necessary for us to share certain information with others: when a counselor is uncertain how to address a particular problem and needs to seek advice from another pastor or counselor; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; when there is a clear indication that someone may be harmed unless others intervene; or when a person persistently refuses to renounce a particular sin and it becomes necessary to seek assistance of others in the church to encourage repentance and reconciliation (see Matthew 18:15-20; Proverbs 15:22; 24:11). Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

**Resolution of Conflicts--** 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 the center as a result of counseling, will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the *Institute for Christian Conciliation*; judgment upon arbitration award may be entered in any court having jurisdiction. (We will be happy to provide you with booklets that explain that Christian conciliation process and describe its benefits and procedures.)

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 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 with the Administrator. If these guidelines are acceptable to you, please sign below.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

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## **FACTS ABOUT BIBLICAL COUNSELING**

**THE CONCEPT OF BIBLICAL COUNSELING:** Biblical counseling is committed to the position that Scripture provides the only authoritative guide for what we are to believe and how we are to live (2 Timothy 3:16-17). The Biblical Counselor is trained in the use of Scripture and the principles of biblical counseling. He does not base his counsel on man's wisdom, opinions, experience, or concepts of behavior, (Isaiah 55:8-11) but seeks to bring the full range of Biblical truth to focus on the counselee's need (Hebrews 4:12).

**THE SCOPE OF BIBLICAL COUNSELING:** Biblical counseling deals with the entire range of problems confronting mankind including: broken marriages, parent child relationships, fear, depression, alcohol and drug abuse, tension, anxiety, worry and any other problems that may result in mental and/or physical immobility. In short the Biblical Counselor is equipped to deal with any problem dealing with ourselves, our relationship to God or our fellow man (2 Peter 1:3).

**TEAM COUNSELING:** Counseling is usually done in teams. Normally sessions are conducted with a lead counselor and one or two assistant counselors in attendance (Proverbs 11:14; 15:22; 18:17; 20:18; 24:6; Matthew 18:16).

**MEDICAL NEEDS:** Biblical counselors believe in the total health needs of the counselee. Your counselor may recommend that you have a full or specified medical examination. If medical assistance is required, counseling will continue in conjunction with medical advice.

**Elements of Biblical Counseling:** Your counselor will use all of his skill in applying Biblical principles to enable you to glorify God in your life and to enable you to gain victory over the problems that are depriving you of the peace and joy that God has promised to you in His Word. Your counselor will concentrate in three areas that are necessary for Biblical change to take place.

**Hope** - In Jesus Christ we have a great High Priest who has suffered and been tempted in all things, yet He never sinned. Because of Christ, even though you may be facing every sin common to man, you can have victory. God has promised that He will not let you be tempted beyond your endurance and that He will provide a way for you to have victory in the midst of your temptation. (1 Cor. 10: 13; Heb. 4:14-16).

**Change** - In Christ we can learn how to lay aside the old selfish ways of living and put on the new ways of living in a manner worthy of the Lord Jesus Christ. We can learn to please God in every area of our lives. We can learn to live a godly life and to live in such a way that we will be increasing in our knowledge of God and our ability to relate to others. Biblical counseling will enable you to make practical changes. (Eph. 4:20-24; Col. 1:10).

**Practice** - We need to prove ourselves to be doers of God's Word and not merely hearers of the Word. Only in the actual practice of the Scriptures shall we be blessed in what we do, and only then will we please the Lord (James 1:22-25; Proverbs 28:13).

**LENGTH OF COUNSELING:** Normally, counseling sessions will last one hour per week and will continue for eight to twelve sessions. If you respond quickly to Biblical counsel the number of counseling sessions may be lessened. However, if the counselor does not observe definite change in the first few weeks, he will seek to identify the cause of the failure and discuss it with you in order to help you to correct it.

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**APPOINTMENTS:** Your appointments will be scheduled with your counseling team. If you are unable to attend a counseling session, please notify the counseling office at least 12 hours before the session.

**WAITING PERIOD:** If a counseling team is not immediately available, you will be counseled as soon as possible on a one-time basis. During this session, the counselor will provide a plan for you to follow while you are waiting for the regularly scheduled sessions. You may be asked to attend a Bible study or the Self-Confrontation course. You may be asked to listen to audio cassettes or to read a book or other materials related to your problems. This way you can begin to work on solutions to your problems immediately.

**LOCAL CHURCH INVOLVEMENT:** In order to achieve lasting victory over the problems of life, it is vital that each person become established in a consistent Christian walk. It is important that counseling sessions be accompanied by church attendance, participation in a group Bible study and other discipleship activities in your local church. The counseling team may contact your church and request their assistance in involving you in these activities. One of your elders or deacons may even become part of the counseling team, to provide the most effectual help for you. It is our commitment to do what will best bring about victory over your problems.

**MATERIALS NEEDED AND EXPECTATIONS:** You will need a notebook and your Bible at all sessions, including the first session. Be sure to bring them each time. Come with high expectations. You will find hope and encouragement even during your first session. We are absolutely confident that the Word of God has solutions to all of life's problems (2 Timothy 3:16-17; 2 Peter 1:3) and that includes an answer to the difficulty that prompted you to come.

**COST:** Counseling is a ministry of the body of Christ. The Scriptures teach that the laborer is worthy of his hire and that the person who is taught the Word of God should share with the one who teaches the Word (1 Timothy 5:18; Galatians 6:6). The average cost of an hour of counseling is approximately \$90. BCEC asks for a \$50 per session donation. Since counseling is a ministry of the grace of God, should a counselee be unable to donate for their counseling, they will still be counseled. (Please see fee supplement form).

**PROCESSING FEE:** Because of the costs involved with the process of assessing individuals for counseling, we are requesting a one time processing fee of \$20. This is due and payable upon the first appointment.

**CANCELING YOUR APPOINTMENT:** BCEC requires a minimum 12 hour cancellation notice of your appointment, or an administration fee of \$20 will be due and payable at the next session.

**CONSENT TO COUNSEL:** We ask all individuals to read and sign our Consent to Counsel form. This form must be returned before you begin your counseling sessions. This form enables the counselee to affirm that he understands that all of our counseling is entirely based on the Word of God.

Revised: Sept 1, 2007

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## PERSONAL DATA INVENTORY

FILE # \_\_\_\_\_

## IDENTIFICATION DATA

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

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

Occupation \_\_\_\_\_ (H) Phone \_\_\_\_\_ (C) \_\_\_\_\_

(Circle one) Sex: M F Marital Status: Single Married Separated Divorced Widowed

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Education (last year completed grade) \_\_\_\_ Other training (list type and years) \_\_\_\_\_

Referred here by \_\_\_\_\_ Currently seeing another counselor? (Circle one) Yes No

## MARRIAGE AND FAMILY INFORMATION

Name of spouse \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_

Religion \_\_\_\_\_ Is spouse willing to come for counseling? (Circle one) Yes No Uncertain

Have you ever been separated? (Circle one) Yes No When? From \_\_\_\_\_ to \_\_\_\_\_

Has either of you ever filed for divorce? (Circle one) Yes No When? \_\_\_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

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

Give brief information about any previous marriages:

Husband \_\_\_\_\_

Wife: \_\_\_\_\_

## Family Statistics

Children's Names	Ages	Gender M or F	Living Yes or No	Education in years	Marital Status	Previous marriage

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

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Number of brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Have there been any deaths in the family during the last year? (Circle one) Yes No

Who and when: \_\_\_\_\_

## HEALTH INFORMATION

Rate your health (Circle one): Very Good Good Average Declining Other

Weight changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

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

\_\_\_\_\_

Do the above limit you in any way (Circle one) No Yes Please describe \_\_\_\_\_

\_\_\_\_\_

Date of last medical examination \_\_\_\_\_ Outcome: \_\_\_\_\_

Your physician \_\_\_\_\_ Address \_\_\_\_\_

Are you presently taking medication? (Circle one) Yes No (Attach sheet if necessary)

WHAT MEDICATION	WHAT IS THE DOSAGE	REASON FOR MEDICATION

Do you drink alcoholic beverages? (Circle one) Yes No When? \_\_\_\_\_ How much? \_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical report? (Circle one) Yes No

## PERSONAL INFORMATION

**Circle the appropriate response:**

Have you ever felt people were watching you? Yes No When? \_\_\_\_\_

Do people's faces ever seem distorted? Yes No When? \_\_\_\_\_

Do you ever have difficulty distinguishing faces? Yes No When? \_\_\_\_\_

Are you sometimes unable to judge distances? Yes No When? \_\_\_\_\_

Have you ever had hallucinations? Yes No When? \_\_\_\_\_

Do you hear exceptionally well? Yes No When? \_\_\_\_\_

How many hours do you sleep a night? \_\_\_\_\_ Describe recent changes in your sleep habits \_\_\_\_\_

\_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Have you ever been arrested? No \_\_\_ Yes \_\_\_ State Circumstances \_\_\_\_\_

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Have you ever had a severe emotional upset? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

## RELIGIOUS BACKGROUND

Current Church Attending \_\_\_\_\_ Pastors Name \_\_\_\_\_

May we contact your pastor for information and help? (Circle one) Yes No Uncertain

Church attendance per month (circle one) 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood \_\_\_\_\_ Baptized? (circle one) Yes No

Religious background of spouse (if married) \_\_\_\_\_

Name of church attended by spouse \_\_\_\_\_

Do you consider yourself a religious person? (circle one) Yes No Uncertain

Do you believe in God? (circle one) Yes No Uncertain

Do you pray to God? (circle one) Never Occasionally Often

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die you would go to heaven? (circle one) Yes No Uncertain

What is your basis for answering the above question as you did? \_\_\_\_\_

Have you received Jesus Christ as your personal Lord and Savior?

(Circle one) Yes No Don't know what you mean

If you have received Christ as Savior, what changes took place in your life when you became saved? \_\_\_\_\_

How frequently do you read the Bible? (Circle one) Never Occasionally Often

Do you have regular family devotions? (Circle one) Never Occasionally Regularly

Describe your family devotions. \_\_\_\_\_

Explain recent changes in your religious life, if any \_\_\_\_\_

Are you involved in some kind of ministry at your church or elsewhere? (Circle one) Yes No

Do you financially support your church on a regular basis? (Circle one) Yes No

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### ***BASIC PROBLEM THAT BRINGS YOU HERE***

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 we do? (What are your expectations in coming here?)**

**4. What circumstances led to your coming here at this point in time?**

**5. Is there any other information we should know?**

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## **FEE SUPPLEMENT FUND** **PURPOSE AND POLICY**

The Fee Supplement Fund has been established to allow counselees to obtain financial assistance so that present inability to pay the counseling fee would not prevent anyone from receiving needed counseling. The fund has been established through the gifts of individuals and former counselees committed to Biblical counseling. The Fee Supplement Fund is designed to supplement part of the hourly fee that the counselee is presently unable to pay, beginning with the second session.

Example: If the hourly fee is \$50 and the counselee is only able to pay \$25 at each appointment, then \$25 would be drawn from the Fee Supplement Fund to pay the balance for each counseling hour. He is then expected to pay a minimum of that amount each session. If the counselee is unable to pay anything, \$50 will be drawn from the Fee Supplement Fund.

At the conclusion of the counseling process the counselee will be expected to continue payment at the same frequency as his prior counseling schedule to replenish the Fee Supplement Fund so that others may benefit from the fund. It is felt that since a counselee was paying a certain reduced fee during counseling that he will be able to pay that same amount to the Fee Supplement Fund once counseling is concluded.

There is no interest or service charge added to the amount borrowed from the Fee Supplement Fund. Reminders will be sent to the counselee to update the balance in his account.

If circumstances should warrant a change in this arrangement, the counselee should call the counseling center to renegotiate this agreement.

### **FEE SUPPLEMENT FUND – COUNSELEE’S COMMITMENT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

I am unable to pay the total counseling fee at this time. I am able to pay \$\_\_\_\_\_ for each session with a commitment to pay \$ \_\_\_\_\_ to the Fee Supplement Fund when I have concluded counseling or sooner if finances permit. I understand that repayment to the fund allows others to benefit from a reduced fee just as I have benefited.

Signature of counselee \_\_\_\_\_

Signature of counselor \_\_\_\_\_

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