

Consent Form

Biblical Basis: We believe that the Bible provides thorough guidance and instruction for faith and life (**2 Peter 1:3 and Romans 15:4**). Therefore, our counseling is based on scriptural principles and is taken from God's Word.

Our Goal in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ, allowing you to enjoy fully His love for you and His plans for your life and enable you to experience a way of living that brings hope and peace (**Romans 15:13**).

Biblical Counseling Services Offered: Individual, marital, and family counseling. Our Counselors are trained in biblical counseling and we offer these services to you free of charge.

Confidentiality is an important aspect of the counseling ministry, and we will carefully guard the information you entrust to us. Communication between you and New Hope Counseling Ministry (NHCM) offices will be held in strictest confidence, with these exceptions: (1) you sign a release form and authorize the disclosure of information (or a parent in the case of a minor); (2) you express intent to harm yourself or someone else; (3) there is evidence or reasonable suspicion of physical abuse; (4) a subpoena or other court order is received directing the disclosure of information; (5) your counselor(s) needs to consult with his/her NHCM Supervisor, (6) upon a counseling impasse, Director of NHCM may need to consult with Pastoral and/or church leadership related to next steps.

Please be assured that our counselors strongly prefer not to disclose personal information to others, and that we will make every effort to help you find ways to resolve a problem as privately as possible.

During your first meeting: You will determine the goals you would like to work toward. After 6 sessions you and your Counselor will evaluate (6 Week Assessment Form) your progress toward those goals and together determine what further action needs to be taken.

Appointments: Our biblical counselors work by scheduled appointments and we ask that you are prompt and consistent in your scheduled meetings. Please contact your Counselor 24 hours in advance if you must cancel an appointment. We know there will be times of emergencies and the necessary exceptions will be made.

Our Commitment to You in Counseling is to:

- Empathize with your suffering and help you understand that it is normal to hurt.
- Encourage you to see life from a biblical perspective and help you know it is possible to hope as you trust God.
- Examine and expose your current responses to life and suggest new ways of handling problems as you seek wisdom from God’s Word and His way of living.
- Empower you to mature in Christ through the power of the Holy Spirit.

Your Commitment to Christ, Yourself and Us in Biblical Counseling:

- To be honest and open as you share your hurts and struggles.
- To evaluate your own emotions, actions, motivations, beliefs, and relationships.
- To actively participate in the growth of renewed emotions, actions, convictions, and affections.
- Come to each meeting prepared to review your progress throughout the past week (including the completion of personalized “homework” assignments) and to be prepared to share your goals for the present week.
- You may be asked to purchase resources to complete your assignments.

Because growth requires all the resources of the Body of Christ in discipleship, worship and fellowship we believe it is essential that those seeking biblical counseling at our church also commit themselves to:

- Regular church attendance (at your church or Liberty Bible Church)
- Other small group settings if this is *appropriate* to your situation

If church attendance has not been a regular part of your routine we will seek to work with you in this new endeavor because we know that it is beneficial to your overall care.

By signing below, you are stating that you understand, agree with, and commit to Liberty Bible’s New Hope Counseling Ministry focus as described in these two pages.

Signature: _____ **Date:** _____

Parent/Guardian if Minor: _____ **Date:** _____

“Loving God Supremely and Others Sacrificially”
Liberty Bible Church • 824 N. Calumet Ave. • Chesterton IN 46304
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LBC - New Hope Counseling Ministry - Personal Data Inventory

Identification Data: (When a selection is to be made, place an "x" in the appropriate space)

Name: _____ Phone: _____ Date: _____

Address/City/Zip: _____

Occupation: _____ Business Phone: _____

Birth Date: _____ Gender: Male ___ Female ___ Age: _____

Marital Status: Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed ___

Education: Elementary ___ High School ___ GED ___ College ___ Graduate ___ Degree: _____

Other Training (list type and years): _____

Hobbies: _____

Referred to us by: _____ Relationship: _____

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

How many siblings do you have? Brothers: _____ Sisters: _____

Marriage Information:

Name of Spouse: _____ Address: _____

Occupation _____ Phone: _____ Age: _____

Business Phone: _____ Religion: _____ Education: _____

Does your spouse know you are coming for counseling? Yes ___ No ___

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

Have you ever been separated? Yes ___ No ___ When? From: _____ To: _____

Your ages when married: Husband: ___ Wife: ___ Wedding Date: _____

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: _____

Information about children:

PM*	Name	Age	Gender M/F	Living Yes/No	Education	Marital Status

*Place an "x" in this column if child is by previous marriage

History Information:

Have you ever had a severe emotional upset? Yes ___ No ___

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

If Yes, list counselor or therapist and dates: _____

What was the outcome? _____

Place an "x" after any of the following words which best describe you now:

active _____	ambitious _____	self confident _____	persistent _____	anxious _____
hardworking _____	impatient _____	impulsive _____	moody _____	often sad _____
excitable _____	imaginative _____	calm _____	serious _____	easy going _____
shy _____	fearful _____	introvert _____	extrovert _____	likeable _____
leader _____	quiet _____	inflexible _____	submissive _____	sensitive _____
lonely _____	self-conscious _____	bitter _____	angry _____	

List fears you have: _____

Have you ever been arrested? Yes ___ No ___ Reason: _____

Health Information

Approximately how many hours of sleep do you get each night? _____

When do you go to sleep at night? _____ When do you get up? _____

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

Your approximate weight: _____ Height: _____

Weight changes recently: Lost _____ Gained _____

List all important present and past illnesses, injuries or handicaps: _____

Date of last medical examination: _____ What was the report? _____

Name and address of your physician: _____

Are you presently taking medication? Yes ___ No ___ What? _____

Have you used drugs for other than medical purposes? Yes ___ No ___ What? _____

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

Religious Background

Denominational preference: _____

What church do you attend? _____ City: _____

Who is your pastor? _____

May we contact your pastor for background information? Yes ___ No ___

What is the number of church services you attend per month? (place an "x" next to the appropriate number)

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 10+ ___

Church attended in your childhood? _____

Have you been baptized? Yes ___ No ___

Religious background of spouse: _____

Do you believe in God? Yes ___ No ___ Uncertain ___

Do you pray to God? Yes ___ No ___ Occasionally ___

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 today you would go to heaven? Yes ___ No ___ Uncertain ___

Suppose you died today and God asked you "why should I let you into my heaven?"

What would you say? _____

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

Does your family regularly read the Bible and pray together? Yes ___ No ___

Explain any recent changes in your religious life, if any. _____

Five Basic Questions

Briefly answer the following questions:

What is your understanding of the problem?

What steps have you taken to resolve the problem?

How would you like us to help you with this? (What are your expectations?)

What brings you here at this time?

Can you think of any other information we should know?

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LIBERTY BIBLE CHURCH
Chesterton & LaPorte