

Providence Center for Biblical Counseling

Adult Consent to Counsel

At *The Providence Center for Biblical Counseling*, all counseling is conducted using the Bible as the final source of authority for all cases. We believe the Bible speaks to all issues that are dealt with in counseling. Biblical counseling consists of giving scriptural advice and the practical application of the same to each individual and situation. The counselee is held fully responsible for how he implements that advice.

Using the renewing power of the timeless and unchanging Word of God, we seek to focus on the believer's walk of faith and their maturity in Christ. We will look at some of the strategies of the world to obstruct this walk and maturity. We will also deal with the foundational issues of one's identity in Christ and outline practical steps on how to live by faith, walk according to the Spirit, renew one's mind, manage one's emotions, and resolve the traumas of one's past or present through faith and forgiveness.

The Providence Center for Biblical Counseling recognizes the authority and discipline of the local church, and would encourage counselees to invite their pastor or other church leaders to accompany them in counseling sessions. We also encourage counselees to be under the pastoral care of their local church both during and after counseling. Attendance in a Bible believing and preaching church may be recommended as a part of the counseling process.

Having read and understood *The Providence Center for Biblical Counseling's* approach to counseling, I, _____ (print name) hereby grant permission for *The Providence Center for Biblical Counseling* to render counseling/discipleship services to me.

I also understand that *The Providence Center for Biblical Counseling* may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other issues agreed upon by the Board of Directors.

_____/_____/200_
1. *Adult Counselee* Date

_____/_____/200_
2. *Adult Counselee* Date

Client requested a copy of this form ____yes ____no
Client was given a copy upon request ____yes ____no

EMPHASIZING BIBLICAL **Hope & Restoration**

Providence Center for Biblical Counseling

Appointment Cancellation Policy

We request a 24-hour notice if you wish to cancel or are unable to keep an appointment. This will allow us to serve as many individuals and families as possible while continuing to meet our objective of providing the highest level of care possible. If you are unable to speak directly with a staff member, leaving a voice mail is acceptable.

Confidentiality

Your confidentiality is guarded at all times. Certain laws require that counselors warn the appropriate individuals if the counselee intends to take harmful, dangerous, or criminal action against them. Counselors are also mandated to report any incidents of “reasonably suspected child abuse” (physical or sexual) and elderly abuse to the appropriate authorities. Couselees in a suicidal condition will be referred to individuals who are capable of providing the appropriate level of care, treatment, and protection.

Waiver of Liability

THE UNDERSIGNED, having sought Biblical Counseling from *The Providence Center for Biblical Counseling*, hereby acknowledges his/her understanding of the following conditions and further releases *The Providence Center for Biblical Counseling*, its agents, affiliates, counselors, employees, and Board of Directors from any liability or claim arising from the undersigned’s participation in the Biblical Counseling program.

1. It is understood by the participant counselee(s) that all biblical counseling will be provided by ordained ministers, certified biblical counselors, or trained lay counselors—not state-licensed therapists.
2. That all counseling provided in the biblical counseling program is provided in accordance with the biblical principles adhered to by *The Providence Center for Biblical Counseling* and is not necessarily provided in adherence to any local or national psychological or psychiatric association.
3. That no representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above-mentioned counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions.

Counselee(s)

Date

Counselor

Date

Client requested copy: ___ Yes ___ No
Client given copy upon request ___ Yes ___ No

EMPHASIZING BIBLICAL **Hope & Restoration**

Providence Center for Biblical Counseling

Financial Information

The Providence Center for Biblical Counseling is **supported by your donations and gifts**. It is the desire of the Elders and the Counseling Staff to provide counseling to anyone who is in need of counseling. The *fair-market-value* of counseling in the Greenville area ranges from \$75.00 to \$125.00 per 50-minute session. **Your responsibility** is to pray about the amount God would have you **donate** for the counseling you receive and **be obedient to Him** in your giving.

All donations are tax-deductible according to state and Federal non-profit, charitable contribution laws.

Galatians 6:6 says: "Anyone who receives instruction in the Word must share all good things with his instructor."

1 Timothy 5:18 says: "...The worker deserves his wages."

Please pray about the amount the Lord wants you to give at each visit.

Suggested guide for donations: <i>(combined earnings)</i>	\$20,000-\$30,000	\$20.00 per visit
	\$30,000-\$40,000	\$25.00 per visit
	\$40,000-\$50,000	\$30.00 per visit
	\$60,000-\$75,000	\$40.00 per visit
	\$75,000 – up	\$50.00 per visit

You will receive verbal counsel on your financial responsibility from a ministry team member. At that time you will have the opportunity to ask any questions regarding financial matters. This is only a suggestion. In no way will we deny counseling if there is a financial hardship.

Please sign to indicate that you have read and understand the above statements.

Signature

_____/_____/200_____
Date

Client requested a copy of this form: ____yes ____no.

Client given copy upon request: ____yes ____no.

EMPHASIZING BIBLICAL **Hope & Restoration**

Providence Center for Biblical Counseling

Minor Consent to Counsel

At *The Providence Center for Biblical Counseling*, we are committed to providing a balance in our approach to counseling. It is our belief that there is no inner conflict that is not psychological, because there is never a time when your mind, emotions, and will are not involved. Similarly, there is no conflict that is not spiritual because there is never a time when God is not present, when His Word is not applicable, or when it is safe to take off the armor of God. It is our goal to help a person experience healing from the difficulties he is experiencing by looking at the soul (mind, emotions, and will) and the spirit and to guide our clients to an understanding of the true identification of each.

It is also our belief that our past helps shape our present belief system and behaviors and it is that belief system that shapes our future behavior and beliefs. Using the renewing power of the timeless and unchanging Word of God, we seek to focus on the believer's walk of faith and their maturity in Christ. We will look at some of the strategies of the world to obstruct this walk and maturity. We will also deal with the foundational issues of one's identity in Christ and outline practical steps on how to live by faith, walk according to the Spirit, renew one's mind, manage one's emotions, and resolve the emotional traumas of one's past or present through faith and forgiveness.

Having read and understood *The Providence Center for Biblical Counseling's* approach to counseling, permission for counseling is hereby authorized for *The Providence Center for Biblical Counseling* to render counseling/discipleship services to

_____ (print minor's name) whose relationship to me is _____.

I also understand that *The Providence Center for Biblical Counseling* may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other issues agreed upon by the Board of Directors.

_____ / ____ / 200_
1. Parent or Legal Guardian Date

_____ / ____ / 200_
2. Minor Client or Witness Signature Date

Client requested a copy of this form ____yes ____no
Client was given a copy upon request ____yes ____no

EMPHASIZING BIBLICAL **Hope & Restoration**

Providence Center for Biblical Counseling

Policy Review

_____ Consent to Counsel (_____ Adult / _____ Minor)

_____ Appointment Cancellation Policy

_____ Statement on Confidentiality

_____ Wavier of Liability

_____ Financial Policy

Please sign to indicate that:

1. A member of the ministry team has given you a verbal counsel on the items indicated above;
2. You were given time to personally review each of the forms;
3. Any question you asked regarding these forms were sufficiently answered;
4. You fully understand the policies stated therein.

Please Print Name(s)

Counselee Signature(s)

_____ / _____ / 200_

Ministry Team Member Signature

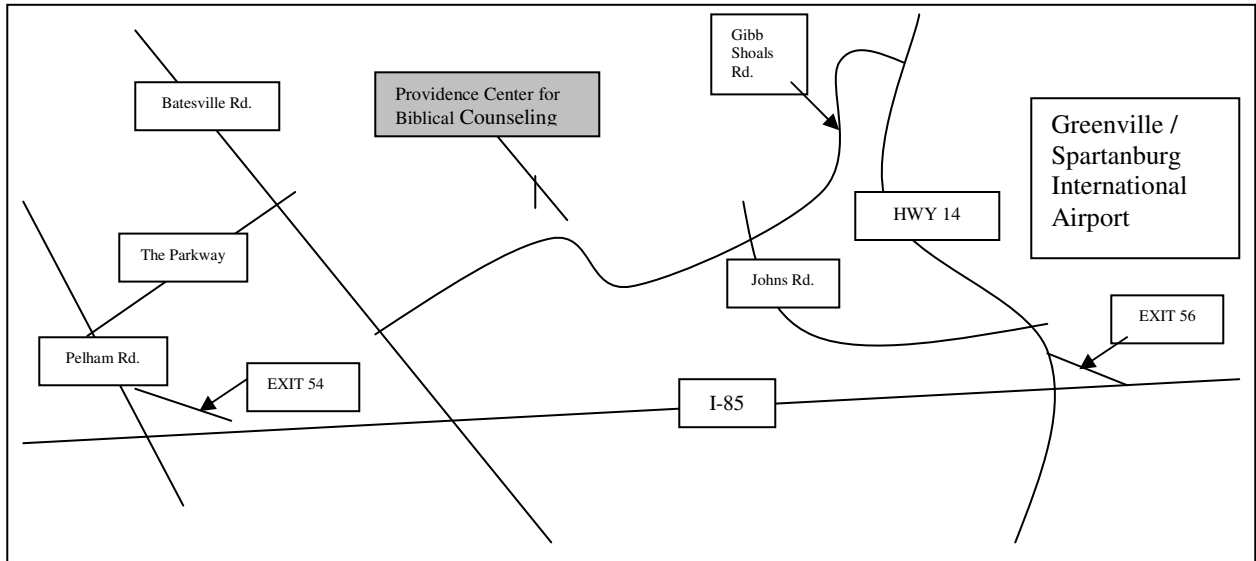
_____ / _____ / 200_

Executive Review of Paperwork Preformed By: _____

EMPHASIZING BIBLICAL **Hope & Restoration**

GREER OFFICE

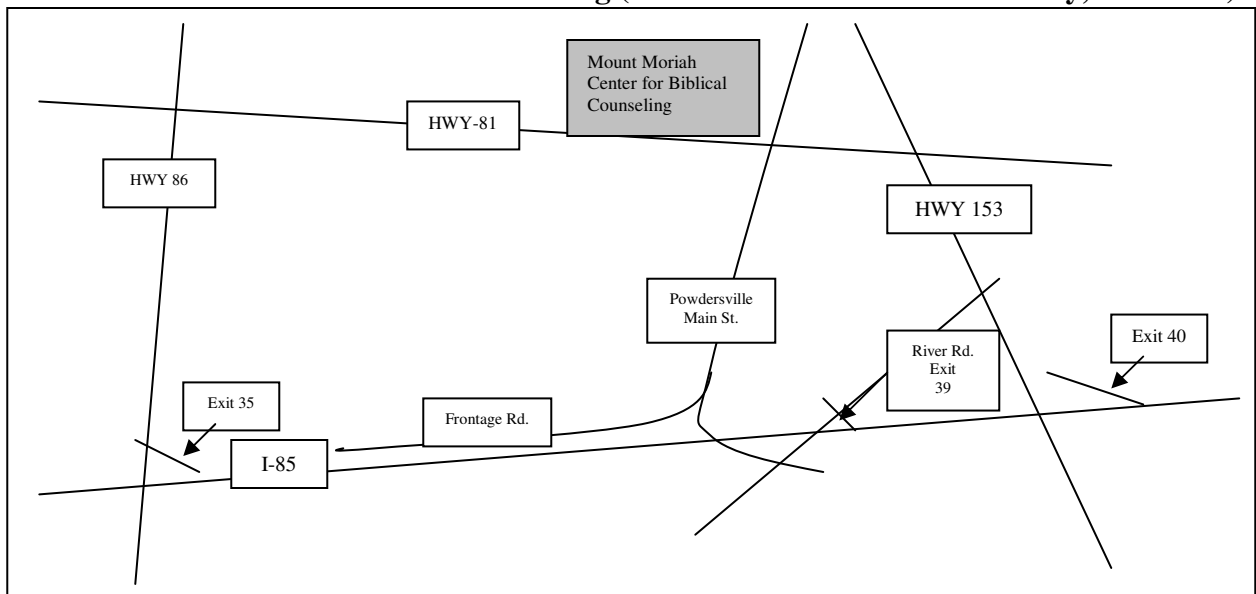
Providence Center for Biblical Counseling (2020 Gibb Shoals Rd. Greer, SC 29650)



- 1 Get on I-85 South towards Greenville
- 2 Get off on Exit 56, HWY 14- Greer, Turn Right onto HWY 14
- 3 Take first left off of HWY 14 onto Johns Rd.
- 4 At the end of Johns Rd. turn left onto Gibbs Shoals Rd., Providence Baptist Church on your right

EASLEY OFFICE

Mount Moriah Center for Biblical Counseling (620 Powdersville Main St. Easley, SC 29642)



- 1 Get on I-85 South towards Greenville
- 2 Get off on Exit 39, River Rd., Turn Right onto River Rd.
- 3 Take first left onto Frontage Rd./ Powdersville Main St., beside the Shell Gas Station
- 4 Stay to the right on Powdersville Main St. for approximately 1.5 miles

What church do you attend? _____

Church address: _____ Pastor's Name: _____

Church member: Yes No Church attendance per month (circle) 1 2 3 4 5 6 7 8 9 10+

(ONLY IF APPLICABLE) Spouse's religious background: _____

Spouse's church's name/address: _____

Is your spouse a church member? Yes No

Spouse's church attendance per month (circle) 1 2 3 4 5 6 7 8 9 10+

What are you learning through the sermons/ messages/ Bible studies at your church? _____

List your ministry involvement: _____

Church attended in childhood: _____

Have you been baptized? Yes No When? _____

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you pray? Never Occasionally Often How often? _____

What do you pray about? _____

Have you come to the place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven? Yes No Uncertain

If yes, what is your basis for answering the above question as you did? _____

Have you received Jesus Christ personally as your Savior? Yes No Uncertain Don't know what you mean

If yes, how do you know that Jesus Christ is your Savior? _____

If you have received Jesus Christ as Savior, what change took place in your life when you became a believer? _____

If you received Jesus Christ as Savior, have you told household/ family members about receiving Jesus as Savior? Yes No If yes, whom have you told? _____

Do you read the Bible? Never Occasionally Often How often? _____

Do you have personal devotions? Never Occasionally Often How often? _____

Describe your personal devotions: _____

Do you have family devotions? Never Occasionally Often How often? _____

Describe your family devotions: _____

Explain any recent changes in your spiritual life: _____

May we contact your pastor for information and help? Yes No Uncertain

Marriage and Family Information:

Spouse's name: _____ Spouse's age: _____
 Address (if different from yours): _____
 Home Phone: _____ Mobile Phone: _____ Business phone: _____ E-mail: _____
 Occupation: _____ Education (in yrs) _____ Religion: _____
 Is your spouse willing to come to counseling? Yes No Haven't asked Uncertain
 Date of marriage: _____ Your ages when married: Husband _____ Wife _____
 How long did you know spouse before marriage? _____
 Length of steady dating with spouse: _____ Length of engagement: _____
 Briefly describe your relationship: _____

Are you currently separated? Yes No Separation Date: _____
 Have you ever been separated? Yes No How many times? _____
 How long was each separation? _____
 Reason for separation(s)? _____

Has either of you ever filed for divorce? Yes No When? _____ Who? _____
 Has either of you been married before? Husband Yes No How many? _____
 Wife Yes No How many? _____
 If you were married before, what is the reason(s) the marriage(s) ended?: _____

<u>Children's Names</u>	<u>Age</u>	<u>Gender</u>	<u>Living?</u> <u>Yes or No</u>	<u>Education</u> <u>(in years)</u>	<u>Marital</u> <u>Status</u>	<u>* PM (see</u> <u>below)</u>

* Check this column if child is by previous marriage

Were you reared by anyone other than your own parents? Yes No If yes, describe briefly: _____

Number of older brothers _____ sisters _____ number of younger brothers _____ sisters _____

If dating or engaged, date you met: _____ Length of dating: _____ Give a brief statement of circumstances of meeting and dating: _____ _____ Are you planning to marry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Expected date of wedding: _____
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Information about prior counseling:

Have you had any counseling before? Yes No

<u>Counselor Name (s)</u>	<u>Dates: Start to Finish</u>	<u>Medication Prescribed</u>	<u>Outcome</u>

Medical and Personal Information:

Rate your health: Very good Good Average Declining Other

Date of last medical examination: _____ Results: _____

Are you currently taking medications? Yes No If yes, please list below.

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason for use</u>

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

What? _____ Amounts/Dosages? _____

Do you drink alcoholic beverages? Yes No When? _____

How much in one week? _____

Please describe any current medical condition or history pertinent to the problem: _____

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

Do the above limit you in any way? Yes No If yes, how so? _____

Have you ever had an emotional breakdown? Yes No When? _____

If yes, please describe: _____

Have you ever considered yourself to have an addiction? Yes No Uncertain

If yes, what, when, and how long? _____

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

When do you normally: go to bed? _____ fall asleep? _____ wake up? _____ get out of bed? _____

If there is a length of time between your going to bed and falling asleep, what do you do during that time?

If there is a length of time between your waking up and getting out of bed, what do you do during that time?

Describe any recent changes in sleep habits: _____

Have you ever been arrested? Yes No If yes, state charges and outcome: _____

Check 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 distance? Yes No When? _____

Have you ever had hallucinations? Yes No When? _____

Do you have any phobia? Yes No When? _____

Explain any answers to **YES:** _____

Additional Information:

Please check any symptoms that you have had in the last six months:

- | | | |
|---|---|--|
| <input type="checkbox"/> change in appetite | <input type="checkbox"/> problems concentrating | <input type="checkbox"/> low self-esteem |
| <input type="checkbox"/> difficulty sleeping | <input type="checkbox"/> low motivation | <input type="checkbox"/> panic |
| <input type="checkbox"/> sleeping too much | <input type="checkbox"/> isolating from others | <input type="checkbox"/> hopelessness |
| <input type="checkbox"/> fatigue/ low energy | <input type="checkbox"/> frequent anger | <input type="checkbox"/> anxiety / fear |
| <input type="checkbox"/> tearful/ crying spells | <input type="checkbox"/> depressed mood / sadness | |

Explain how the ones checked above has affected your life and others: _____

Please check any of the following that best describe you **now**:

- | | | | | |
|--|------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> active | <input type="checkbox"/> ambitious | <input type="checkbox"/> self-confident | <input type="checkbox"/> shy | <input type="checkbox"/> hardworking |
| <input type="checkbox"/> persistent | <input type="checkbox"/> nervous | <input type="checkbox"/> impatient | <input type="checkbox"/> impulsive | <input type="checkbox"/> moody |
| <input type="checkbox"/> kind | <input type="checkbox"/> excitable | <input type="checkbox"/> imaginative | <input type="checkbox"/> calm | <input type="checkbox"/> serious |
| <input type="checkbox"/> introvert | <input type="checkbox"/> likable | <input type="checkbox"/> easy-going | <input type="checkbox"/> extrovert | <input type="checkbox"/> leader |
| <input type="checkbox"/> quiet | <input type="checkbox"/> lonely | <input type="checkbox"/> good-natured | <input type="checkbox"/> sensitive | <input type="checkbox"/> self-conscious |
| <input type="checkbox"/> fearful | <input type="checkbox"/> bitter | <input type="checkbox"/> rebellious | <input type="checkbox"/> submissive | <input type="checkbox"/> serves others |
| <input type="checkbox"/> compassionate | <input type="checkbox"/> merciful | <input type="checkbox"/> peaceful | <input type="checkbox"/> loving | <input type="checkbox"/> gentle |

other: _____

Counseling recommended by: _____

Please read and complete as many of the following sentences as you possibly can.

Name: _____

Date Completed: _____

1. I get nervous when _____.
2. I hate people who _____.
3. I could be happy if _____.
4. When I was a child I could never _____.
5. The thing that upsets me the most is _____.
6. I wish I could lose my fear of _____.
7. I feel that my father is _____.
8. I feel that my mother is _____.
9. My sex life is _____.
10. My parents always expected me to _____.
11. If I were younger _____.
12. My ambition in life is to _____.
13. When I grow older _____.
14. I know it is silly, but I am afraid to _____.
15. My greatest weakness is _____.
16. I wish I could _____.
17. I get mad when _____.
18. My clearest childhood memory is _____.
19. I like to pretend that _____.
20. What I like least about women _____.
21. What I like least about men _____.
22. What I like least about myself _____.
23. What I like most about myself _____.
24. I feel that my mind is _____.
25. I am deeply interested in _____.

26. The happiest time for me was when _____.
27. Men (women) find me _____.
28. My greatest strength is _____.
29. I find myself out of control when _____.
30. I really feel great about _____.
31. I often wonder why _____.
32. It embarrasses me to _____.
33. I cannot decide _____.
34. I laugh when I think about _____.