

Biblical Counseling Application

We are thankful that you are seeking counsel from our pastors here at Fellowship Bible Church. Admitting your need and seeking out help is an incredibly difficult, but noble thing to do. We are grateful for the opportunity to care for you during this season.

Jesus was upfront with his followers that there will be trouble in this world (John 16:33). The troubles you face are real, but the Lord is powerful and present, even in the midst of your challenges. God knows His children and their situations intimately. There is great hope because He cares for you and loves you.

Our Approach

We believe that the Bible is the sufficient tool which God has given us for instruction and guidance, for navigating life by faith and to lead us in obedience to the Lord. Therefore, our approach to counseling is centered on God's Word and to seek to conform our hearts and lives to it.

Spiritual growth happens primarily in and through relationships. Therefore, we would ask that while you are going through biblical counseling you

- commit yourself to worshiping on Sunday mornings
- commit to taking steps towards building biblical community.

God's church, the body of believers, is here that we may build each other up in love and to urge each other on in our pursuit of the Lord (Ephesians 4:15-16).

Confidentiality

We understand that the counseling process is centered around sensitive issues. We will carefully guard the information that you entrust to us. It is our desire to never need to share any information shared in the counseling room. However, there are circumstances in which we will be obligated to share with others: (1) When a pastor is unsure of how to address a particular problem and needs the confidential wisdom of another pastor or elder; (2) when there is a clear indication that someone has been or will be harmed; (3) when a person continues to renounce a particular sin and other leadership within the church need to be consulted for the fulfillment of church discipline taught in Matthew 18. Every pastor is committed to keeping the counseling process as private as possible.

We are grateful for the opportunity to minister to you. If you agree to the above information, please sign below. If you have any questions or concerns regarding this document please ask a pastor or elder.

Signed:

PERSONAL INFORMATION

Your Name:
Email:
Phone (Home):
(Cell):(Work):
Address:
City: Zip:
Occupation:Employer:
Sex: M F Birthdate: Age:
Health Information
Rate your health (check): Very Good Good Average Declining
List all important present or past illnesses, injuries or handicaps:
Are you presently taking any medication: Yes No
Have you recently suffered the loss of someone who was close to you? Yes No
If so, when? Please explain:
Have you dealt with severe emotional struggles in the past? Yes No
Have you had therapy or counseling before? YesNo
If so, please explain:

MARRIAGE AND CHILDREN (If Applicable)

Name of Spouse		
Occupation		
Phone (H)	(W)	
Spouse's age		
Date of marriage	Your ages when married: You	_ Spouse
Would your spouse be willing to com	ne for counseling? Yes No	Uncertain
Have you ever been separated? Yes_	No If so, when?	
Have either of you ever filed for divo	orce? Yes No If so, when?	
Give brief information about any pre	vious marriages:	

Please provide any information pertaining to your children.

Name	Age	Gender	From previous marriage?

RELIGIOUS BACKGROUND

Are you a member of Fellowship Bi	ible Church?	Yes	No	-	
If no, do you attend a church regula	rly? If yes, w	hich one?			
How often do you attend per month	? (circle) 0	1 2 3	6 4 +		
Do you participate in a D-Group? If	yes, which o	ne?			
Did you attend church growing up?	If yes, which	one?			
Do you consider yourself a religiou	s person? Ye	S	No	Uncertai	n
Do you pray to God? Yes	No	Never	_ Occasiona	ıllyC	Often
Would you say you are a Christian?	Yes	No			

Why or why not?

How often do you read the Bible? Never	Occasionally	Often
Explain recent changes in your religious life, if ar	ıy	

Please answer the following questions

1. Why are you seeking counseling? What is the problem as you see it?

2. What have you tried to do about the problem so far?

3. In what ways have you contributed to the problem?

4. What do you hope to accomplish in counseling? What are your expectations and goals?