**Counseling Agreement**

**This form must be completed in full before the first counseling session.**

**All information is confidential.**

**IDENTIFICATION DATA:**

Name: Home Phone:

Address: City: State: Zip Code:

E-mail Address:

Occupation: Business Phone:

Sex:   Male     Female Birth Date: Age:**­** Cell Phone:

   Married    Separated    Divorced   Widowed    Divorce/Remarried

Education: (Last year completed)   B.S. Other training:

Referred by:

**HEALTH INFORMATION:**

Rate Your Health:    Very Good    Good    Average­   Declining   Other

Recent (last 12 months) weight changes: Lost    lbs. Gained   Several lbs.

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

Date of Last Medical Examination:Report:

Your Physician: Address:

Are you currently taking medication?    Yes   No If so, what?

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

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

Have you ever been arrested?    Yes    No Explain:

**RELIGIOUS BACKGROUND:**

Denominational preference:Church: Member:   Yes     No­

Church Attendance per month:    0    1   2    3    4    5    6    7    8    9    10+ Online

Church Attended in childhood:   Methodist Were you baptized?    Yes   No­

Religious background of spouse (if married):

Do you consider yourself a born-again Christian?    Yes     No    ­ Uncertain

Do you believe in God?    Yes    No     Uncertain

Do you pray to God?     Never    Occasionally     Often

How much do you read the Bible?     Never     Occasionally     Often

Do you have regular family devotions?    Yes     No

Do you believe Satan exists?    Yes     No

Have you ever dabbled in the occult? (Séances, witchcraft, etc.)?    Yes    No

Explain recent changes in your religious life, if any:

**PERSONALITY INFORMATION**

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

If yes, list counselor or therapist and dates:

For what reason did you receive counseling?

What was the outcome?

**PERSONALITY INFORMATION (CONTINUED):**

Describe yourself. What kind of a person are you? ­­­­

What do you fear the most?

Have you recently suffered a loss (work related, friendship, etc.)    Yes   No (Sort Of)

If yes, explain:

**CHECK ANY OF THE FOLLOWING WORDS WHICH BEST DESCRIBE YOU NOW**:

    Godly     Ethical    Hypocritical    Strict    Angry     Unreasonable    Abusive

   Irresponsible    Cruel    Uneducated    Proud    Embarrassing    Active    Ambitious   Self-confident    Persistent     Nervous    Hardworking    Impatient    Impulsive    Moody    Often blue    Excitable    Imaginative    Calm    Serious    Easy-going    Shy    Good-natured    Introvert    Extrovert    Likable    Leader    Quiet    Hard-boiled    Submissive    Lonely    Self-conscious    Sensitive    Humorous    Sloppy    Whiner    Well-groomed    Self-disciplined    Selfish    Lots of Friends    Failure    Success Other:   

**MARRIAGE AND FAMILY INFORMATION:**

Name of spouse: Address: Phone:

Cell Phone: Business Phone:

Occupation: E-mail:

Age: Education (yrs.):    Denomination:

Is spouse willing to come for counseling?    Yes    No    Uncertain

Have you ever been separated?    Yes    No When? From to

Are you currently separated?    Yes     No

Have either of you ever filed for divorce?    Yes   No When?

Date of marriage:Ages when married: Husband­ Wife

How long did you know your spouse before marriage?

Length of steady dating (courtship) with spouse: Length of engagement:

Give brief information about any previous marriages:

**INFORMATION ABOUT CHILDREN:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PM\* | Name | Age | Sex | Living | Education | Marital | Living with |
|  |  |  |  | *Y or N* | in years | Status | you? *Y or N* |
|  |  |  |  |  |  |  |  |
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\* Check column if child is by previous marriage of either spouse.

**FAMILY AND CHILDHOOD INFORMATION**

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

How many older brothers    sisters   do you have?

How many younger brothers    sisters   do you have?

**What kind of home did you grow up in?** (Check all that apply)

   Traditional (Father, Mother, Kids)   Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions)   Divorced (Who did you live with?    Mom     Dad    Other:   )    Alcoholic (   Skid Row    Functional, but affected     Dysfunctional affect on family)   Drug

Affected(   Cocaine    Heroin    Marijuana    Other: )   Perfectionist (Everything had to be done just right to please     Mom     Dad Other: )    Critical (One or both parents could only remark about the negatives. Little praise for good things.)    Affectionate (    Demonstrative with hugs, kisses, etc.     Affection there, but not openly shown)    Emotional (   Crying allowed, but controlled;    Anger, screaming freely allowed)   Repressed (    Emotions not allowed to show     Parents showed emotion, but kids not allowed to do so)    Religious(    In name only    Strict   Hypocritical    Genuinely happy)    Step-family (Which parent remarried?    Had to live with step-brothers or step-sisters?)

   Abusive (In what way?     Sexual     Physical Beatings    Emotional    Other: )

**FAMILY AND CHILDHOOD INFORMATION CONTINUED**

**Check the appropriate words:**

Which word characterizes your **Father**:

   Godly    Ethical    Hypocritical    Strict    Angry     Unreasonable    Abusive

   Irresponsible     Cruel    Uneducated    Proud    Embarrassing    Active     Ambitious    Self-confident    Persistent     Nervous     Hardworking    Impatient    Impulsive    Moody    Often blue     Excitable    Imaginative    Calm    Serious    Easy-going    Shy    Good-natured    Introvert    Extrovert    Likable    Leader    Quiet    Hard-boiled    Submissive    Lonely    Self-conscious     Sensitive    Humorous    Sloppy    Whiner    Well-groomed    Self-disciplined    Selfish    Lots of Friends    Failure    Success Other:

Which word characterizes your **Mother**?

   Godly    Ethical    Hypocritical    Strict    Angry     Unreasonable    Abusive

   Irresponsible     Cruel    Uneducated    Proud    Embarrassing    Active     Ambitious    Self-confident    Persistent    Nervous     Hardworking    Impatient    Impulsive    Moody    Often blue     Excitable    Imaginative    Calm    Serious    Easy-going    Shy    Good-natured    Introvert    Extrovert    Likable    Leader    Quiet    Hard-boiled    Submissive    Lonely    Self-conscious     Sensitive    Humorous    Sloppy    Whiner    Well-groomed    Self-disciplined    Selfish    Lots of Friends    Failure    Success Other:

Where did you grow up?     Urban Area     Suburban Area     Small Town     Rural     Farm

City: State:  Population:

What was your family’s economic situation when you were a child?

    Extremely poor     Poor     Lower Middle Income     Middle Income

    Higher Middle Income    Wealthy     Extremely Wealthy

Were you every sexually abused by anyone?    Yes     No

(Please detail:    A relative?     A stranger?     A neighbor?

How old were you at the time?     Was the person who abused you ever prosecuted?    Yes     No

What was your happiest memory as a child?

What was your unhappiest memory as a child?

Did you experience a major trauma when you were a child? Detail:

    At home:

At School:

    At Neighbor’s Home:

At Relative’s Home:

    Other:

**TELEVISION AND ENTERTAINMENT**

How much television do you watch each day? 0 hrs.

List your favorite programs:

What is your favorite type of music?

List your favorite entertainers:

**BIO-PSYCHOLOGICAL INFORMATION**

Are you afraid of being in a car?     Yes    No

Do you have problems sleeping?     Yes    No

**PERSONAL BEHAVIOR HABITS**

1. Do you drink coffee or other caffeinated drinks?     Yes     No / How much per day? Too many
2. Do you smoke?     Yes     No How much?
3. Do you explode when you get angry?     Yes    No
4. Do you withdraw when you get angry or hurt?     Yes     No sometimes
5. Do you frequently argue with significant other people?     Yes     No

**WOMEN ONLY**

Have you had any menstrual difficulties?     Yes     No Explain:

Do you experience tension, tendency to cry, or other symptoms prior to your cycle?     Yes     No

Explain:

Is your husband willing to join you in your sessions?     Yes     No     Uncertain

Is he in favor of you attending?     Yes     No If no, explain:

**BREIFLY ANSWER THE FOLLOWING QUESTIONS**

What is the main problem as you see it (What brings you here)?

What have you done about it?

What do you hope to achieve? (What are your expectations?)

What further information about your self should we know?

**PROMLEM CHECK LIST: (check the areas which are currently taking place)**

    Anger     Envy     Appetite

    Anxiety     Fear     Memory

    Apathy     Gluttony     Moodiness

    Bitterness     Guilt     Rebellion

    Change in Lifestyle     Health     Sex

    Children     Homosexuality     Sleep

    Depression     Impotence     Wife Abuse

    Deception     In-laws     A Vice

**COUNSELING/CONSULTING INFORMATION AND RELATIONSHIP**

1. Diagnostic Tools: We use helpful forms such as this Personal Data Information form, the Problem Pattern Analysis form, and other aids to gain an understanding of the central problems a person is experiencing. The Bible is our frame of reference to understand and change human behavior.
2. Intent Listening: We encourage the client to speak his mind in an appropriate fashion and to discuss his thoughts, anxieties, resentments, and fears so that the consultant will have a clear understanding of the central problems.
3. Team Counseling: There may be times when a counseling situation may call for a team approach. In this event, we may have more than one consultant involved in a session. These consultants share insights and opinions with one another which pertain to the case.
4. Assignments: Clients make more rapid progress when they are required to study or to perform specific informational or behavioral assignments which pertain to the problem. We tailor these assignments to the individual and their circumstances.
5. Accountability: We are interested in believers learning how to experience the peace and joy that result from a walk of obedience to God’s Word, and we believe it is important to hold a client accountable for doing the assignments on schedule.

**HOW LONG DOES BIBLICAL COUNSELING TAKE:**

Biblical counseling will vary in the amount of time required according to the individual, his motivation and the particular problem. On the average, however, the process requires far less time than conventional secular counseling. One reason is that Biblical counselors are not interested in prolonging the number of sessions. Simple problems are often solved in one or two sessions. Severe problems may require a longer period. Addressing marital issues may require as many as 12 to 18 sessions. Substance abuse (which in a Biblical context is understood as a worship problem, idolatry) problems may require many more sessions with intensive accountability and follow-up.

**\*\*\*HOW MUCH DOES IT COST?**

1. **1st Session for Individual (90 min) = $100**
2. **1st Session for Marriage/Family (90 min) = $120**
3. **Regular Session for Individual (60 min) = $70**
4. **Regular Session for Marriage/Family (60 min) = $100**
5. **Cancelation Fee without 24-hour Notice = 50% of Session**
6. **NO SHOWS = 100% of session**
7. **Request for Paperwork = $25 + time**
8. **Sessions that go over the allotted time will be charged accordingly.**
9. **Phone calls will be charged as session if longer than 15 minutes.**
10. **Clients can pay by cash, check or Cash App. Or the counselor will send an invoice through your email.**
11. **Payment is due no later than one day after the appointment.**

* Fees can be paid at your appointment in the form of CASH, CASH APP, INVOICE or CHECK.
* CHECKS SHOULD BE MADE PAYABLE TO: ABUNDANT LIFE BIBLICAL COUNSELING.

**\*\*\*WHAT IF I MISS AN APPOINTMENT?**

***No-show appointments require a fee equaling 100% of the session. Please let your counselor know 24 hours ahead of time if you cannot attend to avoid the fee. Appointments that are canceled with less time given / no-show appointments could be given to other clients. Please respect that others are wanting those appointments. Notifying the counselor in less than 24 hours will result in a 50% fee.***

**ABOUT CONFIDENTIALITY**

Usually, anything discussed with your counselor/coach and all information on this intake will be held in strict confidence. However, there are some situations that may have to be reported to appropriate authorities as required by law. This reporting may take place without your permission or knowledge. Reportable situations include, but may not be limited to, indications of bodily harm to self or others, involvement in a felony, suicidal intentions, and reasonable evidence/suspicion of child/elder/dependent abuse or neglect. Your counselor may also be required to disclose information in response to a subpoena issued by a court of law. Your information will not be shared without your written consent except under legal obligation or for professional consultation. There are also times when a counselor/coach/consultant may consult with others on his or her team for advice. There may also be times when information is given to those you approve of in writing, such as an advocate or family member.

**Counseling/Consulting Agreement:**

I, (name)    , understand that I am receiving Biblical counseling/coaching/consultation. I understand that my counselor **is not a licensed therapist, psychologist, or Licensed Professional Counselor.** I understand that at any time the counseling process, for reasons sufficient to himself/herself, the counselor(s) or the client(s) shall have the option of terminating this agreement. I understand that information disclosed in sessions will be held confidential unless the Bible or the law requires disclosing that information.

1. I am committed to changing my life by coming into obedience to the Word of God.
2. I will keep the appointment time or will call to cancel in advance with a legitimate reason.
3. I will fulfill the weekly assignments.
4. I will attend church each Sunday while I am in counseling.
5. I understand that confidentiality cannot be guaranteed in the case of information as indicated above.

I have read the consulting agreement above and agree to enter a consulting relationship in accordance with it.

Signed:     Date:

(To save, go to File, Save As, and type “PDI.” Then, send the completed form to rebecca@abundantlifebiblicalcounseling.com)