

Consent to Counseling

East Shore Biblical Counseling Ministries, LLC

Our Goal- Our goal in providing Christ-centered, biblically-focused 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- We believe that the Bible provides thorough guidance and instruction for faith and life (II Peter 1:3). Therefore, our counseling is based on biblical principles rather than those of secular psychology or psychiatry.

Not “Licensed” Professional Advice- If you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our ministry staff and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant biblical principles. That will equip and refine your response in all circumstances and situations (Phil. 4:4).

Confidentiality- Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are five situations, however, when it may be necessary for us to share certain information with others:

1. We see East Shore Biblical Counseling Ministries, LLC as a training facility for lay biblical counselors. With that in mind, more often than not, you will have observers in your counseling sessions. Those serving in that capacity are there for training purposes only and will not be involved in the active counseling session. They will be required to keep all information confidential and discuss only those things necessary for training with the training counselor.
2. In discussions with the pastor of your local church, physician, previous counselor and/or your advocate for the sole purpose of gaining information for your care or to help in follow up and after care.
3. When a counselor is uncertain of how to address a particular problem and needs to seek advice and wisdom from other ESBC staff members or lay counselors. We will make every effort to be sensitive to your situation.
4. When there is a clear indication that someone may be harmed unless others intervene.
5. 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 Proverbs 15:22; 24:11; Matthew 18:15-20).

Please be assured that our counselors strongly prefer not to disclose personal information to others, and we will 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 the counselor or with East Shore Biblical Counseling Ministries, LLC as a result of counseling will be settled by mediation from a third party; our Pastoral staff and Deacon body, and/or leadership from your church. We will make every effort to resolve conflict in a manner that is in line with biblical principles and under the authority of the local church.

Video Monitoring/Recording- For your protection and the protection of our counselors, we video record and monitor all counseling sessions (No audio recording is done).

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 an East Shore Biblical Counseling Ministries, LLC staff member or lay counselor. If these guidelines are acceptable to you, please sign below.

Signed: _____ Dated: _____

East Shore Biblical Counseling Ministries, LLC
6721 Jonestown Road
Harrisburg, Pa 17112
Phone (717) 657-0614

I understand that the counseling I receive at East Shore Biblical Counseling Ministries, LLC will be based on the counselor's understanding of the Bible.

Signed _____

Date _____

Personal Data Inventory

Identification Data:

Date: _____

Name: _____ Home Phone (____) _____ Cell Phone (____) _____

E-Mail Address _____

Address _____ City _____ State ____ Zip _____

Occupation _____ Business Phone (____) _____

Sex ____ Birth Date _____ Age ____ Height _____

Marital Status: Single ____ Dating ____ Married ____ Separated ____ Divorced ____ Widowed ____

Education (last year completed): _____ grade _____ Other training (list type and years): _____

Referred here by: _____ Address _____

City _____ State ____ Zip _____ Phone (____) _____

Health Information:

Rate your health (check): Very Good ____ Good ____ Average ____ Declining ____ Other ____

Your approximate weight _____ lbs. Weight changes recently: Lost: _____ Gained: _____

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

Date of last medical examination _____ Report: _____

Your physician _____ Address _____

City _____ State ____ Zip _____ Phone (____) _____

Are you presently taking medication? Yes ____ No ____ Explain: _____

Have you ever been arrested? Yes ____ No ____

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: _____ Member _____

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

Church attended in childhood: _____ Baptized? Yes _____ No _____

Religious background of spouse (if married) _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

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

Do you pray to God? Never _____ Occasionally _____ Often _____

Are you saved? Yes _____ No _____ Not sure what you mean _____

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

Do you have regular family devotions? 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: _____

What was the outcome? _____

Circle any of the following words which best describe you now: active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likeable leader quiet hard-boiled submissive self-conscious lonely sensitive other _____

Have you ever felt people were watching you? Yes _____ No _____

Do people's faces ever seem distorted? Yes _____ No _____

Do you ever have difficulty distinguishing faces? Yes _____ No _____

Do colors ever seem too bright? Yes _____ No _____ Too dull? Yes _____ No _____

Are you sometimes unable to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

Are you afraid of being in a car? Yes _____ No _____

Is your hearing exceptionally good? Yes _____ No _____

Do you have problems sleeping? Yes _____ No _____

MARRIAGE & FAMILY INFORMATION:

Name of Spouse _____ Address _____

City _____ State _____ Zip _____ Phone () _____

Phone () _____ Occupation _____ Business Phone () _____

Your Spouses' age _____ Education in years _____ Religion _____

Is your spouse willing to come for counseling Yes ____ No ____ Uncertain _____

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

Has either of you ever filed for divorce? 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: _____

INFORMATION ABOUT CHILDREN

*PM	Name	Age	Sex	Living? Yes/No	Education (in years)	Marital Status
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Check this column if child is by previous marriage

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

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

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

What is counseling availability? MON TUE WED THU FRI SAT SUN

List morning hours available:

List afternoon hours available:

List evening hours available:

BASIC SUMMARY

Name _____

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. As you see yourself, what kind of person are you? Describe yourself.
5. Is there any other information we should know?