



BIBLICAL SOUL CARE

Application for Counsel



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## **Biblical Soul Care**

### **Personal Data Inventory**

This Personal Data Inventory is our way of getting to know you so we can best serve you. It is important to gather both past and present information. We want you to be as open and specific in your answers as possible. This will help us to be both prepared and effective in the counseling process.

#### **PLEASE PRINT YOUR INFORMATION AND WRITE LEGIBLY**

1. If not for yourself, for whom are you filling out this form:
2. You were referred to Biblical Counseling by whom (mark one):
3. Pastor  Elder  Small Group Coach  Small Group Leader  Other
4. Please provide their name:

#### **Personal Information**

1. Today's Date:
2. Your Name: First: \_\_\_\_\_ Last: \_\_\_\_\_
3. Gender:
4. Your birth date: \_\_\_\_\_ Your current age: \_\_\_\_\_
5. Email address:
6. Best contact phone number:
7. Alternative contact phone number:





12. Have you ever used illegal drugs?

Yes  No

Please provide details:

Name	Frequency	Approximate time frame.

13. Are you currently using alcohol to self-medicate?

Yes  No

14. Do you consider yourself to be under the control of alcohol?

Yes  No

15. How much alcohol do you consume in a day?

Please feel free to elaborate on any of the questions above by adding information below.

### Background Information

1. Other than your parent(s), did you have any significant childhood role model?

Yes  No

If "yes", please explain:

Parenting was:

Authoritative  High control; rules without relationship

Permissive  Low control; much freedom, some relationship

Disengaged  Very little control or relationship

Other

2. Were your parents divorced? Yes  No

Your age at the time of their divorce:

3. Home atmosphere: Affectionate  Critical  Outwardly religious

Authentically Christian  Perfectionistic  Hostile  Other

4. Was there abuse in your past? No  Sexual  Physical  Emotional

If yes, please explain:

5. Was there substance abuse in your family? Yes  No

If yes, please explain:

6. Have you ever been arrested? Yes  No

If yes, please provide details:

Date of Arrest	Charge	Disposition

7. Have you had a significant major stressor in your life in the past 12 months, such as:

- |                      |                          |                        |                          |
|----------------------|--------------------------|------------------------|--------------------------|
| New job or promotion | <input type="checkbox"/> | New baby               | <input type="checkbox"/> |
| New home             | <input type="checkbox"/> | Death of loved one     | <input type="checkbox"/> |
| Financial challenges | <input type="checkbox"/> | Victim of a crime      | <input type="checkbox"/> |
| Car accident         | <input type="checkbox"/> | Pregnancy/miscarriage  | <input type="checkbox"/> |
| Major/sudden illness | <input type="checkbox"/> | Child moving from home | <input type="checkbox"/> |
| Other                |                          |                        |                          |

Please provide details:

### **Personality**

1. Check each word that describes you:

- |           |                          |            |                          |                |                          |
|-----------|--------------------------|------------|--------------------------|----------------|--------------------------|
| Excitable | <input type="checkbox"/> | Moody      | <input type="checkbox"/> | Self-conscious | <input type="checkbox"/> |
| Shy       | <input type="checkbox"/> | Despairing | <input type="checkbox"/> | Depressed      | <input type="checkbox"/> |
| Lonely    | <input type="checkbox"/> | Sensitive  | <input type="checkbox"/> | Serious        | <input type="checkbox"/> |
| Impatient | <input type="checkbox"/> | Angry      | <input type="checkbox"/> | Easy Going     | <input type="checkbox"/> |
| Impulsive | <input type="checkbox"/> | Anxious    | <input type="checkbox"/> |                |                          |

2. Have you ever had any counseling or psychotherapy? Yes  No

Please provide relevant details: (why, where, how long, major issue at the time)

### Faith Background

1. Have you put your faith in Jesus Christ as your Lord and Savior? Yes  No

If yes, please explain:

2. Have you been baptized? Yes  No

If yes, when:

3. How often are you in God's Word? Multiple times a day  Daily   
Several Times a week  At least a couple of times a week  Not at all

4. How often do you pray? Multiple times a day  Daily   
Several times a week  At least a couple of times a week  Not at all

5. Harvest Bible Chapel Status: Member  Attender  Other

6. If "other" where do you attend:

7. Are you participating in a Small Group at Harvest Bible Chapel? Yes  No

Small Group Leader

How Long?

8. Are you currently serving at Harvest Bible Chapel? Yes  No

If yes, what ministry and in what capacity:

9. Has your spouse put his/her faith in Jesus Christ as their Lord and Savior:

10. Yes  No

If yes, explain:



## Harvest Bible Chapel - Biblical Soul Care Life Story

For all entries, please be as specific and concise as possible.

Testimony - Your life before knowing Christ. When you accepted Christ and how things changed because of it.

Spiritual Journey - Since you've come to Christ, what has your life been like? How have you struggled in your walk with Christ and what victories have you seen?

Life Story - tell us what you can remember from your earliest memories. We are only looking for a synopsis, so don't include every detail. However, we do want to get to know you and what things have influenced, shaped, and grown you or what circumstances have been difficult for you – in other words, tell us the good AND the bad.

Please try to include your thoughts about your faith as much as possible throughout.

For example:

0-12(Tell us about your family of origin)::

- raised by single mother
- traumatic history of abuse
- loss of dear family member
- fond memories of vacations with family
- Grew up in a home that was religious by name only - knew God but didn't live my faith

As with all the other forms, this information will be kept highly confidential.

First Name:

Last Name:

My Testimony:

My Spiritual Journey:

Years of Age: 0-12:

Years of Age: 19-22:

Years of Age: 13-18:

Years of Age: 23-25:

After 25 years of age (5-10yr range):

Next 5-10 years:

Next 5-10 years:

Next 5-10 years:



An advocate is someone who will come along side you and assist you in your walk with Christ. The advocate is typically a member of your small group and is expected to be present with you during your counseling session. Your advocate's role is to listen during the counseling session and then assist you by means of accountability during the week. If you are not currently part of a small group, the small group pastor will assist in placing you in the most appropriate small group and will work with the small group leader to identify an available advocate.

First Name:

Last Name:

What is their relationship to you?

8. What days and times would be your first and second choices for counseling availability?

# BIBLICAL SOUL CARE

## Required Form

It is both our privilege and goal to help you toward Christ-likeness during this time in your life. Once these forms are complete, we will contact you as soon as possible.

Date:

Name: First

Last:

### **CONSENT TO COUNSEL & AUTHORIZATION TO REQUEST/RELEASE INFORMATION**

**Our Goal** - Our goal in providing Christ centered 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; therefore, our counseling is based on Scriptural principles rather than those of secular psychology or psychiatry. Although some of the pastoral or lay counselors of Harvest Bible Chapel may be licensed in other fields, such as medicine or psychology, they will not practice in that capacity, but only as Biblical counselors under the authority of the Elders of Harvest Bible Chapel.

**Not Professional Advice** - If you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. None of the Harvest Bible Chapel counselors are licensed professionals. 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 scriptural principles.

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

- In discussions with a physician, previous counselor, Harvest Bible Chapel counselors and/or your advocate, for the sole purpose of gaining information for your care, or to help in follow up and after care.
- When a counselor is uncertain of how to address a particular problem and needs to seek advice and wisdom from another Harvest Bible Chapel staff member, we will make every effort to be sensitive to your situation.
- When there is a clear indication that someone may be harmed unless others intervene.
- When a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation. (see Proverbs 15:22, 24:11, Matthew 18:15-20)
- When required to report a crime, as mandated by Michigan Law.

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. As part of our mission to train and equip others for discipleship/biblical counsel, we will have a counselor-in-training observe your case.

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 are resolved in a biblical manner, we require all of our counselees to agree that any dispute that arises with a counselor or with Harvest Bible Chapel staff as a result of counseling, will be settled by mediation under the leadership of HBC. We will make every effort to resolve conflict in a manner according to the principles of Scripture.

Reservation of Rights – Harvest Bible Chapel reserves the right to determine who will receive discipleship and who will be referred to other counseling outside of Harvest Bible Chapel. It is your responsibility to take the appropriate actions necessary to arrange for counseling and any payment with the outside counseling entity.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ. We desire to be used by God as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If these guidelines are acceptable to you, please sign below.

Date: Signature (Counselee): \_\_\_\_\_

Print Name

Date: Signature (Parent/Guardian): \_\_\_\_\_

Print Name