

Turning Hearts Ministries

Counseling Agreement

All counseling will be conducted in accordance with the the Word of God. It will be biblical, pastoral counseling in which the Bible is, in all cases, the final authority. If you are not sure that you will be interested in Biblically-based counseling, you may participate in an initial session to discover what Biblical counseling is like. If you are willing to use the Bible as the final authority in counseling, we will proceed with counseling sessions.

If you are a member of a church, it may be advisable to inform your pastor that you are participating in Biblical counseling, and upon discretion of the counselor, your pastor or other shepherding elder may be asked to accompany you to counseling sessions.

At any time during counseling, you may choose to end counseling for reasons sufficient to yourself, or the counselor may choose to end counseling as well.

Information disclosed in counseling sessions will be held confidential. However, absolute confidentiality is not consistent with the teaching of the Word of God. In matters of Biblically-defined sin (Matthew 18:15-20), there comes a point at which, under certain circumstances, the Lord requires that facts be disclosed to others. This would be done only as the Lord instructs in His Word.

All counseling is done free of charge as a ministry of Turning Hearts Ministries. If you would like to support the teaching, counseling, and disciple-making work of Turning Hearts Ministries, checks should be made out to Turning Hearts Ministries, not to the name of the counselor.

Biblical counseling consists of the giving of advice and instruction grounded in the teaching of God's Word, and the discipleship process of training in the practical application of Scriptural commands and principles. The counselee is fully and solely responsible for how he heeds that counsel and implements those principles.

We are convinced of what the Bible itself declares in 2 Peter 1:3, that God's "divine power has given us everything we need for life and godliness through our knowledge of Him who called us by His own glory and goodness." Biblical counseling is the process of seeking "knowledge of Him" in His Word, the Bible. Turning Hearts Ministries' counselors do not claim to know all there is to know about Biblical teaching and its application, but with the benefit of over thirty years of Bible study and teaching and experience in providing Biblical counsel and guidance, they will do their utmost to help you. If there is an area in which we feel we need to refer you to medical or other professional help, we will certainly make that known to you.

If you are interested in counseling, please sign below as indicated.

I have read the conditions for counseling set forth in this agreement and desire to enter into counseling in accordance with these conditions.

Signed: _____ Date: _____

Counseling Data Inventory

IDENTIFICATION DATA:

Name: _____ Age: _____ E-mail: _____
Address: _____ Phone: _____

MARITAL AND FAMILY INFORMATION:

Marital Status (✓): Single _____ Married _____ Divorced _____ Separated _____
Remarried _____ Widowed _____ Name of spouse: _____

Is spouse willing to participate in counseling? (✓): Yes _____ No _____ Uncertain _____

Have you ever been separated? (✓): Yes _____ No _____ When? from _____ to _____

Have either of you ever filed for divorce? (✓): Yes _____ No _____ When? _____

Have either of you ever been previously married? (✓): Yes _____ No _____ If yes, explain:

Children? (Please list names and ages and indicate if child is by previous marriage with "PM":

Name/age: _____ Name/age: _____

Name/age: _____ Name/age: _____

Name/age: _____ Name/age: _____

HEALTH INFORMATION:

Present physical health (✓): Very good _____ Good _____ Average _____ Poor _____

Any recent significant illnesses or injuries? _____

Any significant weight changes? (✓): Yes _____ No _____ Amount gained/lost _____

Are you currently taking medication? (✓): Yes _____ No _____ If so, why? _____

Have you ever used any drugs for other than medical purposes? (✓): Yes _____ No _____

If yes, please explain: _____

Rate your energy level (✓): Very good _____ Good _____ Average _____ Poor _____

Rate your sleep pattern (✓): Very good _____ Good _____ Average _____ Poor _____

RELIGIOUS INFORMATION

Church: _____ Member? (✓): Yes _____ No _____

Church attendance per month: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8/+ _____

Are you sure that you have been born again? (✓): Yes _____ No _____ I'm not certain _____

How familiar are you with the Bible? (✓): Very _____ Somewhat _____ Not much _____

Please explain any recent changes in your spiritual life, if any: _____

Biblical Counseling Preliminary Questions

1. From your perspective, what do you see as the problem/issue we need to address? (What is your reason for desiring counseling?)

2. What have you done about the problem/issue thus far?

3. What do you want for us to do about the problem/issue? (What do you hope will be the outcome of counseling?)
