



Biblical Encouragement Intake Form

Identification Data

Name: _____ Phone: _____ Date: _____

Address: _____

Email: _____

Gender: _____ Date Of Birth: _____ Age: _____

Referred here by: _____

Marriage and Family Information

Name of Spouse: _____ Address: _____

Phone: _____ Business Phone: _____ Occupation: _____

Spouse's Age: _____ Education (in years): _____ Religion: _____

How long have you been married? _____

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

Do you consider yourself born again? Yes _____ No _____ Uncertain _____

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

Do you read the Bible? Never _____ Occasionally _____ Often _____

Do you have family devotions? Never _____ Occasionally _____ Often _____

If you have received Christ as your Savior, what changes took place in your life when you became saved? _____

Have you ever had any therapy or other counseling before? Yes _____ No _____

Counselor/Therapist Names	Dates From/To	Medication Prescribed	Outcome and Diagnosis
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Please check any of the following general problem areas in your marriage / or other relationships:

- | | | |
|---|---|--|
| <input type="checkbox"/> Not resolving conflicts | <input type="checkbox"/> Lack of communication | <input type="checkbox"/> Struggling in Christian Walk |
| <input type="checkbox"/> Conflicts over decision Making | <input type="checkbox"/> Credit or Debt Problems | <input type="checkbox"/> Selfishness |
| <input type="checkbox"/> Interference from in-laws | <input type="checkbox"/> Unrealistic expectations | <input type="checkbox"/> Possessiveness or jealousy |
| <input type="checkbox"/> Drug or alcohol abuse | <input type="checkbox"/> Pornography | <input type="checkbox"/> Sexual frustration |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Unforgiveness | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Lack of involvement or discipline problems with the children | <input type="checkbox"/> Over commitment outside the home; job, sports, etc. |

What have you done to try to resolve these problems?

Is there one problem which has motivated you to make this appointment today?

What are you expecting to receive from this counseling?

In order that we may best serve you, is there any other information that you would like to share?

Maranatha Chapel Church
BIBLICAL COUNSELING AGREEMENT

A Biblical Guidance counselor is a non-professional person in whom the church has recognized the gift of helping people, has obtained a significant level of training, and receives ongoing supervision by the Director of Biblical Guidance. Since biblical guidance is not the same as psychology or marriage, family and child counseling, we want to be certain that you understand and agree to our policies and procedures regarding the confidentiality of communications between you and your biblical counselor.

We believe that confidentiality and privileged communication are rights of all people involved in biblical guidance. It is our policy to keep confidential all communications during the counseling between the biblical counselor and counselee. We are only obligated to break confidentiality when we believe you are capable of harming yourself or others; or when there is any reasonable suspicion of child, elder, or dependent adult abuse cases.

As a part of the biblical guidance supervision, it may be necessary for your biblical counselor to reveal confidential information learned during counseling sessions with you. Any other participants in the supervision will be pastors or biblical counselors associated with Maranatha Chapel Church, and will be bound by the same policies of confidentiality as your biblical counselor.

As a counselee, I understand the following:

1. I will meet with my counselor for ten sessions, usually for one 50-minute session per week at the church.
2. At the end of ten sessions, a reassessment of the counseling purposes will be made by both the biblical counselor and myself. At that time, a new decision will be made concerning the best course of action for me.
3. If I must cancel an appointment, I will make every attempt to call the church office and give at least 24 hours prior notice.

Signed _____ **Date** _____