

DATE: _____

Child's Name _____ E-mail _____

Street Address _____ City _____ State _____ Zip _____

Sex _____ Birth Date _____ Age _____ Weight _____ Height _____

Home Phone _____ Cell Phone _____

Education: Last completed grade (prior to college) _____

Other Education: (List type and years) _____

Parent/Guardian Information

Name _____ E-mail _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Occupation _____ Place of Employment _____

Marital Status (Single Going Steady Married Separated Divorced Widowed

Education: Last completed grade (prior to college) _____

Other Education: (List type and years) _____

Who is referring child for counseling? _____

Who will be participating in counseling with child? _____

PARENTS' RELIGIOUS BACKGROUND

What church (list the city) do you currently attend? _____

Are you a member? Yes No Denominational Preference _____

Church Address _____

Pastor's Name _____ Pastor's Phone _____

May we contact your pastor for information and help? Yes No

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

Church attended in childhood _____

Has your child made a Profession of Faith? Yes No When? _____

Has your child been baptized? Yes No When? _____

PERSONALITY INFORMATION

- *Has your child had any psychotherapy before? Yes No
- *Has your child had any secular counseling before? Yes No
- *Has your child had any biblical counseling before? Yes No

***If you answered yes on any of the above, please fill out the following information:**

| Counselor's Name | Dates (Month & Year) | Medication Prescribed | Diagnosis Outcome |
|------------------|-------------------------|-----------------------|-------------------|
| | From To | | |
| | From To | | |
| | From To | | |

***Please check any of the following words that would describe your child:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Ambivalent |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Easy-going | <input type="checkbox"/> Excitable |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Good-natured | <input type="checkbox"/> Hard-boiled |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Hypersensitive | <input type="checkbox"/> Imaginative |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Introvert |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Likeable | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Nervous | <input type="checkbox"/> Often-blue |
| <input type="checkbox"/> Persistent | <input type="checkbox"/> Quiet | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Submissive | <input type="checkbox"/> Suspicious |

HEALTH INFORMATION

Rate your child's health: Excellent Good Average Declining Other _____

Describe any recent weight changes. _____

List all important present or past illnesses, injuries and handicaps.

Do the above limit your child in any way? Yes; No; If Yes, how? _____

Date of last medical exam: _____ Report: _____

Your child's physician _____ Address: _____

Is your child presently taking medication? Yes; No; If yes, what? _____

Does your child drink alcoholic beverages: How often? _____ How much? _____

Has your child used drugs for other than medical purposes? Yes; No; If "yes," when and what did he or she use? _____

Does your child struggle with smoking? Yes; No; if "yes," how long has he or she been smoking? _____

Has your child ever been severely upset? Yes; No; if "yes," please briefly describe. _____

Has your child or any family member ever been arrested? Yes; No; if "yes," please briefly describe the outcome. _____

OTHER HEALTH RELATED QUESTIONS

(If these questions do not apply to you, leave them blank.)

*Is your child and/or family member pregnant? Yes; No; **if "yes,"** please briefly describe how far along she is. _____

*Has your child and/or family member ever had an abortion? Yes; No; **if "yes,"** please briefly describe the circumstances. _____

*Does your child and/or family member have an STD? Yes; No; **if "yes,"** please give approximate time-line of contraction. _____

*Has your child and/or family member ever been sexually molested? Yes; No; **if "yes,"** please give approximate time-line of incident(s). _____

BASIC ISSUES IDENTIFICATION

(Briefly answer the following questions. Use back if necessary.)

1. What do you feel is the issue that brings you here as it relates to your child?

2. What have you done about it?

3. What are you seeking (and expecting) from biblical counseling?

4. Who do you consider a friend who has talked with you about what you are going through?

5. Is there any other information that you think we should know?

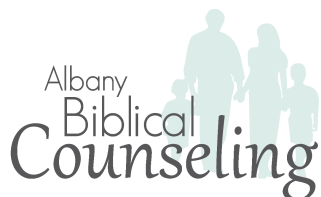
I believe the information about _____ to be true to my understanding.
(Child's Name)

Print Parent/ Guardian's Name

Date

Parent/ Guardian's Signature

Date



Consent for Counseling Minors

Name of Parent/Guardian _____

Name of Minor _____

Minor's DOB _____ Name of Counselor _____

Thank you for your involvement with Albany Biblical Counseling. It is our hope that this ministry will be a great source of encouragement to you and your family. The focus of this ministry is to use God's Word to help the counselee grow and change.

Our counselors are here to benefit the counselee by focusing on the heart issues with which they are dealing. The counselor helps to equip them to think and act in a way that would please Christ, thus benefitting family, school and friends with their change of behavior.

For minors to get the best chance to change and to grow, parents/guardians have to be committed to our process. By signing this, you state you are legal parent /guardian and agree to participate. List all who will be able to participate in counseling with this minor.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand the above policy and agree to abide by it.

Parent/Guardian Signature Date

Parent/ Guardian address: _____

Home # _____ Cell # _____ Work # _____

Emergency Contact (Other than yourself)

Name _____ Phone _____

Center Representative Date

CLIENT COPY

BIBLICAL COUNSELING PHILOSOPHY

- The God of the Bible is the sovereign Creator and Sustainer of the universe.
- Man was created in God's image as a responsible being.
- Sin, which is thinking or acting independently of God, results in misery both temporal and eternal.
- The Bible is the only complete and authoritative textbook which was written specifically to provide both the answers to man's behavioral problems and the means for man's behavioral changes.
- Apart from organically caused factors, all of man's voluntary thought and behavior is moral, for which man is responsible before God and neighbor.
- Every functional behavioral problem which man experiences is a result of failure to love God or man or both as the Bible said he should.
- Regeneration by the Holy Spirit is a prerequisite for biblical change and obedience on the part of the counselee.
- The only behavioral changes in man which are pleasing to God and are ultimately beneficial to man are those which are effected by means of the Holy Spirit applying the Word of God in sanctifying power to the will and mind of the counselee in accordance with biblical methods and directives.
- All methodology must grow out of Biblical principles and practices.
- Counselors (and counselees) should expect and see results from Biblical counseling.
- Biblical counseling requires and includes church discipline where it is Biblically necessary. Thus Biblical counseling should ultimately be done under the local church.
- God requires and equips all believers to counsel. Additionally, God holds the officers of His church responsible to counsel as a part of their life calling.

COUNSELING POLICY

APPOINTMENTS: There may be a waiting period for an appointment to see our counselors. Each session lasts approximately fifty minutes. After 90 minutes, an additional session fee will be charged payable before the next session (excluding first session). Managing appointments can be one of our most serious challenges. We request that if you cannot keep an appointment, you notify us at least 24 HOURS IN ADVANCE. Keeping your appointment or calling in advance is very important for three reasons. First, failure to keep an appointment wastes the counselor's time. The Bible holds us accountable for our management of time. Second, we usually have people on standby waiting to come in should we have a cancellation. Third, we will be most likely to reschedule those people who have been faithful in keeping their appointments.

A fee of \$25.00 will be charged for missed appointments without 24 hour notification. You may leave a message on the answering machine to cancel or reschedule should no one be available to speak with you personally. We will make every effort to work with you in rescheduling your appointment if necessary, provided we are given sufficient notice to do so.

Child care is your responsibility as we do not provide assistance in this area. Also, children are not allowed in counseling sessions, unless requested, as they may hinder the effectiveness of the session.

CLIENT COPY

CHARGES/PAYMENTS

- The counseling fee is \$85.00 per session. Premarital package may be affected by church affiliation and package.
- Premarital costs are priced according to the package and not determined on the number of sessions.
- Counseling fee should be **paid in full by cash, check or credit card before each session** unless other arrangements have been made. If you are not able to pay in full, please discuss this with the administrative assistant **before** your session. **You are required to purchase any books or audios the counselor has assigned for homework to help you to grow and change.**
- A statement of your account will be provided upon request, and returned checks will be resubmitted automatically.

HOMEWORK

Homework is somewhat unique to Biblical counseling, and it is one of the reasons why this type of counseling is so effective. It continues the counseling process between sessions and teaches you how to find your own help for the future. When done consistently, the work you do at home will speed up the counseling process, saving you time and money. Homework can include reading material, CD's/ Mp3's, lists/logs, Bible studies, as well as practical assignments such as practicing techniques of communication or holding family conferences. Depending on your reason for counseling, your counselor will design your homework for you. **The continuation of your counseling will depend on your effort and commitment to complete the assigned tasks.**

LOCAL CHURCH INVOLVEMENT

In order to achieve lasting Biblical change over the problems of life, it is vital that you become established in a consistent Christian walk. The Lord has provided the local church to assist in this process. If you are not involved in a local church, you are encouraged to attend at least one service a week at Sherwood Baptist Church. If you are a regular member of a local Bible-believing church, the assistance of your church's leadership is requested so that you may more fully receive the benefit of all the spiritual resources. **The counseling center staff reserves the right to evaluate a continuing counseling relationship on the basis of one's commitment to faithfully attend church services regularly.**

TELEPHONE COUNSELING

Your counselor will not be available for telephone counseling. If you do have an emergency when your counselor is unavailable, please speak with your pastor or church staff for assistance until you are able to meet with your counselor again. In the event that you need to contact your counselor, speak with the administrative assistant, and if she cannot help you, the counselor will return your call as soon as possible. There will usually be someone to answer your call personally between 9:30 am and 4:00 pm Monday - Thursday. Please do not be discouraged if your counselor does not call you back on the same day.

COUNSELORS IN TRAINING

Albany Biblical Counseling staff are certified by the Association of Certified Biblical Counselors (ACBC). There may occasionally be a counselor in-training asked to observe your counseling session as part of their required training. If the counselor desires to have a counselor-in-training sit in on a session, the counselor will notify you in advance. Please note: for training purposes, it is important that sessions be recorded from time to time, and your signature on this agreement implies your permission and understanding of this necessity.

FINANCIAL/PARTICIPATION AGREEMENT

- The cost is **\$85 per counseling session** at Albany Biblical Counseling. Each session lasts about 50 minutes. The first session (Intake) is free, but has an **administrative fee of \$50.00** which includes setting up the counseling file and review.
- Albany Biblical Counseling does not file insurance. However, we can give you an invoice of payments received so that you can file with your insurance company.
- Check with the administrative assistant to determine if your church participates and is affiliated with Albany Biblical Counseling.

We ask your assistance in carrying out your financial responsibility to this ministry.

(Please print the names of all participants on the above lines.)

I have read the policy information provided to me. **I understand that it is my/our responsibility to pay for the counseling and materials that I/we receive from Albany Biblical Counseling.** I recognize that it is my responsibility to communicate to my pastor the counselor's desire for my church's involvement in the counseling process, and if possible, to assist in covering the costs associated with counseling. I also comprehend the necessity to **complete homework assignments** and **faithfully attend my home church or another Bible-believing church** while receiving this counseling.

I know the procedure for rescheduling appointments and the fees associated with missed appointments or those cancelled within 24 hours of scheduled time.

I also recognize that Albany Biblical Counseling is involved in the training of biblical counselors and that sometimes individuals in training may be present in my session(s), and/or my sessions may be recorded for training purposes only. All confidentiality rules apply.

Signed _____

Date _____

Signed _____

Signed _____

By signing this agreement, I indicate my willingness to abide by the terms of this document.

CONFIDENTIALITY AGREEMENT

The undersigned are presently seeking counsel with the staff of Albany Biblical Counseling.

We acknowledge that according to the policies and practices of Albany Biblical Counseling as a ministry of Sherwood Baptist Church, confidentiality cannot be granted in all situations. **If a threat of physical harm or report of criminal activity is made, appropriate civil authorities may have to be notified.** Also, if there is ongoing and unrepentant grievous or aggravated sin in the life of one of its counselees, the counselors of Albany Biblical Counseling reserve the right to contact the church authorities of the counselee's church.

1. The Bible teaches that Christians should carefully guard any personal and private information that others reveal to them. Protecting confidences is a sign of Christian love and respect (see Matt. 7:12). It also discourages harmful gossip (Proverbs 16:28; 26:20), invites confession (see Proverbs 11:13; 28:13; James 5:16), and encourages people to seek needed counseling (see Proverbs 20:19; Rom. 15:14). Since these goals are essential to the ministry of the gospel and the work of this counseling center, all counselees are expected to refrain from gossip and to respect the confidences of others. In particular, our counselors shall carefully protect all information that they receive through counseling. When a pastor or counselor is uncertain of how to counsel a person about a particular problem, he may refer such person to (or seek the advise of) another biblical counselor.

2. Although confidentiality is to be respected as much as possible, there are times when it is appropriate to reveal certain information to others. In particular, when the pastors or counselors of this church believe it is Biblically necessary, they may disclose confidential information to appropriate people in the following circumstances:

- A. When the person who disclosed the information or any other person is in imminent danger of serious harm unless others intervene (see Proverbs 24:11-12).
- B. When a person refuses to repent of sin, and it becomes necessary to institute disciplinary proceedings (see Matt. 18:15-20) and/or seek the assistance of individuals or agencies within the counselee's church. (See, e.g., Rom 13:1-5).
- C. When required by law to report suspected child abuse.

I (We) understand the confidentiality provisions as described above and agree to abide by their terms and admonitions.

Signed _____

Date _____

Signed _____

Date _____

Signed _____

Date _____