

Consent to Biblical Counseling

West Cannon Baptist Church

Our Goal

Our goal in providing biblical 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 and Romans 15:4) Therefore, our counseling is based solely on scriptural principles rather than those of secular psychology or psychiatry.

Our Counselors

All of our counselors are certified or currently pursuing their ACBC (*Association of Certified Biblical Counselors*) certification in counseling. The certifying process is a rigorous process which consists of the completion of an approved training course, the completion of a theological and a practical counseling test, several references, and a minimum of 50 hours of supervised counseling experience.

Appointment Cancellation Policy

1. The counselee is asked to cancel an appointment at least 24 hours in advance. This will enable another person to take advantage of that counseling hour, helping each of us to be a good steward of time and resources.
2. Appointments can be cancelled by calling 616-874-6740. If you reach the answering machine, please leave your name, telephone number, and message. The machine is monitored regularly to receive all messages.
3. Two cancelled appointments allowed. A third cancelled appointment constitutes permanent termination of future counseling sessions.

Counselor-In-Training Observation Consent

1. I give permission to the biblical counselor to allow counselors-in-training to observe during my counseling session.
2. The counselors-in-training will not participate in my counseling session, but quietly observe. I understand the purpose of their observation is to develop their counseling skills.
3. I understand that my counselor will dialogue with the counselors-in-training about my counseling session to develop their counseling skills, and the counselors-in-training will maintain the strictest and highest level of confidentiality

Confidentiality

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information our counselees entrust to us. Counseling at WCBC, including statements made during counseling, shall remain confidential, with the following qualifications and exceptions:

1. Counselors shall be free to discuss counseling sessions and cases with other WCBC counselors and Pastors/Elders of West Cannon Baptist Church, Belmont, Michigan in order to gain benefit of additional insight and input;

2. Counselors and Pastors shall be entitled to seek confidential legal opinion or advice from an attorney when it is deemed appropriate and helpful;
3. If any WCBC policy concerning the reporting of child abuse or child neglect, or reporting of elder abuse or elder neglect, mandates a report to Child Protective Services or other authorities in compliance with the laws of the state of Michigan, then such report will be made;
4. If a suicide risk is indicated, the counselors or Pastors may seek necessary help and make whatever reports or disclosures as they deem to be proper and necessary;
5. If a counselee indicates an intention to commit a crime, such intention may be reported and disclosed to the proper authorities;
6. If the counselee is a member of a local church other than West Cannon Baptist Church, and if the Pastors/Elders of West Cannon Baptist Church deem it necessary or helpful to communicate information or facts to the pastor of the counselee's local church, they may do so.
7. 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).

Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

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 a pastor or elder. If these guidelines are acceptable to you, please sign below.

Signed: _____ Dated: _____

PERSONAL DATA INFORMATION FORM

This form must be completed in full before the counselor is assigned

All information is confidential.

Date: _____

IDENTIFICATION DATA:

Name: _____ Phone: _____ Cell: _____

Address: _____ State: _____ Zip Code: _____

Occupation: _____

Sex: _____ Birthdate: _____ Age: _____ Email: _____

Marital Status: Single: ___ Going Steady: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___

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

Referred here by: _____ Address: _____

HEALTH INFORMATION:

Rate your health: (check): Very good: _____ Average _____ Declining _____ Other _____

Weight changes recently: Lost: _____ Gained: _____

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

Date of last physical examination: _____ Report: _____

Your physician: _____ Address: _____

Have you ever had a severe emotional upset? _____

Have you ever had a problem with alcohol or drug abuse (prescription or non-prescription) _____

Have you ever been physically abused as a child or as an adult? _____

Have you ever been sexually molested, either as a child or as an adult? _____

Have you ever seen a psychologist/ psychiatrist or/ and counselor? _____

If yes, list counselors or therapists, and dates: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical report? Yes _____ No _____

Have you ever been arrested? Y/N if yes, for what reason? _____

Have you ever used drugs for other than medical purposes? Y/N

Are you presently taking medication? Y/N Prescribed? Y/N By whom? _____

Over the counter? _____ Medical and dosage? _____

RELIGIOUS BACKGROUND

Current church you attend (if any) : _____

Are you a member of a church? Yes ___ No ___ If yes, what is the name of the church? _____

Pastor: _____ Phone: (_____) _____

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 and current church attended by spouse (if married) : _____

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

How frequently do you read the bible? Never _____ Occasionally _____ Often _____

Explain recent changes in your religious life, if any: _____

How would you describe your personal relationship with Christ? _____

MARRIAGE AND FAMILY INFORMATION:

Note: If never married, check here _____, and skip to the information about children section.

Name of spouse: _____ Address: _____

Phone: _____ Occupation: _____

Your spouse's age: _____ Education (in years): _____ Religion: _____

Is spouse willing to come for counseling? Yes _____ No _____ Not sure _____

Have you ever been separated? Yes _____ No _____ When? _____

Have either of you filed for divorce? Yes _____ No _____ When? _____

Date of marriage: _____ Your ages when married: Husband _____ Wife _____

How long did you know 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	Is your child still living in your home? (Y / N)

**Check this column if child is by previous marriage*

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is your problem or reason for coming for counseling?
2. What have you done about it?
3. What do you want me to do? (What are your expectations in coming for counseling?)
4. What brings you here at this time?
5. Is there any other information I should know?