



Grace Covenant Church

Gilbert, Arizona

Grace Covenant Counseling & Training Center

1255 N. Greenfield Rd.

Gilbert, Az. 85234

(480)813-0883 Ext.3

(480)813-3637 Fax

Email: pastordarrellg@gmail.com or your particular counselor.

Web Site: www.GraceCovenantMinistry.org Counseling section

Welcome to Grace Covenant Counseling Center

We look forward to helping you with your problems using God's Word. In order to be as clear as possible about the counseling and the administrative procedures used at GCCC, please read the following information. Indicate your agreement to it by putting your signature and the date at the bottom of this sheet. This signed form must accompany your personal information forms before we can schedule an appointment with you.

What is biblical counseling?

Biblical counseling involves understanding the problems of living in a fallen world - and their solutions from a biblical perspective. The Bible is used both to define the problems and to develop methods for solving these problems. The counselors at BCTC have received formal training in biblical counseling. They are not licensed psychologists, but rather pastoral counselors.

They are certified by the National Association of Nouthetic Counselors, a national organization devoted to insuring the quality of counseling offered by their members. Because of your interest in biblical counseling, we will also keep you informed of this ministry by including you on our mailing list unless you advise us not to. As previously stated in the above paragraph, this form must be signed and accompany your personal information forms before we can schedule an appointment with you.

Are counseling sessions kept confidential?

The Bible clearly says that gossip is wrong. Therefore, the counselors at GCCC will not release information about particular counselees except in the few situations required by the Bible or the laws of our state. Those situations are: 1) when someone is in danger of being harmed 2) when a child is physically or

sexually abused or 3) when someone persistently refuses to stop a sinful pattern, and it is necessary to seek assistance from his/her church to encourage proper change (see Matthew 18: 15-20 and Romans 13:1-7).

What are the fees for counseling at GCCC?

The biblical counselors at GCCC provide their time, energy, and spiritual gifts as a service to God and as a labor of love (I Thessalonians 2:7-8; I Timothy 1:5). GCCC does not charge for counseling services. The Ministry is supported by donations that are used to accomplish the ministry's mission. Counselees are not required but encouraged to contribute to GCCC. Some counselees have asked how they can help. We tell them that it costs the ministry about \$50 per session to cover the costs of a counselor and miscellaneous materials. Donations of any size are welcome to keep this ministry going. If you are not able to help in this way, sometimes your church may want to help with your counseling by donating to the ministry on your behalf.

Voluntary contributions given to the Ministry are appreciated, but not to burden anyone. Please make any and all checks payable to Grace Covenant Church. or staff member. All donations are tax deductible. If you wish to receive a receipt for tax purposes, please attach a notice to your donation.

What if I miss an appointment?

Counselees are asked to cancel appointments at least 24 hours prior to the appointment. This gives others the opportunity to use the canceled time slot. If no cancellation is made, or less than 24 hours notice is received, except for absolute emergencies, you will risk your counseling case being inactivated and your time slot will be given to the next case on our waiting list. What if I have a dispute with my counselor? If you have a dispute with your counselor at GCCC, the procedure for addressing your concerns Involves: 1st go to your counselor and attempt to resolve it. 2nd if that does not resolve it, take another GCCC staff member with you to try and resolve it. 3rd, if that doesn't resolve it then the board of Elders of Grace Covenant Church will view the situation.

I or We affirm the accuracy of the personal information provided herein, have read the information and agree to the conditions set forth therein. I or We hereby agree to the following conditions:

1. I or We are committed to seeking new insights into a personal, love relationship with Jesus Christ, which may involve new understandings from God's Word, and to pursuing a transformed life (lives) that reflect(s) God's grace as revealed in His Word.
2. I or we will fulfill the weekly assignments or the session might not be held.
3. I or we will consistently attend a Bible-believing church each Sunday while I am (we are) in counseling.
4. I or we will keep the appointment time, or will call to cancel 24 hours in advance. (Except for absolute emergencies)
5. I or we understand that Grace Covenant Counseling Center is also a training center, therefore agree to have a trainee(s) in the counseling sessions with

me(us)if one is available. Having clearly stated 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.

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These forms are thorough to save you and our counselor's time at the first session so counseling can start to solve your problems.

Date:_____

1. Personal Information

Name: _____ Phone #:_____ Cell #:_____

Address:_____

City:_____ State:_____ Zip_____

Military: Yes___ No___ Branch_____

Occupation:_____ Business Phone #:_____

Gender: _____ Birth date:_____ Age:_____ E-mail Address:_____

Marital Status: Single___ Engaged ___ Married ___ Separated ___ Divorced ___

Widowed ___

Education: Last Grade Completed (Prior to college)_____ Other Education

List type and years)_____

Referred Here By: _____

Appointment availability: Once the paper work is viewed, you will be called to set up an appointment for an available counselor and time.

The Basic Problem As You Understand It:

Briefly complete the following (please use additional paper if necessary):

1. Please describe the current problem.

2. What have you done about it?

3. What are your expectations in coming here?

4. What led you to seek help now?

5. As you see yourself, what kind of person are you? Describe yourself.

6. Is there any other info we should know?

2. INFORMATION ABOUT SPIRITUAL LIFE

Denominational Preference: _____ Church Name: _____

Church Address: _____ Pastor's Name: _____

May we contact your Pastor? _____ Please Initial _____

Church Attendance: Frequency of attendance _____ Times per month

Are you a member ___No ___ Yes

If yes, how long? _____

Church attended in childhood _____.

What are you learning through the sermons/messages/bible studies at your church?

Please list ministry involvement:

Have you been baptized? ___No ___Yes When? _____

If married, religious background of spouse: _____

(Only if applicable) Spouse's church attendance:

Spouse's church name _____ Frequency of attendance _____

Times per month

Do you pray to God? ___Never ___Occasionally ___Often How often? _____

What do you pray about? _____

Have you come to a place in your spiritual life where you know with certainty if you were to die tonight you would go to heaven?

___Yes ___No ___Uncertain

If yes, what is your basis for answering the above question?

Have you received Jesus Christ personally as your Savior?

___Yes ___ When? _____ No ___Uncertain ___Don't know what you mean

If yes, please answer questions 1-3:

1. How do you know that Jesus Christ is your Savior?

2. What changes took place in your life when you became a believer?

3. Have you told household/family members about receiving Jesus as Savior?

Yes____ No ____

If yes, who have you told? _____

Do you read the Bible? __Never __Occasionally __Often How often?_____

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Do you have personal devotions? __Never __Occasionally __Often How often?_____

Describe your personal devotions: _____

Do you have family devotions? __Never __Occasionally __Often How often?_____

Explain any recent changes in your spiritual life:_____

3 INFORMATION ABOUT PRIOR COUNSELING

Have you had counseling before? __Yes __No

Counselor Name (s) Dates: To-From Medication Outcome and Diagnosis Prescribed

May we contact your counselor(s)? _____ Please initial_____

INFORMATION ABOUT PERSONAL HABITS AND HEALTH

Approximately how many hours of sleep to you get each night?_____

When do you normally: Go to bed? ____Fall asleep?_____ Wake up? ____ Get out of bed? _____

If there is a length of time between going to bed and falling asleep, what do you do during that time?_____

If there is a length of time between waking up and getting out of bed, what do you during that time?_____

Describe any recent changes in sleep habits?_____

State of health: __Very Good __Good __Average __Declining __Other

Date of last medical examination:_____ Results:_____

Physicians Name: _____

Address: _____

Are you presently taking medications? __No __Yes- What? _____ Dosage?_____

For what reason do you take this medication?_____

Have you used drugs for other than medical purposes? __No __Yes

When? _____

What? _____

Amount/Dosages? _____

Do you drink alcoholic beverages? __No __Yes

How often? _____

How much? _____

Have you ever been arrested? __No __Yes

What was the outcome? _____

Have you ever had a severe emotional upset? _____

List all important present or past illnesses, injuries or handicaps

Approximate weight_____ Weight changes recently:

Lost_____ Gained_____

Consent for release of Medical Records (please initial here)_____

4. MARRIAGE AND FAMILY INFORMATION

Name of spouse:_____ Address:_____

City_____ Zip_____

Phone #:_____ Business Phone #:_____

Occupation: _____

Your spouses age: _____ Education: (In years):_____

Religion: _____

Is spouse willing to come with you? __No __Yes __Haven't asked yet? __Not certain

Are you currently separated? __No __Yes Since when? _____

Have you ever been separated in the current marriage? __No __Yes No. of times_____

Has either of you ever filed for divorce? __No __Yes

When? _____

Who? _____

Date of marriage: _____ Your ages when married: Husband_____ Wife_____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse: _____

Length of engagement: _____

Have you been married before? __No __Yes

If yes, how many times? Husband_____ Wife_____

If you or your spouse were married before, how did the marriage(s) end?

Your Children Education and Marital Status

Names Ages Gender In years Status

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

If you were raised by anyone other than your parents, briefly explain:_____

No. of older: Brothers_____ Sisters_____

No. of younger: Brothers_____ Sisters_____

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Consent to Counseling Form

Arizona law requires all individuals to report any on-going child abuse or endangerment to the legal authorities. The counselors at G.C.C.C. will comply with this responsibility.

Resolution of Conflicts: On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflict will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor, counselor's helper, affiliated churches, or with this ministry as a result of counseling will be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure of the Institution for Christian Conciliation, a division of Peacemaker Ministries. Judgment upon an arbitration award may be entered in any court having jurisdiction. For additional information, please visit www.Peacemaker.net.)

Agreement: By signing this consent, you agree that you will not attempt to subpoena or require any counselor or counselor's helper to appear in any legal proceeding related to any matters discussed during counseling; nor will you attempt to subpoena any notes or records to this counseling.

If you have any questions about these guidelines, please call or email our office. If these guidelines are acceptable to you, **please sign below**. I have read and understood the policies stated above, and I consent to abide by them.

Print your names:

Husband _____

Signed & Date _____

Wife _____

Signed & Date _____

Single Person _____

Signed & Date _____

Counselor: _____

Signed & Date _____

Assistant Counselor If One: _____

Signed: Date _____

Please email this to pastordarrellg@gmail.com or fax to 480-813-3637 or mail to GCCC 1255 N. Greenfield Rd. 85234 (Att. Counseling Dept.) If you email and can't sign, bring a copy to your first counseling session. No counseling can be administered with out a signed copy.