

## **Counseling Request Form for Grace Covenant Counseling Center**

1255 N. Greenfield Rd.  
Gilbert, Az. 85234  
Off. Ph.-(480)813-0883 Ext.3  
Fax line -(480)813-3637  
Email: pastordarrellg@gmail.com

Counseling Web Site: [www.gccgilbert.com](http://www.gccgilbert.com)  
Training Web site [www.BCTCofAZ.net](http://www.BCTCofAZ.net) for online Counseling Request Form

### **Welcome:**

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 BCTC, 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 Association of Certified Biblical Counselors (ACBBC) the largest a national organization devoted to insuring the quality of biblical 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 BCTC?

The biblical counselors at BCTC provide their time, energy, and spiritual gifts as a service to God and as a labor of love (I Thess. 2:7-8; I Timothy 1:5). BCTC 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 BCTC of AZ. 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.

Voluntary contributions given to the Ministry are appreciated, but not to burden anyone. Please make any and all checks payable to BCTCof AZ. And give to staff member or mail in. 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 hour 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 is 1st go to your counselor and attempt to resolve it, if that does not resolve it, take another GCCC staff member with you to try and resolve it. 3rd, if that does not resolve the issue then the GCC board of elders will review the situation.

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: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Military: Yes \_\_\_ No \_\_\_

Branch \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Gender: \_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_ E-mail Address: \_\_\_\_\_



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

6. Is there any other info we should know?

**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 that 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? \_\_\_\_\_

Do you have personal devotions? Never Occasionally Daily\_\_\_\_\_

Describe your personal devotions:\_\_\_\_\_

Do you have family devotions? Never Occasionally Daily\_\_\_\_\_

Explain any recent changes in your spiritual life:

### **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 do 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?  
\_\_\_\_\_

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

Height \_\_\_\_\_ approximate weight \_\_\_\_\_ Weight changes recently:

Lost \_\_\_\_\_ Gained \_\_\_\_\_

Consent for release of Medical Records (please initial here) \_\_\_\_\_

## **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  Have not 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? \_\_\_\_\_

Children:                      Age                      Education

Names Ages Gender Yes No In years Status

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Check this column if 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\_\_\_\_\_

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 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 Biblical Counseling and Training Center is also a training center, therefore agree to have a trainee(s) in the counseling sessions with me(us). 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.

## **Grace Covenant Biblical Counseling Center**

### **Consent to Counseling Agreement**

Arizona law requires all individuals to report any on-going child abuse or endangerment to the legal authorities. The counselors at B.C.T.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 counsees 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, legal 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](http://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: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, fax 480-813-3637, or scan and email these filled out papers to [pastordarrellg@gmail.com](mailto:pastordarrellg@gmail.com)

**Grace Covenant Counseling Center, 1255 N. Greenfield Rd. Gilbert, Az. 85234**

**No counseling can be administered without a signed copy.**