

# Providence Center for Biblical Counseling

## *Adult Consent to Counsel*

At *The Providence Center for Biblical Counseling*, all counseling is conducted using the Bible as the final source of authority for all cases. We believe the Bible speaks to all issues that are dealt with in counseling. Biblical counseling consists of giving scriptural advice and the practical application of the same to each individual and situation. The counselee is held fully responsible for how he implements that advice.

Using the renewing power of the timeless and unchanging Word of God, we seek to focus on the believer's walk of faith and their maturity in Christ. We will look at some of the strategies of the world to obstruct this walk and maturity. We will also deal with the foundational issues of one's identity in Christ and outline practical steps on how to live by faith, walk according to the Spirit, renew one's mind, manage one's emotions, and resolve the traumas of one's past or present through faith and forgiveness.

*The Providence Center for Biblical Counseling* recognizes the authority and discipline of the local church, and would encourage counselees to invite their pastor or other church leaders to accompany them in counseling sessions. We also encourage counselees to be under the pastoral care of their local church both during and after counseling. Attendance in a Bible believing and preaching church may be recommended as a part of the counseling process.

Having read and understood *The Providence Center for Biblical Counseling's* approach to counseling, I, \_\_\_\_\_ (print name) hereby grant permission for *The Providence Center for Biblical Counseling* to render counseling/discipleship services to me.

I also understand that *The Providence Center for Biblical Counseling* may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other issues agreed upon by the Board of Directors.

\_\_\_\_\_/\_\_\_\_\_/200\_  
1. *Adult Counselee* *Date*

\_\_\_\_\_/\_\_\_\_\_/200\_  
2. *Adult Counselee* *Date*

Client requested a copy of this form \_\_\_\_yes \_\_\_\_no  
Client was given a copy upon request \_\_\_\_yes \_\_\_\_no

EMPHASIZING BIBLICAL **Hope & Restoration**

# Providence Center for Biblical Counseling

## *Appointment Cancellation Policy*

We request a 24-hour notice if you wish to cancel or are unable to keep an appointment. This will allow us to serve as many individuals and families as possible while continuing to meet our objective of providing the highest level of care possible. If you are unable to speak directly with a staff member, leaving a voice mail is acceptable.

## *Confidentiality*

Your confidentiality is guarded at all times. Certain laws require that counselors warn the appropriate individuals if the counselee intends to take harmful, dangerous, or criminal action against them. Counselors are also mandated to report any incidents of “reasonably suspected child abuse” (physical or sexual) and elderly abuse to the appropriate authorities. Couselees in a suicidal condition will be referred to individuals who are capable of providing the appropriate level of care, treatment, and protection.

## *Waiver of Liability*

THE UNDERSIGNED, having sought Biblical Counseling from *The Providence Center for Biblical Counseling*, hereby acknowledges his/her understanding of the following conditions and further releases *The Providence Center for Biblical Counseling*, its agents, affiliates, counselors, employees, and Board of Directors from any liability or claim arising from the undersigned’s participation in the Biblical Counseling program.

1. It is understood by the participant counselee(s) that all biblical counseling will be provided by ordained ministers, certified biblical counselors, or trained lay counselors—not state-licensed therapists.
2. That all counseling provided in the biblical counseling program is provided in accordance with the biblical principles adhered to by *The Providence Center for Biblical Counseling* and is not necessarily provided in adherence to any local or national psychological or psychiatric association.
3. That no representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above-mentioned counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions.

\_\_\_\_\_  
Counselee(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

Client requested copy: \_\_\_ Yes \_\_\_ No  
Client given copy upon request \_\_\_ Yes \_\_\_ No

EMPHASIZING BIBLICAL **Hope & Restoration**

# Providence Center for Biblical Counseling

## *Financial Information*

The Providence Center for Biblical Counseling is **supported by your donations and gifts**. It is the desire of the Elders and the Counseling Staff to provide counseling to anyone who is in need of counseling. The *fair-market-value* of counseling in the Greenville area ranges from \$75.00 to \$125.00 per 50-minute session. **Your responsibility** is to pray about the amount God would have you **donate** for the counseling you receive and **be obedient to Him** in your giving.

*All donations are tax-deductible according to state and Federal non-profit, charitable contribution laws.*

**Galatians 6:6** says: "Anyone who receives instruction in the Word must share all good things with his instructor."

**1 Timothy 5:18** says: "...The worker deserves his wages."

*Please pray about the amount the Lord wants you to give at each visit.*

Suggested guide for donations: ( <i>combined earnings</i> )	\$20,000-\$30,000	\$20.00 per visit
	\$30,000-\$40,000	\$25.00 per visit
	\$40,000-\$50,000	\$30.00 per visit
	\$60,000-\$75,000	\$40.00 per visit
	\$75,000 – up	\$50.00 per visit

---

*You will receive verbal counsel on your financial responsibility from a ministry team member. At that time you will have the opportunity to ask any questions regarding financial matters. This is only a suggestion. In no way will we deny counseling if there is a financial hardship.*

---

**Please sign to indicate that you have read and understand the above statements.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_/\_\_\_\_\_/200\_\_\_\_\_  
*Date*

Client requested a copy of this form: \_\_\_\_yes \_\_\_\_no.

Client given copy upon request: \_\_\_\_yes \_\_\_\_no.

EMPHASIZING BIBLICAL **Hope & Restoration**

# Providence Center for Biblical Counseling

## *Minor Consent to Counsel*

At *The Providence Center for Biblical Counseling*, we are committed to providing a balance in our approach to counseling. It is our belief that there is no inner conflict that is not psychological, because there is never a time when your mind, emotions, and will are not involved. Similarly, there is no conflict that is not spiritual because there is never a time when God is not present, when His Word is not applicable, or when it is safe to take off the armor of God. It is our goal to help a person experience healing from the difficulties he is experiencing by looking at the soul (mind, emotions, and will) and the spirit and to guide our clients to an understanding of the true identification of each.

It is also our belief that our past helps shape our present belief system and behaviors and it is that belief system that shapes our future behavior and beliefs. Using the renewing power of the timeless and unchanging Word of God, we seek to focus on the believer's walk of faith and their maturity in Christ. We will look at some of the strategies of the world to obstruct this walk and maturity. We will also deal with the foundational issues of one's identity in Christ and outline practical steps on how to live by faith, walk according to the Spirit, renew one's mind, manage one's emotions, and resolve the emotional traumas of one's past or present through faith and forgiveness.

Having read and understood *The Providence Center for Biblical Counseling's* approach to counseling, permission for counseling is hereby authorized for *The Providence Center for Biblical Counseling* to render counseling/discipleship services to

\_\_\_\_\_ (print minor's name) whose relationship to me is \_\_\_\_\_.

I also understand that *The Providence Center for Biblical Counseling* may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other issues agreed upon by the Board of Directors.

\_\_\_\_\_ / \_\_\_\_ / 200\_  
1. Parent or Legal Guardian Date

\_\_\_\_\_ / \_\_\_\_ / 200\_  
2. Minor Client or Witness Signature Date

Client requested a copy of this form \_\_\_\_yes \_\_\_\_no  
Client was given a copy upon request \_\_\_\_yes \_\_\_\_no

EMPHASIZING BIBLICAL **Hope & Restoration**

# Providence Center for Biblical Counseling

## *Policy Review*

\_\_\_\_\_ Consent to Counsel (\_\_\_\_\_ Adult / \_\_\_\_\_ Minor)

\_\_\_\_\_ Appointment Cancellation Policy

\_\_\_\_\_ Statement on Confidentiality

\_\_\_\_\_ Wavier of Liability

\_\_\_\_\_ Financial Policy

### ***Please sign to indicate that:***

1. A member of the ministry team has given you a verbal counsel on the items indicated above;
2. You were given time to personally review each of the forms;
3. Any question you asked regarding these forms were sufficiently answered;
4. You fully understand the policies stated therein.

\_\_\_\_\_  
Please Print Name(s)

\_\_\_\_\_  
Counselee Signature(s)

\_\_\_\_\_ / \_\_\_\_\_ / 200\_

\_\_\_\_\_  
Ministry Team Member Signature

\_\_\_\_\_ / \_\_\_\_\_ / 200\_

---

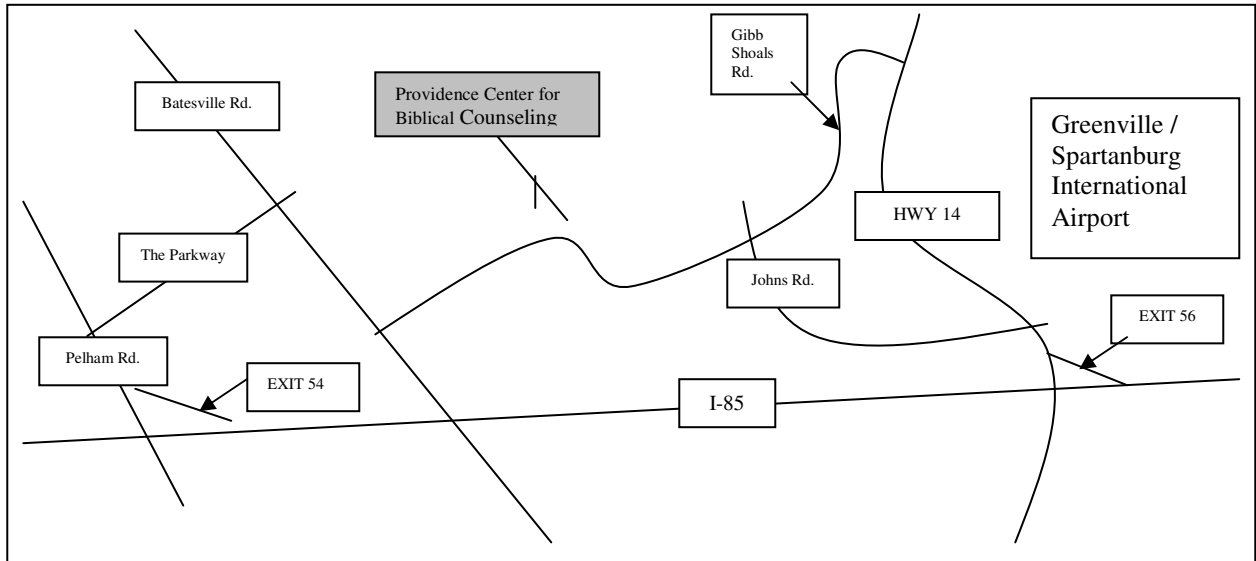
---

Executive Review of Paperwork Preformed By: \_\_\_\_\_

EMPHASIZING BIBLICAL **Hope & Restoration**

## GREER OFFICE

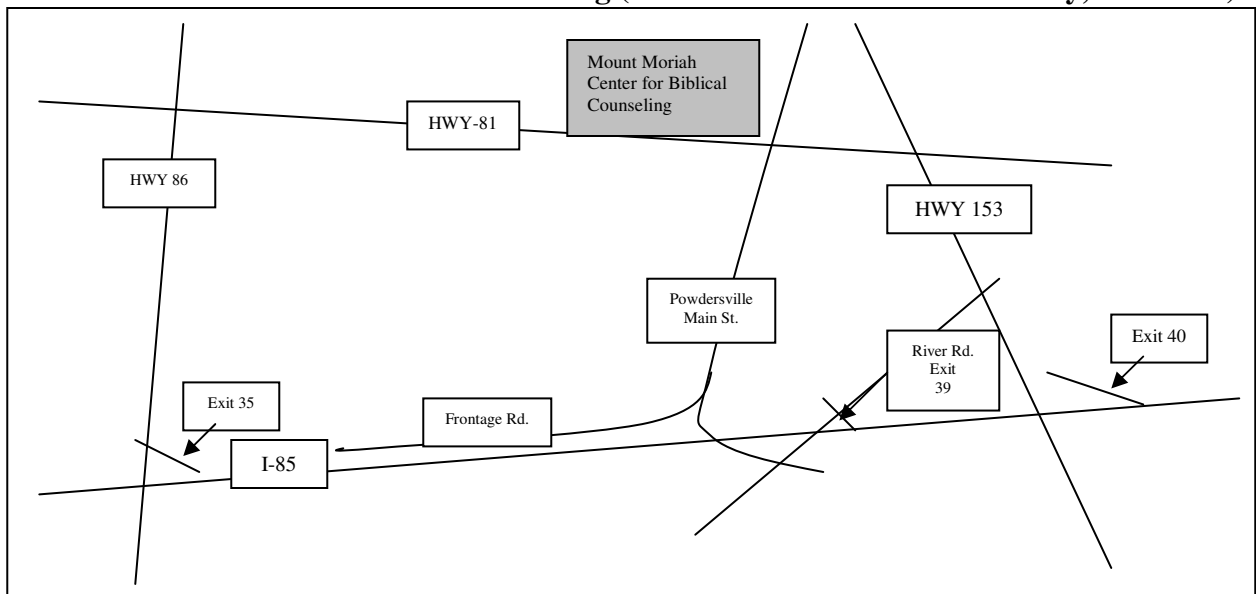
Providence Center for Biblical Counseling (2020 Gibb Shoals Rd. Greer, SC 29650)



- 1 Get on I-85 South towards Greenville
- 2 Get off on Exit 56, HWY 14- Greer, Turn Right onto HWY 14
- 3 Take first left off of HWY 14 onto Johns Rd.
- 4 At the end of Johns Rd. turn left onto Gibbs Shoals Rd., Providence Baptist Church on your right

## EASLEY OFFICE

Mount Moriah Center for Biblical Counseling (620 Powdersville Main St. Easley, SC 29642)



- 1 Get on I-85 South towards Greenville
- 2 Get off on Exit 39, River Rd., Turn Right onto River Rd.
- 3 Take first left onto Frontage Rd./ Powdersville Main St., beside the Shell Gas Station
- 4 Stay to the right on Powdersville Main St. for approximately 1.5 miles

# Providence Ministries

The Providence Center for Biblical Counseling  
2020 Gibb Shoals Road, Greer, S.C. 29650, 864-877-3483  
[www.providenceministries.us](http://www.providenceministries.us)

## Personal Data Record for Biblical Counseling

### Personal Information:

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Gender: M F Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:  Single  Engaged  Married  Separated  Divorced  Widowed  Dating

Education: Last grade completed (prior to college) \_\_\_\_\_ Other education: (type and years) \_\_\_\_\_

Spouse's name (if applicable): \_\_\_\_\_ Occupation: \_\_\_\_\_

### THE BASIC PROBLEM AS YOU UNDERSTAND IT:

(Briefly complete the following. Please use the back if necessary.)

1. Please describe the current problem.
  
  
  
  
  
  
  
  
  
  
2. What have you done about it?
  
  
  
  
  
  
  
  
  
  
3. What help are you seeking?
  
  
  
  
  
  
  
  
  
  
4. What led you to seek help now?
  
  
  
  
  
  
  
  
  
  
5. Is there any other information that we should know?

### Spiritual Information:

What church do you attend? \_\_\_\_\_

Church address: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church member:  Yes  No Church attendance per month (circle) 1 2 3 4 5 6 7 8 9 10+

(ONLY IF APPLICABLE) Spouse's religious background: \_\_\_\_\_

Spouse's church's name/address: \_\_\_\_\_

Is your spouse a church member?  Yes  No

Spouse's church attendance per month (circle) 1 2 3 4 5 6 7 8 9 10+

What are you learning through the sermons/ messages/ Bible studies at your church? \_\_\_\_\_

List your ministry involvement: \_\_\_\_\_

Church attended in childhood: \_\_\_\_\_

Have you been baptized?  Yes  No When? \_\_\_\_\_

Do you consider yourself a religious person?  Yes  No  Uncertain

Do you believe in God?  Yes  No  Uncertain

Do you pray?  Never  Occasionally  Often How often? \_\_\_\_\_

What do you pray about? \_\_\_\_\_

Have you come to the 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 as you did? \_\_\_\_\_

Have you received Jesus Christ personally as your Savior?  Yes  No  Uncertain  Don't know what you mean

If yes, how do you know that Jesus Christ is your Savior? \_\_\_\_\_

If you have received Jesus Christ as Savior, what change took place in your life when you became a believer? \_\_\_\_\_

If you received Jesus Christ as Savior, have you told household/ family members about receiving Jesus as Savior?  Yes  No If yes, whom have you told? \_\_\_\_\_

Do you read the Bible?  Never  Occasionally  Often How often? \_\_\_\_\_

Do you have personal devotions?  Never  Occasionally  Often How often? \_\_\_\_\_

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

Do you have family devotions?  Never  Occasionally  Often How often? \_\_\_\_\_

Describe your family devotions: \_\_\_\_\_

Explain any recent changes in your spiritual life: \_\_\_\_\_

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

**Marriage and Family Information:**



Spouse's name: \_\_\_\_\_ Spouse's age: \_\_\_\_\_  
 Address (if different from yours): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Education (in yrs) \_\_\_\_\_ Religion: \_\_\_\_\_  
 Is your spouse willing to come to counseling?  Yes  No  Haven't asked  Uncertain  
 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: \_\_\_\_\_  
 Briefly describe your relationship: \_\_\_\_\_

Are you currently separated?  Yes  No Separation Date: \_\_\_\_\_  
 Have you ever been separated?  Yes  No How many times? \_\_\_\_\_  
 How long was each separation? \_\_\_\_\_  
 Reason for separation(s)? \_\_\_\_\_

Has either of you ever filed for divorce?  Yes  No When? \_\_\_\_\_ Who? \_\_\_\_\_  
 Has either of you been married before? Husband  Yes  No How many? \_\_\_\_\_  
 Wife  Yes  No How many? \_\_\_\_\_  
 If you were married before, what is the reason(s) the marriage(s) ended?: \_\_\_\_\_

<u>Children's Names</u>	<u>Age</u>	<u>Gender</u>	<u>Living?</u> <u>Yes or No</u>	<u>Education</u> <u>(in years)</u>	<u>Marital</u> <u>Status</u>	<u>* PM (see</u> <u>below)</u>

\* Check this column if child is by previous marriage

Were you reared by anyone other than your own parents?  Yes  No If yes, describe briefly: \_\_\_\_\_

Number of older brothers \_\_\_\_\_ sisters \_\_\_\_\_ number of younger brothers \_\_\_\_\_ sisters \_\_\_\_\_

If dating or engaged, date you met: _____ Length of dating: _____ Give a brief statement of circumstances of meeting and dating: _____ _____ Are you planning to marry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Expected date of wedding: _____
--

**Information about prior counseling:**

Have you had any counseling before?  Yes  No

<u>Counselor Name (s)</u>	<u>Dates: Start to Finish</u>	<u>Medication Prescribed</u>	<u>Outcome</u>

**Medical and Personal Information:**

Rate your health:  Very good  Good  Average  Declining  Other

Date of last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Are you currently taking medications?  Yes  No If yes, please list below.

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason for use</u>

Have you used drugs for other than medical purposes?  Yes  No When? \_\_\_\_\_

What? \_\_\_\_\_ Amounts/Dosages? \_\_\_\_\_

Do you drink alcoholic beverages?  Yes  No When? \_\_\_\_\_

How much in one week? \_\_\_\_\_

Please describe any current medical condition or history pertinent to the problem: \_\_\_\_\_

\_\_\_\_\_

List all important present and/or past illnesses, injuries or handicaps: \_\_\_\_\_

\_\_\_\_\_

Do the above limit you in any way?  Yes  No If yes, how so? \_\_\_\_\_

\_\_\_\_\_

Have you ever had an emotional breakdown?  Yes  No When? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever considered yourself to have an addiction?  Yes  No  Uncertain

If yes, what, when, and how long? \_\_\_\_\_

\_\_\_\_\_

Approximately how many hours of sleep do 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 your going to bed and falling asleep, what do you do during that time?

\_\_\_\_\_

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

Describe any recent changes in sleep habits: \_\_\_\_\_

Have you ever been arrested?  Yes  No If yes, state charges and outcome: \_\_\_\_\_

Check appropriate response:

Have you ever felt people were watching you?  Yes  No When? \_\_\_\_\_

Do people's faces ever seem distorted?  Yes  No When? \_\_\_\_\_

Do you ever have difficulty distinguishing faces?  Yes  No When? \_\_\_\_\_

Are you sometimes unable to judge distance?  Yes  No When? \_\_\_\_\_

Have you ever had hallucinations?  Yes  No When? \_\_\_\_\_

Do you have any phobia?  Yes  No When? \_\_\_\_\_

Explain any answers to **YES**: \_\_\_\_\_

**Additional Information:**

Please check any symptoms that you have had in the last six months:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> change in appetite     | <input type="checkbox"/> problems concentrating   | <input type="checkbox"/> low self-esteem |
| <input type="checkbox"/> difficulty sleeping    | <input type="checkbox"/> low motivation           | <input type="checkbox"/> panic           |
| <input type="checkbox"/> sleeping too much      | <input type="checkbox"/> isolating from others    | <input type="checkbox"/> hopelessness    |
| <input type="checkbox"/> fatigue/ low energy    | <input type="checkbox"/> frequent anger           | <input type="checkbox"/> anxiety / fear  |
| <input type="checkbox"/> tearful/ crying spells | <input type="checkbox"/> depressed mood / sadness |  |

Explain how the ones checked above has affected your life and others: \_\_\_\_\_

Please check any of the following that best describe you **now**:

- |  |                                    |   |                                     |   |
|--|------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> active        | <input type="checkbox"/> ambitious | <input type="checkbox"/> self-confident | <input type="checkbox"/> shy        | <input type="checkbox"/> hardworking    |
| <input type="checkbox"/> persistent    | <input type="checkbox"/> nervous   | <input type="checkbox"/> impatient      | <input type="checkbox"/> impulsive  | <input type="checkbox"/> moody          |
| <input type="checkbox"/> kind          | <input type="checkbox"/> excitable | <input type="checkbox"/> imaginative    | <input type="checkbox"/> calm       | <input type="checkbox"/> serious        |
| <input type="checkbox"/> introvert     | <input type="checkbox"/> likable   | <input type="checkbox"/> easy-going     | <input type="checkbox"/> extrovert  | <input type="checkbox"/> leader         |
| <input type="checkbox"/> quiet         | <input type="checkbox"/> lonely    | <input type="checkbox"/> good-natured   | <input type="checkbox"/> sensitive  | <input type="checkbox"/> self-conscious |
| <input type="checkbox"/> fearful       | <input type="checkbox"/> bitter    | <input type="checkbox"/> rebellious     | <input type="checkbox"/> submissive | <input type="checkbox"/> serves others  |
| <input type="checkbox"/> compassionate | <input type="checkbox"/> merciful  | <input type="checkbox"/> peaceful       | <input type="checkbox"/> loving     | <input type="checkbox"/> gentle         |

other: \_\_\_\_\_

Counseling recommended by: \_\_\_\_\_

**Please read and complete as many of the following sentences as you possibly can.**

Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

1. I get nervous when \_\_\_\_\_.
2. I hate people who \_\_\_\_\_.
3. I could be happy if \_\_\_\_\_.
4. When I was a child I could never \_\_\_\_\_.
5. The thing that upsets me the most is \_\_\_\_\_.
6. I wish I could lose my fear of \_\_\_\_\_.
7. I feel that my father is \_\_\_\_\_.
8. I feel that my mother is \_\_\_\_\_.
9. My sex life is \_\_\_\_\_.
10. My parents always expected me to \_\_\_\_\_.
11. If I were younger \_\_\_\_\_.
12. My ambition in life is to \_\_\_\_\_.
13. When I grow older \_\_\_\_\_.
14. I know it is silly, but I am afraid to \_\_\_\_\_.
15. My greatest weakness is \_\_\_\_\_.
16. I wish I could \_\_\_\_\_.
17. I get mad when \_\_\_\_\_.
18. My clearest childhood memory is \_\_\_\_\_.
19. I like to pretend that \_\_\_\_\_.
20. What I like least about women \_\_\_\_\_.
21. What I like least about men \_\_\_\_\_.
22. What I like least about myself \_\_\_\_\_.
23. What I like most about myself \_\_\_\_\_.
24. I feel that my mind is \_\_\_\_\_.
25. I am deeply interested in \_\_\_\_\_.

26. The happiest time for me was when \_\_\_\_\_.
27. Men (women) find me \_\_\_\_\_.
28. My greatest strength is \_\_\_\_\_.
29. I find myself out of control when \_\_\_\_\_.
30. I really feel great about \_\_\_\_\_.
31. I often wonder why \_\_\_\_\_.
32. It embarrasses me to \_\_\_\_\_.
33. I cannot decide \_\_\_\_\_.
34. I laugh when I think about \_\_\_\_\_.