FaithCommunity
COUNSELING

## COUNSELING AGREEMENT

The following outlines *several conditions* upon which counseling cases will be initiated. While this is not meant to be exhaustive in scope, it does represent our philosophy of biblical counseling, a vital aspect of the total shepherding ministry of Faith Community Church.

**Our Framework** – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, we base our counseling on scriptural principles rather than those of secular psychology and psychiatry. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

Some of the counseling at Faith Community Church is provided as part of a counseling training program. To facilitate both counseling and training, the counselor may have one to two people assisting him/her in each counseling session.

**Our Focus** – Our purpose is to deal with issues within the scope of biblical parameters. We are confident that the Bible contains all necessary information for life and godliness (2 Peter 1:3). There are no problems between persons that the Bible fails to address either in general or specific principles. While our counselors do not pretend to know all that there is to know about biblical teaching and its application to life, nevertheless, they do know much, they will counsel from their understanding of the Bible, and they will do their utmost to help you.

If you should have significant legal, financial, medical or other technical questions, you may choose to seek advice from an appropriate independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider counsel in the light of relevant scriptural principles.

**Our Foundation** – All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. Your counseling will be biblical counseling in which the Scriptures are, in all cases, the final authority. If you are not sure that you will be interested in biblically-based counseling, you will be given the option of attending one or two sessions to discover what biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling or are unwilling to apply the biblical principles assigned, sessions may be terminated.

**Our Prerogative** – At any time during the counseling process, for reason(s) sufficient to him/her, the counselor shall have the option of terminating counseling.

**Our Commitment to Confidentiality** – Confidentiality is an important aspect of the counseling process, and our counselors will carefully guard the information you entrust to them. To ensure that you are receiving consistent counsel and support, however, the counselor(s) will need to be able to discuss your situation with others such as appropriate leaders of the church you attend, your attorney, if you have one, and/or other individuals involved in your life. Information disclosed in counseling sessions will be held confidential to the extent that the counselor believes the Bible or the State requires. Absolute confidentiality is not scriptural; for instance, matters of church discipline (cf. Matthew 18:15ff), or criminal incidents, may require the counselor to divulge information to others.

**Your Commitment to Confidentiality** – You too must agree not to discuss our communications with people who do not have a necessary interest in the counseling process. Furthermore, you must agree that you will not attempt to force any counselor to divulge any information acquired during the counseling process or to testify in any legal proceeding related to the issues discussed during the counseling process.

**Our Fee** – All counseling is done free of charge as a ministry of Faith Community Church. Part of the weekly homework assignments, however, may require the purchase of materials that correspond to the counseling.

**Mediation** – On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a Biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with Faith Community Church as a result of counseling will be mediated by the church's elder board. In addition, all counseling notes and records are considered to be the property of the church.

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 feel free to call and speak with a member of the pastoral staff. **If these terms are acceptable to you, please sign below**.

Signed _____ Print Name _____ Date _____

# FAITH COMMUNITY COUNSELING
## PERSONAL DATA INVENTORY

## PRE-ENGAGEMENT/PRE-MARITAL COUNSELING

Please complete this inventory carefully and thoroughly, and then mail this Inventory along with the Counseling Agreement to:

**Faith Community Counseling**
**110 Village Trail, Suite 110**
**Woodstock, Georgia 30188**

**Please Note!** We ask that you NOT have a date for the wedding already set before we begin the counseling process. If you do already have a date set, we ask that you stop working towards that date until at least 1 or 2 of your counseling sessions have been completed successfully. Our desire is for this counseling process to help you determine whether or not you should get married to this person at this time. To already be working on wedding plans at the same time as you work through the counseling may be pre-mature and distracting. We do not want anyone to feel the pressure to go through with the wedding just because plans have already been made, money spent, invitations sent out, etc…in spite of things that have been discovered in counseling that need to be worked on. Not setting a date can avoid embarrassment if, through the counseling process, you determine that you want to delay getting married, or if it becomes clear that you should not marry this person.

**Today's Date**_____/_____/_____

## PERSONAL INFORMATION

Name_____ Birth Date_____/_____/_____

Address_____City_____State_____Zip_____

Age_____ Sex_____ Height_____ Referred for Counseling by_____

Marital Status (mark all that apply)

□ Never Married □ Single □ Going Steady □ Engaged □ Now Married ____year(s)

□ Now Separated ____month(s) □ Divorced ____time(s) □ Widowed

Home Phone(___)_____ Work Phone(___)_____ Mobile(___)_____

Email Address_____ Education (last level completed)_____

Other Training (list type and years)_____

Occupation_____ Employer_____ Position_____ Yrs_____

In case of an emergency, please contact: Name_____

Phone Number(___)_____

## FIANCÉ AND FAMILY

**Information about Your Fiancé (or potential fiancé)**

Fiancé's Name_____

Fiancé's Marital Status (mark all that apply)

□ Never Married □ Single □ Going Steady □ Engaged □ Now Married ____year(s)

□ Now Separated ____month(s) □ Divorced ____time(s) □ Widowed

Length of Steady Dating _____ Length of Engagement _____

Give a brief statement of circumstances of meeting and dating: _____

_____

_____

_____

Have you set a date for the wedding? □ Yes □ No If yes, when? _____ /_____ /_____

If no, have you discussed an approximate date for the wedding? □ Yes □ No

If yes, when? _____

If neither, would you be willing to complete the required counseling before deciding on a time?

□ Yes □ No

Where will the wedding be held? _____

Who do you expect to perform the ceremony? _____

**Information about Your Children from a Previous Marriage (if applicable):**

| Name | Age | Sex (M/F) | Living? | Step-Child? |
|---|---|---|---|---|
| _____ | ____ | ____ | □Y □N | □Y □N |
| _____ | ____ | ____ | □Y □N | □Y □N |
| _____ | ____ | ____ | □Y □N | □Y □N |
| _____ | ____ | ____ | □Y □N | □Y □N |

**Information about Your Parents:**

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

_____

Your Father's Name_____ Is your father still living? □ Yes □ No

Does he live nearby? □ Yes □ No Where? _____

Father's Religious Affiliation_____ Father's Occupation_____

Describe your relationship with your father_____

_____

Your Mother's Name_____ Is your mother still living? □ Yes □ No

Does she live nearby? □ Yes □ No Where? _____

Mother's Religious Affiliation_____ Mother's Occupation_____

Describe your relationship with your mother_____

_____

Have your parents divorced? □ Yes □ No

Rate your parent's marriage: □ Unhappy □ Average □ Happy □ Very Happy

**Information about Your Siblings:**

Number of *older* brothers____ *older* sisters____ *younger* brothers____ *younger* sisters____

Rate your childhood: □ Unhappy □ Average □ Happy □ Very Happy

## HEALTH HISTORY

Rate your health: □ Very Good □ Good □ Average □ Declining □ Other_____

Do you have any chronic conditions? □ Yes □ No What?_____

List significant illnesses, injuries or handicaps_____

Your approximate weight _____lbs. Weight changes recently? Lost_____ Gained_____

Date of last medical exam_____ Results of examination:_____

Physician's Name_____Phone(___)_____

Address_____City_____State_____Zip_____

Are you currently taking any prescription or over-the-counter medications? □ Yes □ No

If yes, please list name(s) and dosage(s)_____

Have you ever used drugs for other than medical purposes? □ Yes □ No

If yes, please explain_____

Have you ever been arrested? □ Yes □ No If yes, please explain circumstances_____

_____

Do you drink alcoholic beverages? □ Yes □ No If yes, how frequently and how much?

_____

Do you drink coffee? □ Yes □ No How frequently and how much?_____

Other caffeinated drinks? □ Yes □ No How frequently and how much?_____

Do you use tobacco? □ Yes □ No What?_____ Frequency?_____

Have you ever had interpersonal problems on the job? □ Yes □ No If yes, please explain

_____

Have you ever had a severe emotional upset? □ Yes □ No If yes, please explain_____

_____

Have you ever seen a psychiatrist or counselor? □ Yes □ No If yes, please explain_____

_____

List counselor/therapist and dates_____

What was the outcome?_____

_____

## SPIRITUAL BACKGROUND

Religion: □ None □ Christian □ Jewish □ Muslim □Agnostic □ Other_____

Denominational preference_____

Church attending_____ Member? □ Yes □No

Church Address_____

Phone(___)_____ Pastor's Name_____

Church attendance per month (circle) 0 1 2 3 4 5 6 7 8+

Please describe your religious upbringing?_____

_____

_____

Do you believe in God? □ Yes □ No □ Uncertain Why?_____

_____

_____

How often do you pray to God? □ Daily □ Weekly □ Occasionally □ Never

How often do you read or study the Bible? □ Daily □ Weekly □ Occasionally □ Never

Would you say you are a Christian or still in the process of becoming a Christian?_____

_____

Do you believe that when you die, you will be with God eternally? □ Yes □ No □ Uncertain

Why?_____

_____

_____

Have you been baptized? □ Yes □ No

Explain any recent significant changes in your religious life_____

_____

What is your opinion of the Bible?

- □ I don't know enough about the Bible to have an opinion.
- □ It is a book that contains helpful principles that I am free to follow or disregard as I think best.
- □ It is a book that was inspired by God and that contains helpful principles and instructions I should follow unless I believe there is a good reason to do otherwise.
- □ It is a book that was inspired by God and that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
- □ Other:_____

Who, if anyone, has the most influence on your religious or spiritual life? (please list their names and their relationship to you)_____

_____

## GENERAL QUESTIONS (please answer in detail all questions that apply to your situation)

1. If you have been divorced, please describe the circumstances surrounding the divorce.

2. Why do you want to get married?

3. Describe your understanding of your intended partner's current spiritual status.

4. How do you know that you love this person?

5. How would you define LOVE?

6. Have there been any breakups during the time you were dating or engaged? □ Yes □ No
   If yes, describe how you resolved the issues surrounding the breakup.

7. How well do you believe you know your intended partner? Please explain.

8. How do you know that this person is a wise choice for you?

9. How do you know that this is a good time for you to marry?

10. What initially attracted you to your intended partner?

11. Do your immediate family members (parents, siblings, or children) give their full support to your intentions to marry this person? □ Yes □ No
    In what ways are they showing or voicing their support or lack of support?

12. Do your closest friends give their full support to your intentions to marry? □Yes □ No
    In what ways are they showing or voicing their support or lack of support?

13. As a result of being in this relationship, do you find yourself walking closer with the Lord or is your spiritual life being hampered in any way? Please explain.

14. Do you regularly pray together as a couple? □ Yes □ No

15. Do you regularly study the Word of God together as a couple? □ Yes □ No

16. If you or this person are bringing any children into this marriage, what are the children saying about having a new step-parent?

17. Describe your relationship with your intended partner's immediate family (parents, siblings, children).

18. Describe how you and your intended partner have handled conflict between each other.

19. Describe any concerns that you might have about their words, attitudes, or behavior in the midst of conflict.

20. Have the two of you engaged in sexual activity? □ Yes □ No
    If so, to what extent?

21. If so, do you see this as something that is sinful and must cease? □ Yes □ No

22. What is the current level of your physical involvement?

23. If you have been sexually active, what have you done and what are you doing to guard against this temptation?

24. Are you and your intended partner currently living together? □ Yes □ No
    If yes, would you be willing to separate until the day of the wedding? □ Yes □ No

25. Have you and your intended partner disclosed all aspects of your financial status to each other, including credit card debts, loan balances, etc…? □ Yes □ No
    Describe how well you understand their financial status.

26. Are there any health concerns of physical conditions that might hinder your functioning in the marriage? □ Yes □ No
    If so, have you discussed these concerns with them? □ Yes □ No

27. Is the use/abuse of alcohol or substances an issue or concern for either yourself or them?
    □ Yes □ No
    If yes, describe how you have resolved these concerns.

28. To what degree have you both discussed your plans, hopes and dreams for the future? How confident are you that you both are heading in the same direction in life?

29. What are your own greatest struggles currently?

30. List what you see as your intended partner's 3 greatest character strengths.

31. List what you see as their 3 greatest character weaknesses.

32. Are you prepared to accept your intended partner, just as they are (without trying to change them), for the rest of your life? □ Yes □ No

33. Is there anything about this relationship that is causing you to have second thoughts about a lifetime commitment to this person? □ Yes □ No
    If yes, please explain.

34. Are you willing to postpone engagement if it's the right and best thing? □ Yes □ No

35. Are you willing to wait to get married if it's the right and best thing? □ Yes □ No

36. If there is any other information to share that may make your pre-engagement or pre-marital counseling process more beneficial, please comment.

## PROBLEM CHECK LIST

**(Please check <u>all</u> areas of concern or struggle)**

- ☐ Abortion
- ☐ Adultery
- ☐ Anger
- ☐ Anxiety (worry)
- ☐ Apathy
- ☐ Appetite
- ☐ Bitterness (resentment)
- ☐ Change in lifestyle
- ☐ Children
- ☐ Communication
- ☐ Conflict (fights)
- ☐ Deception/lying
- ☐ Decision making
- ☐ Dating/courtship
- ☐ Depression
- ☐ Divorce
- ☐ Drug abuse
- ☐ Drunkenness
- ☐ Eating habits
- ☐ Envy (jealousy)
- ☐ Fear
- ☐ Finances
- ☐ Grief
- ☐ Guilt
- ☐ Health
- ☐ Homosexuality
- ☐ Impotence
- ☐ Infertility
- ☐ In-laws
- ☐ Laziness
- ☐ Loneliness
- ☐ Lust
- ☐ Marriage
- ☐ Memory
- ☐ Menopause
- ☐ Moodiness
- ☐ Past memories
- ☐ Perfectionism
- ☐ Physical abuse
- ☐ Pornography
- ☐ Rebellion
- ☐ Sex
- ☐ Sexual abuse
- ☐ Singleness
- ☐ Suicide
- ☐ _____

## AVAILABILITY

**Please circle all the days and times you are available to meet for counseling.**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sunday** | 7AM | 8 | 9 | 10 | 11 | 12PM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9PM |
| **Monday** | 7AM | 8 | 9 | 10 | 11 | 12PM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9PM |
| **Tuesday** | 7AM | 8 | 9 | 10 | 11 | 12PM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9PM |
| **Wednesday** | 7AM | 8 | 9 | 10 | 11 | 12PM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9PM |
| **Thursday** | 7AM | 8 | 9 | 10 | 11 | 12PM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9PM |
| **Friday** | 7AM | 8 | 9 | 10 | 11 | 12PM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9PM |
| **Saturday** | 7AM | 8 | 9 | 10 | 11 | 12PM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9PM |

## POSITIVE TRAITS INVENTORY

Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating scale: 0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually

_____ Loving
_____ Honest
_____ Sensitive
_____ Good father/mother
_____ Works hard
_____ Humble
_____ Keeps his/her word
_____ Dependable
_____ Does not take advantage of others
_____ Does not use people
_____ Not an opportunist (waiting for a lucky break)
_____ Plans ahead
_____ Knows where he/she is going
_____ Fair
_____ Consistent
_____ Perseveres
_____ Admits it when he/she is wrong
_____ Teachable
_____ Objective
_____ Compassionate
_____ Cooperative
_____ Neat

_____ Patient
_____ Considerate
_____ Persistent
_____ Punctual
_____ Disciplined
_____ Resourceful
_____ Sincere
_____ Courteous
_____ Creative
_____ Decisive
_____ Efficient
_____ Flexible
_____ Forgiving
_____ Generous
_____ Frugal
_____ Appreciative
_____ Hospitable
_____ Diligent
_____ Discerning
_____ Enthusiastic
_____ Courageous
_____ Conscientious

**NEGATIVE TRAITS INVENTORY**

Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating scale: 0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually

_____ Argumentative
_____ Arrogant/Proud
_____ Belittles others
_____ Bitter
_____ Blame-shifts
_____ Blows up
_____ Secretive
_____ Brutal/Harsh/Cruel
_____ Clams up
_____ Cliquish
_____ Closed minded
_____ Complaining
_____ Conceited
_____ Greedy
_____ Sarcastic
_____ Crabby
_____ Critical
_____ Untrustworthy
_____ Deceitful
_____ Demanding
_____ Disobedient
_____ Domineering
_____ Irresponsible
_____ Jealous
_____ Judgmental
_____ Lazy
_____ Unloving
_____ Lying

_____ Embarrassing
_____ Fussy
_____ Gets the last word
_____ Rude
_____ Gossipy
_____ Greedy
_____ Un-submissive
_____ Hateful
_____ Holier-than-thou
_____ Unreasonable
_____ Ignores counsel
_____ Impatient
_____ Impractical
_____ Inconsiderate
_____ Inconsistent
_____ Indecisive
_____ Indifferent
_____ Inflexible
_____ Insensitive
_____ Reckless
_____ Insulting
_____ Interrupting
_____ Selfish
_____ Self-willed
_____ Shouting
_____ Ungrateful
_____ Snoopy
_____ Makes Excuses

_____ Resentful
_____ Manipulating
_____ Meddling
_____ Mischievous
_____ Nagging
_____ Never Satisfied
_____ Overambitious
_____ Rebellious
_____ Overly independent
_____ Perfectionist
_____ Wishy-washy
_____ Picky
_____ Possessive
_____ Procrastinator

_____ Wasteful
_____ Unforgiving
_____ Stingy
_____ Stubborn
_____ Suspicious
_____ Unfair
_____ Temper Outbursts
_____ Easily offended
_____ Thoughtless
_____ Touchy
_____ Puts off dealing with problems
_____ Unbelieving
_____ Pushy
_____ Uncooperative

## IMPORTANT

After completing the Application for Counseling, please read the article by Powlison and Yenchko called ***"Should We Get Married?"*** As you read, discuss together the questions from this article and mark/highlight any statements you consider to be significant. At the first counseling appointment, your counselor will discuss the contents of this article and try to help you determine whether or not you have biblical grounds to pursue a marriage relationship with the person you are dating/courting. Please don't forget to bring the article and any notes with you to that initial meeting.