

PASTORAL COUNSELING: Are You Interested?

THEN PLEASE READ THIS CAREFULLY...

If you are having trouble and are unsure about what to do or where to turn, the pastors of *Clearcreek Chapel Counseling Ministries* are available to offer biblical counsel. We will accept a limited number of counseling cases that are non-members but will always be ready to assist our members as a first priority.

Our counseling is strictly based upon God's Word. We do not pretend to be psychologists or psychiatrists. Our counselors, however, are either certified or trained in accordance with the standards of conduct and philosophy of the National Association of Nouthetic Counselors, which is a national Christian counseling certification organization.

Appointments can be made by calling (937) 885-2143.

There are, however, several conditions upon which non-member or outside counseling will be initiated.

1. Counseling members of *Clearcreek Chapel* **always** takes precedence over all outside counseling.

2. Counseling will be done by one of the pastor's, by one of the elders of *Clearcreek*, or by an assigned trained lay counselor; such decisions **will be made by the pastors.**

3. Other elders or pastors may be asked to participate as part of the counseling team. There may also be trainees in observation of your counseling who are committed to keeping the Biblical teaching of confidence.

4. All counseling will be conducted with the pastor's understanding of Scripture. Your counseling will be **biblical, pastoral** counseling in which the Scriptures are in all cases the final authority. If you are unsure that you will be interested in biblically-based counseling, you will be given the option of attending one or two counseling sessions to discover what biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling, sessions will be terminated.

5. If you are a member of another church, it will be necessary for your pastor to accompany you to counseling sessions. This is important since we want to recognize and respect the authority and the discipline of other congregations. And, in addition, this makes transfer back to the pastoral care of your church, a lot easier to effect.

6. At any time during the counseling, for reasons sufficient to himself, the counselor--as also the counselee --shall have the option of terminating counseling.

7. Information disclosed in counseling sessions will be held confidential only as the counselor believes the Bible requires. Absolute confidence is not Scriptural; matters of church discipline, for instance, under certain circumstances, require one to disclose facts to others (*cf.* Matthew 18:15ff).

8. Counseling done at *Clearcreek Chapel* is done on a donation basis (I Corinthians 9:11). You must read the attached green sheet to understand our policy. **Checks should not be made out to an individual or counselor.**

9. It must be understood that biblical counseling consists of the giving of scriptural advice and the practical application of the same to each individual. Yet, the counselee is

held fully responsible for how he implements that advice.

10. If you are presently seeing another counselor it is imperative you conclude those sessions before you seek our help. Competing counsel is never helpful to anyone.

We are confident that the Bible has all the information necessary for your life and problems you face. 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 there is to know about biblical teaching and its application to life, nevertheless, they do know much and will do their utmost to help you.

Our counselors will honestly tell you if they are stymied and will seek other Scriptural help.

If you are interested in our counseling, kindly sign below where indicated.

I have read the conditions for counseling set forth in this brochure and agree to enter into counseling in accordance with them:

Sign _____

Date ___/___/___

Parental signature (if under 18) _____

Date ___/___/___

Please fill out the attached Personal Data Information sheets. Thank you!

Clearcreek Chapel Counseling Ministries (937) 885-2143

Counseling Donation Policy

Please Read Carefully! \$

Clearcreek Chapel is a nonprofit tax-exempt church body dedicated to the faithful proclamation of the gospel of Jesus Christ through ministry to individuals and families who are in need of spiritual help. It is the purpose of the counseling ministry of this church to provide competent Biblical counsel to those who seek it. It is a not-for-profit ministry. We want to make you aware that there are costs that we do incur, such as secretarial, janitorial, and utilities. If you can help cover these expenses by making a donation it would be appreciated. Checks should be made out to Clearcreek Chapel Counseling Ministries. Do not make your checks out to any counselor or individual! Members of *Clearcreek Chapel* or the counselor's church are not expected to make a donation since it is their membership responsibility to contribute during regular services.

If you are in need of further clarification of this statement please see the counseling secretary or your counselor.

I have read the above Donation Policy and understand it!

Sign _____ Date _____

Name of the church you attend _____

Name of your Senior Pastor _____

Are you a member of this church? Yes No

(Romans 15:27; I Corinthians 9:11-12,14; II Corinthians 11:8; Philippians 4:14-20)

IDENTIFICATION DATA

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone _____ Business Phone _____

Occupation _____

Sex _____ Date of Birth _____ Age _____ Height _____

Nationality or Ethnic Background _____

Marital Status: Single _____ Separated _____

Going Steady _____ Divorced _____

Married _____ Widowed _____

Education (circle last year completed);

Grade School 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 5 6+

Other training (list type and years) _____

Referred here by (name) _____ (address) _____

HEALTH INFORMATION

Rate your physical health: Very Good ___ Good ___ Average ___ Declining ___

Other _____

Your approximate weight: _____ lbs.

Recent weight changes: Lost _____ Gained _____

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

Date of last medical examination _____ Report: _____

Physician _____ Address _____

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

What drug(s)? _____

Are you presently taking medication? Yes ___ No ___ What? _____

Prescribing Physician: _____ Address _____

Have you ever had a severe emotional upset? Yes ___ No ___

Have you ever had any psychotherapy or counseling? Yes ___ No ___ If yes, list name(s)

of counselor(s) and dates: ___/___/___ to ___/___/___

(continued on next page)

THIS INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE ACCORDING TO BIBLICAL GUIDELINES.

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes No
Have you ever been arrested? Yes No When ___/___/___ Why? _____

RELIGIOUS BACKGROUND

Denominational preference: _____
Name of the church currently attending: _____
Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+
Church attendance in childhood: _____
Have you ever been baptized? Yes No
Religious background of spouse (if married): _____
Do you consider yourself a religious person? Yes No Uncertain
Do you believe in God? Yes No Uncertain
Do you pray to God? Never Occasionally Often
Are you saved? Yes No Not sure what you mean
How much do you read the Bible? Never Occasionally Often
Explain recent changes in your religious life, if any: _____

PERSONALITY INFORMATION

Circle any of the following words which best describe you now:

active	ambitious	self-confident	persistent
nervous	hardworking	impatient	impulsive
moody	often-blue	excitable	imaginative
calm	serious	easy-going	shy
introvert	extrovert	likable	good-natured
leader	quiet	hard-boiled	submissive
self-conscious	lonely	sensitive	other _____

Have you ever felt people were watching you? Yes No
Do people's faces ever seem distorted? Yes No
Do colors seem too bright? Yes No
Do colors seem too dull? Yes No
Are you able to judge distance? Yes No
Have you ever had hallucinations? Yes No
Are you afraid of being in a car? Yes No
What difficulties do you have in hearing (if any)? _____

(continued on next page)

MARRIAGE INFORMATION (If never married, check _____ and omit this section)

Name of spouse _____ Phone _____

Address _____

Business Phone _____ Occupation _____

Is spouse willing to come for counseling? Yes ___ No ___ Uncertain ___

Have you ever been separated? Yes ___ No ___

Have either of you ever filed for divorce? Yes ___ No ___ If so, when? ___/___/___

Date of this marriage: ___/___/___

Your ages when married: Husband ___ Wife ___

How long did you know your spouse before marriage? ___ years ___ months

Length of steady dating with spouse? ___ years ___ months

Length of engagement? ___ years ___ months

Your spouse's age ___ Education (years) ___ Religion _____

Give brief information about any previous marriage(s) _____

Broken by divorce? Yes ___ No ___ Broken by Death? Yes ___ No ___

Information about children:

pm*	Name	Age	Sex	Living?		Education - years	Marital Status	
				YES	NO		Single	Married
							Single	Married
							Single	Married
							Single	Married
							Single	Married
							Single	Married
							Single	Married
							Single	Married

*Check this column if child is by previous marriage.

PARENTAL FAMILY HISTORY

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

Answer this section describing your own parents or parent substitute:

Still living? Father Yes ___ No ___ Mother Yes ___ No ___

Religious affiliation: Father _____ Mother _____

Church attendance per month: Father 1 2 3 4 5+ Mother 1 2 3 4 5+

Occupation: Father _____ Mother _____

(continued on next page)

Are your parents still living together? Yes ____ No ____

If not, cause of separation: _____

When separated: _____

Rate your parents' marriage:

Unhappy ____ Average ____ Happy ____ Very Happy ____

As a child, did you feel closest to your: Father ____ Mother ____ Another ____

Rate your childhood life:

Unhappy ____ Average ____ Happy ____ Very Happy ____

How many brothers and sisters do you have? ____ Brothers ____ Sisters

How many *older* brothers and sisters do you have? ____ Brothers ____ Sisters

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