



Greetings,

We are grateful that you have made the decision to pursue biblical counseling at Parkway Baptist Church. We pray that this is a time of growth and progress as you apply the resources of the gospel of Jesus Christ and God's Word to your life and situation. We are eager to hear your story and listen carefully to what is going on in your life. Please know that you have made a wise and courageous decision by choosing to receive biblical counseling. We are praying that God will bring help and hope to you.

The next step is to complete the attached forms. These forms are designed to gather as much helpful information as possible for your counselor and to provide important information to you. Please know that your information will be handled sensitively and confidentially. You will need approximately 30 minutes to thoroughly complete these forms. Please read each question carefully and contact us if you have any questions at the church office by calling (502) 348-4677.

In this packet you will find:

- Counselor Information Form
- Informed Consent and Hold Harmless Agreement

How to return this packet:

- You may drop the completed packet off at the church office during normal business hours in a sealed envelope for your privacy
- You may scan and email the completed packet to marshall.adkins@parkwaybaptist.com

What's next?

- Please allow us 3-5 business days to process your forms and assign a counselor to care for you
- A staff member of Parkway Baptist Church will contact you to schedule your first meeting

We are eager to minister to you in the name of Jesus and pray for God to be at work in your life as you begin biblical counseling at Parkway Baptist Church.

Grace and peace to you,

Marshall Adkins
Pastor of Adult Discipleship

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Counselee Information Form

Personal Identification

Notes

Name: _____ Birth date: _____

Address: _____ Zip code: _____

Age: _____ Sex: _____ Referred by: _____

Marital status: _____ Highest level of formal education: _____

Cell phone number: _____ Email: _____

Employer: _____ Position: _____

Years: _____ Work hours/schedule: _____

Other significant time commitments: _____

Marriage and Family

Spouse: _____ Birth date: _____

Age: _____ Occupation: _____ How long employed: _____

Cell phone number: _____ Email: _____

Date of marriage: _____ Length of dating: _____

Please describe your marriage: _____

Have either of you been previously married: _____ To Whom: _____

Have you ever been separated: _____ Have you ever been divorced: _____

Do you have children or stepchildren: _____ If so, please provide name(s) and age(s):

Describe relationship to your father: _____

Describe relationship to your mother: _____

Number of sibling(s): _____ Your sibling order: _____

Briefly describe your upbringing and childhood years: _____

Health

Describe your overall health: _____

Describe any chronic conditions, important illnesses, injuries, or handicaps:

Date of Last Medical Exam: _____ Report: _____

Do you have a family doctor or physician you see regularly: _____

Are you taking any prescribed medications: _____ If so, please list and describe:

Have you ever used drugs for anything other than medical purposes: _____

If yes, please explain: _____

Do you have any known allergies: _____ If so, please describe: _____

Do you consume beverage alcohol: _____ If so, how often and how much:

Have you had any problems or incidents involving beverage alcohol: _____

If so, please describe: _____

Describe your normal sleeping schedule: _____

Do you feel excessively tired or lethargic throughout the day: _____

Do you experience blurred or distorted vision: _____

Have you ever had interpersonal problems on the job: _____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you seen a mental health professional: _____ If yes, please describe: _____

Have you ever thought about or attempted to physically harm yourself or others: _____

Have you ever been arrested: _____ If so, please explain: _____

Spiritual

Do you believe in God: _____ Do you pray: _____ Are you a Christian: _____

If so, describe your conversion: _____

What is the gospel: _____

Have you ever been baptized: _____ Are you a member of a local church: _____

Where do you regularly attend church: _____

How long have you attended: _____ Pastor's name: _____

Does your pastor know you are seeking counseling: _____

How often do you read the Bible (circle): Never Occasionally Often Daily

How important is your faith in daily living: _____

Describe your past Christian discipleship and spiritual growth: _____

What are three positive influences on your spiritual life: _____

What are the three negative influences on your spiritual life: _____

Who are the most trusted friends and most influential relationships in your life?

Problem Checklist: Please rate how these items impact your life

(blank) = little/no significant; 1 = mildly significant; 2 = moderately significant; 3 = extremely significant

_____ Anger	_____ Discouraged/Downcast	_____ Lust
_____ Anxiety	_____ Domestic Abuse	_____ Marriage Problems
_____ Apathy	_____ Drunkenness	_____ Moodiness
_____ Bad Memories	_____ Envy	_____ Overwhelmed
_____ Bitterness	_____ Fear	_____ Perfectionism
_____ Change in lifestyle	_____ Finances	_____ Pornography
_____ Children	_____ Gluttony	_____ Procrastination
_____ Communication	_____ Guilt	_____ Rebellion
_____ Conflict (fights)	_____ Grief	_____ Sexual Immorality
_____ Control	_____ Health	_____ Sex (in marriage)
_____ Deception	_____ Homosexuality	_____ Sleep
_____ Decision Making	_____ Impotence	_____ Time Management
_____ Depression	_____ In-laws	_____ Weary
_____ Disciplined Living	_____ Laziness	_____ Other
_____ Disorganization	_____ Loneliness	

Briefly Answer the Following Questions

1. Why have you sought counseling? What difficulties are you facing?
2. What have you done about the difficulties? What has worked or not worked so far?
3. What are your expectations from counseling? What do you think needs to change?
4. Is there any other information that we should know?

Informed Consent and Hold Harmless Agreement

Our Goal - Our goal in providing biblical counseling is to help you meet the challenges of life in a way that glorifies God, causes your faith in Christ to flourish, and brings about lasting change.

Biblical Basis - We believe that the Christian Scriptures provide thorough guidance and instruction for faith and life. (2 Peter 1:3 and 2 Timothy 3:16) The content and methodology of our counseling will be based solely on the Bible.

Not Professional Advice - Although some of the pastoral or lay counselors of Parkway Baptist Church may be trained or licensed in other professional fields (such as medicine, psychology or law), they will not practice as professionals but as biblical counselors. When serving as counselors at Parkway Baptist Church, they do not provide the same kind of professional advice and services that they do when they are hired in their professional capacities. Our counselors will not provide legal, financial, medical, therapeutic, or other technical advice. If you think your situation requires such advice, you should seek a qualified professional. Our counselors will be happy to cooperate with such advisors and help you to consider their advice in the light of relevant biblical principles.

Confidentiality - Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are four situations when it may be necessary for us to share certain information with others:

- (1) If the counselor is uncertain of how to address a problem and must seek advice from another counselor or pastor.
- (2) When there is a clear indication that the counselee is involved in the committing of a crime (counselor is required to notify proper authorities).
- (3) When there is a clear indication of suicidal ideation, abuse, neglect, exploitation, or abandonment (counselor is required to notify proper authorities).
- (4) When a professing believer persistently refuses to renounce a sin and it becomes necessary to seek the assistance of others in their church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20).

Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Emergencies – In case of emergencies, you should call 911. It is your responsibility to seek the appropriate resources in emergency situations. Parkway Baptist Church does not provide afterhours crisis counseling.

READ CAREFULLY BEFORE SIGNING - In consideration of the offer and provision of biblical counseling, you agree to release, waive, discharge and covenant not to sue Parkway Baptist Church and/or its affiliates, its officers, servants, agents, and employees, including individual counselors (hereinafter referred to as “releasees”) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage or injury, that may be sustained by you, or to any property belonging to you, whether caused by the negligence of the releasees, or otherwise relating to your participation in biblical counseling with Parkway Baptist Church. You further agree to indemnify and hold harmless the releasees, from any loss, liability, damage, or costs they may incur due to your participation in biblical counseling with Parkway Baptist Church, whether caused by the negligence of any or all of the releasees, or otherwise. By signing below, you agree that it is your express intent that this Release shall bind the members of your family and spouse, and your heirs, assigns, and personal representatives.

In signing below, you acknowledge and represent that:

- A. You have read the foregoing Informed Consent and Hold Harmless Agreement and sign it voluntarily;
- B. You are at least eighteen (18) years of age and fully competent; and
- C. You execute this Informed Consent and Hold Harmless Agreement for adequate and complete consideration, fully intending to be bound by the same.

Name (please print): _____ Date: _____

Signature: _____

If applicant is under the age of 18 a signature from legal parent and/or guardian is required:

Name (please print): _____ Date: _____

Signature: _____