



IMMANUEL BIBLE CHURCH

Hi Friend,

Thank you for seeking help amid difficulty and uncertainty. We know it takes a great deal of humility to say “I need help.” While we cannot guarantee a “fix” to your trouble, we believe our counselors will point you to the hope in Christ, who reconciles all things. Evidence of brokenness exists in all of our lives in the form of sin and suffering. And although our need may vary in degree, it does not change in kind; our ever-present help comes from God, both now and forever.

Our union with Christ prevails over any hardship and complexity and struggle. You have in your hands an intake packet; consider this your next step or STEP 2. You fulfilled STEP 1 when you submitted your online counseling request. Since the details of your background and experiences matter to us in this process, please carefully read through the packet and thoughtfully provide your answers. To complete this packet (digitally or manually), please set aside approximately 45 minutes.

As a Christian seeking counseling, your inclusion in the local church is vital. Many spiritual and relational resources exist in the church that would benefit a counseling process. Therefore, counseling may be offered to those who are members or regular attendees (of at least 6 months) of Immanuel Bible Church. The following are the requirements for recipients of counseling:

- a. Regular attendance of worship services at Immanuel Bible Church (App check-in)
- b. Regular attendance of an ABF, Bible study, or small group
- c. To regularly seek God’s direction through disciplines such as reading the Bible and prayer
- d. Identify an advocate (described below)

An advocate is a Christian friend who is willing to participate and support you during and after the counseling process. Your advocate should attend Immanuel Bible Church and be aware of the difficulty you wish to work through in counseling. Your advocate may attend sessions with you, assist with any homework, and further the counseling conversations outside of sessions (application, etc.).

Our aim in counseling cannot be to simply “fix your problems.” As finite human beings with limited abilities, we seek to help you grow by understanding God’s redemptive work in and through your besetting struggles. After all, God is infinite in wisdom and unlimited in how he works. We only seek to help as God transforms your thoughts, emotions, and how you live.

If you have any further questions, please contact Tracy Warren at 703-813-1952 or warren@ibc.church.

In Christ,

Pastor of Counseling

In this packet...

- Personal Data Inventory
- *Informed Consent*, which needs to be initialed and signed.
- Childcare is not provided, and children are not allowed to sit unattended in our reception area.

Sending it in...

- Once completed you can send your paperwork...
 - Scan and email it to: warren@ibc.church
 - Mail it via post office to: 6911 Braddock Rd, Springfield, VA 22151, Attn: Care and Counseling ministry
 - Drop it off during office hours (M-TH, 8am-4pm)

What's next?

- Please allow 2 weeks to be assigned to a counselor depending on the nature of your concern and the caseload of our counselors.
- Your assigned counselor will be the next person to call you to set up an initial appointment.



IMMANUEL BIBLE CHURCH

Care and Counseling

Personal Data Inventory

Full Name: _____ Date: ____/____/____

Address: _____ City: _____ Zip Code: _____

Email: _____ DOB: ____/____/____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Are you currently employed? YES NO Business Phone: _____

Last education completed:

☐ GED ☐ High School ☐ Some college ☐ College ☐ Graduate/Masters work

Current Marital Status:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Referred here by: _____ Phone/Email: _____

How do you know this person? _____

Please mark available times to meet with counselor:

☐ Morning ☐ Afternoon ☐ Evening
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Marriage & Family Information

Name of Spouse: _____ Spouse's DOB: ____/____/____

Is his/her address same as above? YES NO

If not: _____

Spouse's occupation: _____ Anniversary: ____/____/____

Ages when married: HUSBAND _____ WIFE _____

Is your spouse willing to come in for counseling? YES NO

Has your spouse ever been divorced? YES NO

If yes, please explain: _____

Have you been divorced/separated?

YES

NO

If yes, please explain: _____

Child's Name	Age	Gender	Marital Status

**please mark children from previous marriages/relationships*

Religious Background

Church and denomination attended in childhood: _____

Do you have a denominational preference? _____

How long have you attended Immanuel Bible Church? _____

What ministries are you currently involved in at IBC? _____

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

Are you a member of IBC? YES NO If so, shepherding elder:

Is your spouse a member of IBC? YES NO

Have you been baptized? YES NO

Does your spouse attend IBC? YES NO

If no, does he/she attend elsewhere? YES NO

Would you describe yourself as a believer? YES NO

What is your basis for answering this question as you did? _____

Please mark which ministry you are a part of: Eklektos MorningStar Telios New Life TeamMates
FamilyBuilders LifeBuilders Koinonia MorningSong College Ministry Foundry Todos Juntos
Foundry Mid Career Singles Sisters of Faith Ambassadors FaithBuilders Faith & Culture
OTHER: _____

Please list your facilitator: _____

What changes took place in your life after becoming a believer? _____

If you were to share the gospel with a friend, what would you include? _____

Do you read the Bible?	NEVER	OCCASIONALLY	OFTEN
Do you pray?	NEVER	OCCASIONALLY	OFTEN
Do you have family devotions?	NEVER	OCCASIONALLY	OFTEN
Do you pray with your spouse?	NEVER	OCCASIONALLY	OFTEN
Do you pray with your children?	NEVER	OCCASIONALLY	OFTEN

Give a brief overview of what your personal devotions looks like: _____

Please explain any recent changes in your spiritual life: _____

Medical & Health Information

Have you received Biblical Counseling at IBC before? YES NO

If so, who was your counselor? _____

Have you received counseling or therapy outside of IBC? YES NO

Please list below.

Counselor/Psychologist/ Psychiatrist	Duration	Medication prescribed?	Diagnosis/ Outcome

Please circle any of the following physiological symptoms that apply to you currently:

HEADACHES VISUAL TROUBLE WEAKNESS SLEEP TROUBLE
DIFFICULTY BREATHING TENSION FATIGUE CHANGE IN APPETITE
RAPID HEART RATE DIZZINESS CHRONIC PAIN OTHER _____

Please list 6 words to describe your personality:

Height: _____ Weight: _____ Recent weight change? _____

Average number of hours of sleep per night? _____

Average number of hours per week watching TV? _____

Average number of hours per week online (recreational)? _____

Please circle all social media sites you regularly use:

FACEBOOK INSTAGRAM TUMBLR X(TWITTER) PINTEREST
DATING SITES ONLINE CHATROOMS

Each night, at what time do you: go to bed _____ fall asleep _____ wake up _____

Describe any changes in your sleep patterns: _____

Health	VERY GOOD	GOOD	AVERAGE	DECLINING
Hearing	VERY GOOD	GOOD	AVERAGE	DECLINING
Sight	VERY GOOD	GOOD	AVERAGE	DECLINING
Appetite	VERY GOOD	GOOD	AVERAGE	DECLINING
Energy	VERY GOOD	GOOD	AVERAGE	DECLINING

Are you presently taking any medication? YES NO

Medication	Dosage	Side-Effects	How long have you been taking this?

Physician's Name: _____ Phone Number: _____

Date of last medical exam: _____

Have you ever used drugs for other than medical purposes? YES NO

If yes, please explain: _____

Do you drink alcoholic beverages? YES NO How often? _____

Do you smoke? YES NO How much? _____

Advocacy & Informed Consent Information

Would you be willing to release medical and previous counseling information to your counselor in the event that it is necessary? YES NO

Did you read the counseling cover letter? YES NO

Did you read the informed consent? YES NO

Who will be serving as your advocate? * (see description below)

Name: _____ Phone Number: _____

Email: _____

What is their relationship to you? _____

Do they know you have selected them as your advocate? YES NO

*An advocate is a fellow believer and friend who is willing to participate in your counseling process by praying for and encouraging you. The advocate should be a member or attender of Immanuel but is not required to attend all your sessions, but is encouraged to be a part of your counseling process as much as possible. The advocate helps support you by praying regularly, loving deeply and encouraging often.

If you are having a difficult time identifying an advocate, please let us know.

PROBLEM IDENTIFICATION

please be as specific as possible

1. What is the problem(s) that brings you to counseling?
2. What have you done about it?
3. What are your goals in seeking biblical counseling?
4. In your opinion what area of ***your*** life is in need of biblical change?
5. Is there anything else you think we should know?



Counselee Informed Consent & Release of Liability

In consideration of the opportunity to participate in and receive counseling from the Care and Counseling Ministry of Immanuel Bible Church (IBC), the undersigned hereby states and agrees as follows:

1. Through its Care & Counseling Ministry, IBC offers counseling to people who are in need of and seeking guidance through difficult life circumstances. The counseling offered will reflect and be in accordance with IBC's beliefs as defined by the IBC Statement of Faith, which is available to read at the following website:

[www.immanuelbible.church/Discover/Immanuel/What We Teach](http://www.immanuelbible.church/Discover/Immanuel/What%20We%20Teach).

2. "Care and Counseling" is a ministry whereby lay counselors are an extension of God's grace and mercy within the church as they provide pastoral one-another care to people seeking help. These counselors have completed an extensive counseling course that IBC offers to prepare and equip the counselors to serve God and the church body in this particular ministry. "Counselor," as the term is used herein, refers to a volunteer lay counselor who was trained and selected to serve as a counselor in the ministry at IBC. The counselor is serving in this capacity as an extension of the IBC elders as they seek to shepherd and provide pastoral one-another care for the members and regular attenders of IBC. "Counselor," as used herein, is not to be confused with someone who counsels in the secular sense, such as a mental health care provider or other health care professional recognized by professional licensing boards; it is one who functions in Christian ministry.

3. This ministry is available to those who are members or regular attendees (evidenced by at least 6 months) of IBC. Expectations for those receiving counseling are as follows:

- a. Weekly attendance of worship services at Immanuel Bible Church (fill out white card or App check-in)
- b. Weekly attendance of an Adult Bible Fellowship, Bible study, or small group
- c. Regularly seeking God's heart, direction, and wisdom through disciplines such as Bible reading, prayer and/or devotional study.
- d. A consistent effort to keep scheduled appointments and timely notice (preferably 24 hr. in advance) for cancelations.

4. I understand the details and documents concerning my counseling process, such as intake paperwork and session notes, are kept in confidence as church records. Staff and counselor supervisors in the IBC Care and Counseling ministry can access my documents for the purposes of supervision and guidance. I also understand that there are certain circumstances in which this agreement of confidentiality may be broken:

- | | |
|-------------------------|---|
| Counselee Initial _____ | a. An individual appears to intend to take harmful action against another person or against self, |
| | b. Any suspicion of abuse of children, the elderly, or persons with disability, |
| Counselor Initial _____ | c. Behavior that might warrant church discipline or require more immediate oversight by elders, staff, or involvement of the church as a whole. In these cases, after informing their supervisor, the counselor will attempt to first share with the counselee the intention to report. Every effort will be made to assist the counselee in resolving the issue. |
| | d. Discussions with other staff or elders in order to determine how to best care for me |
| | e. In marriage counseling cases where multiple counselors are involved |
| | f. When the counselee is a minor and it is believed to be in the best interest of the child to disclose information to the parent. |

This section 4 list is not an exhaustive list of examples of reasons to break confidentiality. There may be other potential instances in which the IBC counselor/staff may determine it necessary to break confidentiality on a case-by-case basis and they would make reasonable effort to involve me, the counselee, in this process.

5. Counseling Agreement:

N:\Congregational Care\LAY COUNSELING\Masters Lay Counseling\Counselee Informed Consent
Updated September 2020



IMMANUEL BIBLE CHURCH

I _____ understand that I am receiving biblical counseling from an individual who participates as a counselor at IBC. Thus, the Bible describes human nature, the change process, and how to best care for people in their problems. Also, regular involvement in the life of the church helps people live out and apply the gospel in meaningful ways and provides direction. In addition, biblical counseling takes seriously the physical, social, and developmental nature of one's difficulties. People are helped, strengthened, and built up as they grow in their relationship with God. My counselor will encourage me to grow in my personal dependence on Him and seeking of His help.

I understand that staff and counselors at IBC are not mental health workers with a license from the commonwealth of Virginia. Therefore, biblical counseling provided by IBC is not a substitute for medical or potentially necessary mental health services. I agree to assume the responsibility for seeking and/or maintaining such care for myself, as necessary for my wellbeing. I understand that neither the clergy nor the counselors, assume or take responsibility for any of my medical, mental, or emotional conditions, treatment or care that lies beyond the scope of biblical counseling and its intended ministry within the congregation. I specifically agree that my participation in the counseling ministry, in any form, whether individual, couples or group, is voluntary by me as the counselee.

I understand that any records are property of IBC and, as such, are considered as pastoral records of confidential sessions between clergy, and members or attenders of IBC, and reflect confidential communications in the ministry of congregational care. I waive any right I may otherwise have to seek to use any record of the church as evidence in any judicial proceeding or to compel the testimony of anyone involved in providing counseling to me through IBC.

I understand that at some point an issue may move beyond what the counseling ministry of IBC was designed to deal with. Consequently, closure of a case may be necessary. I understand that the counselors are not obligated to make any referral to health care workers. If counselors in the IBC Care and Counseling ministry do make a referral, such referrals are considered by the counselor and me as a suggestion or recommendation, not a requirement. I personally assume all risk associated with seeking the services of health care providers.

I understand that if any provision or part of this Informed Consent and Release of Liability agreement is found to be invalid or void as against public policy or by any court jurisdiction, the remainder of this agreement shall remain in full force and effect.

I understand that in consideration of the benefits to be derived from the ministry of counseling, the receipt whereof is hereby acknowledged, I hereby release, remise and forever discharge and covenant not to sue or hold legally liable IBC, the Care and Counseling Ministry, and/or the employees or volunteers of IBC from any and all claims, demands, actions or causes of action of whatsoever kind and nature related to the counseling ministry process.

I have read the preceding agreement and agree to the policies and stipulations stated.

Counselee _____ Date _____

Counselor _____ Date _____