

# COUNSELING AGREEMENT

Welcome to Grace and Truth Counseling Center!

We look forward to helping you see and solve problems God's way, using God's Word. Please read the information provided in full, as it will make clear how we counsel and operate. For additional questions, please see our FAQ page at the end of the packet.

Indicate your understanding and acceptance of this information by signing and dating this page. This signed form and a \$25 deposit must be submitted with the counseling intake form (attached) before we can schedule an appointment for you.

#### **COUNSELING FEES**

Since Gray Road Baptist Church provides the facilities and the counselors volunteer their time, we can offer counseling at no charge. However, out of respect for our staff, we do require a \$25 deposit which is forfeited for last minute cancellations. If a counselee leaves or graduates from counseling without cancellation, the deposit will be returned.

Also, your counselor may suggest purchasing additional materials or pamphlets to aid in the counseling process.

#### **APPOINTMENTS**

Counseling will take place on Monday evenings. Other times will depend on the availability of counselors. Once we have received your paperwork, we will contact you to schedule an appointment. We will inform you if there is a wait. In that case, we will contact you as soon as an appointment is available.

Once you have made an appointment, please keep it. Any cancellations should be made at least 24 hours ahead of time. Failing to do so may result in your case being deactivated.

I affirm the accuracy of the personal information contained in the following pages, and I have read the above information and agree to the conditions set forth therein. I hereby agree to the following conditions:

- 1. I am committed to seeking new insights into a personal, lovingly obedient relationship with Jesus Christ, which may involve new understandings from God's Word, and to pursuing a transformed life that reflects God's grace as revealed in His Word.
- 2. I will fulfill the weekly assignments or my sessions may be terminated.
- 3. I will consistently attend a Bible-believing church each Sunday while I am in counseling.
- 4. I will keep the appointment time, or will call to cancel 24 hours in advance.

I have read and understood the policies stated above, and consent to abide by them.

- 5. I understand that Grace and Truth Counseling Center seeks to train new counselors, and therefore agree to have a trainee(s) and/or audio taping for training purposes in the counseling sessions with me.
- 6. If you have a dispute with a counselor, the procedure for addressing the concern(s) is as follows: First, speaking truth in love, go to the counselor, as Scripture requires. If reconciliation cannot be accomplished, contact a pastor at Gray Road Baptist Church in writing, explaining your concern. He, in turn, will contact you regarding your dispute at his earliest convenience. Finally, if necessary, the pastor would be pleased to meet with your pastor provided the above is pursued.
- 7. I agree to hold any counselor with Grace and Truth harmless from any advice, counsel, or suggestions rendered during our counseling sessions. I recognize that his/her role is to assist me in hearing and under-standing God's will in the matters we discuss. I will not, therefore, sue or engage in any type of litigation negatively affecting them or the organization.

Having clearly stated the principles and policies of the Grace and Truth Counseling Center, we welcome the opportunity to minister to you in the name of Christ and to be used by Him to help you see and solve problems God's way. If you have questions about these guidelines, please contact Toby Johnson, senior pastor at Gray Road Baptist Church, or your counselor. If these guidelines are acceptable to you, please sign below.

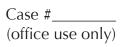
Print Your Name Signature Date



# COUNSELING INTAKE FORM

PERSONAL INFORMATION

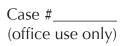
Full Name:		
Last	First	M.I.
Address:		
	et Address	Apt. #
City		Zip Code
Home Phone: ()	Cell Phone: ()	·
Would you like to receive appointment notifications via text	t?	
Gender: D Birthdate://_ Male Female mm dd y	yy Email: *(required for scheduling ap	pointments)
Marital Status:  Single Engaged Married Separated	☐ ☐ Military:	
Occupation:	Education:	
Referred By:		
Please answer each of the following questic	ID INFORMATION  ons. You will have an opportunity to provide our first session with your counselor.	more
Please briefly describe the problem.		
What have you done about it?		
What are your expectations in coming here?		
As you see yourself, what kind of person are you? Please des	scribe yourself.	





#### **INFORMATION ABOUT SPIRITUAL LIFE**

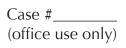
Denominational Preference:	Church Name:			
Church Address:				
Street Address	City	Zip Code		
Pastor's Name:	_ May we contact your pastor? ☐ ☐ F	Please Initial:		
Frequency of Attendance:(times pe	Are you a member?	, how long?		
Spouse's Church Attendance:(if a	Spouse's Religious Background	:(times per month)		
What are you learning through the se	ermons/bible studies/messages at your church	?		
Please list ministry involvement				
Have you been baptized?	If yes, when?How often do yo	ou pray?		
If you pray, what do you pray about?				
If God asked you, "Why should I allo	w you into my heaven?", how would you res	spond?		
Have you received Christ personally a	as your Savior?	Uncertain Don't		
If yes, please answer the next two qu	uestions:	understand		
1. How do you know that Jesus Chris	t is your Savior?			
2. What changes took place in your li	ife when you became a believer?			
How many times did you read your B Describe your personal devotions.	Bible last week?How about the wee	k before?		





#### **PRIOR COUNSELING**

Have you had counseling		☐ ☐ If yes	s, please fill out in	formatior	below.		
Counselor's Name(s)	Dates (From	n – To)	Medication Prescrib	ped	Outcome/E	Diagnosis	
Do we have your consent	to contact	your counselor	Yes No	es, pleas	e initial he	ere:	
	PEI	RSONAL HAB	RITS AND HEALT	ГН			
How many hours of sleep	do vou ge	t each night?	When do you	ı:			
	, -	-	ŕ	Go to Bed	Fall Asleep	Wake Up	Get Out
Describe any recent chang	ges in sleep	o habits			<del></del>		
State of health: Urery Good	Good Ave	rage Declining (	Date of last in Date of last i	medical e	examinatio		dd/yyyy
Results:							
Physician's Name:		Addr	ess:Street				
Are you taking any medic		☐ ☐ If yes				Zıן	p Code
Medication	F	Reason for Taking		Length of	Time		
Have you ever used drugs	other than	for medicinal	purposes?		what?		
Do you ever drink alcohol	ic beverag	ges?	How much?		How often	ı?	
Have you ever been arrest	ed? [ [ Yes ]	☐ What was	the outcome?				
Consent for release of med	lical recore	ds (please sign	here):				





#### **MARRIAGE AND FAMILY**

Spouse's Name:	Age: _			
Occupation:Educat	Education:			
	(High School, College, Grad			
Religion: Date o	Date of Marriage:mm/dd/yyyy			
	mm/aa/	УУУУ		
Your ages when married: How long did you l Husband Wife	now your spouse before mar	riage?		
Length of steady dating with spouse:	Length of engagement:			
Have you been married before?	,			
If you were married before, what caused the end of the ma	riage?			
Has your spouse been married before?	If yes, how many ti	imes?		
If your spouse was married before, what caused the end of	the marriage?			
Are you currently separated from your spouse?   Yes No	If yes, since when?			
Have you ever been separated in your current marriage?	☐ ☐ If yes, how many ti	imes?		
Have either of you ever filed for divorce?	yes, when?Who	filed?		
Is your spouse willing to come to counseling with you?	ns No Uncertain	n Haven't asked		
Children's Names	Previous Marriage? Age Gen	nder Living (yes or no)		
Were you raised by anyone other than your parents?  Yes	☐ If yes, please brief	ly explain below		



# FREQUENTLY ASKED QUESTIONS

#### What is biblical counseling?

Biblical counseling involves understanding the problems of living in a fallen world – and their solutions – from a biblical perspective. The Bible is used both to define the problems and to develop methods for solving these problems. Put simply, biblical counseling is seeing and solving problems God's way. The counselors at the Grace and Truth Counseling Center have received formal training in biblical counseling. They are not licensed psychologists, but rather pastoral counselors. They are certified, in pursuit of certification, or have been trained by the Association of Certified Biblical Counselors, a national organization devoted to insuring the quality of counseling offered by its members.

#### Are counseling sessions kept confidential?

The Bible clearly states that gossip is wrong. Therefore, counselors at the Grace and Truth Counseling Center will not release information about particular counselees except in the few situations required by the Bible or the laws of our state. Those situations are: 1) when someone is in danger of being harmed, 2) when a child is physically or sexually abused or 3) when someone persistently refuses to stop a sinful pattern, and it is necessary to seek assistance from his/her church to encourage proper change (see Matthew 18:15-20 and Romans 13:1-7). Initials: \_\_\_\_\_\_\_

#### Where are you located?

We are located at 5500 South Gray Road, Indianapolis, IN 46237. When you arrive please park in the east lot and come to Entrance 1. Someone will greet you when you enter the double glass doors. If needed, there is an intercom bell that will alert those inside that you need to enter the building.

## What do I bring?

Please bring your Bible, a notebook, and something with which to write. \*\*We do not have facilities for childcare. Unfortunately, if you come with your children, we will have to reschedule your appointment for a later date.\*\*

## How do I submit my paperwork?

You may submit your paperwork via e-mail by downloading the completed papers and sending them to office@ grayroad.com; fax your forms to 317-783-1106; or mail your forms to us (please see contact information below).

## How do I pay the deposit?

Please make your \$25 check payable to Gray Road Baptist Church, and send it to the address given above. Or, you can bring it by the church office (i.e., Entrance 1) during normal business hours (8:30-4:30, M-F).

#### How can I contact you?

Phone:	317-784-4484
E-mail:	office@grayroad.com

Address: 5500 South Gray Road, Indianapolis, IN 46237

Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date: