



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.
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 understanding 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.

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

Print Your Name

Signature

Date



COUNSELING INTAKE FORM

PERSONAL INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt. #

City Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

Would you like to receive appointment notifications via text? ☐ Yes ☐ No Cell Phone Carrier: _____

Gender: ☐ Male ☐ Female Birthdate: ____/____/____ Email: _____
mm dd yy *(required for scheduling appointments)

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Military: _____
(branch)

Occupation: _____ Education: _____
(High School, College, Grad School, Post Grad)

Referred By: _____

BACKGROUND INFORMATION

Please answer each of the following questions. You will have an opportunity to provide more detailed information during your first session with your counselor.

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 describe yourself.



Case # _____
(office use only)

INFORMATION ABOUT SPIRITUAL LIFE

Denominational Preference: _____ Church Name: _____

Church Address: _____
Street Address City Zip Code

Pastor's Name: _____ May we contact your pastor? ☐ Yes ☐ No Please Initial: _____

Frequency of Attendance: _____ Are you a member? ☐ Yes ☐ No If so, how long? _____
(times per month)

Spouse's Church Attendance: _____ Spouse's Religious Background: _____
(if applicable) (times per month)

What are you learning through the sermons/bible studies/messages at your church?

Please list ministry involvement. _____

Have you been baptized? ☐ Yes ☐ No If yes, when? _____ How often do you pray? _____

If you pray, what do you pray about?

If God asked you, "Why should I allow you into my heaven?", how would you respond?

Have you received Christ personally as your Savior? ☐ Yes When? _____ ☐ No ☐ Uncertain ☐ Don't understand

If yes, please answer the next two questions:

1. How do you know that Jesus Christ is your Savior?

2. What changes took place in your life when you became a believer?

How many times did you read your Bible last week? _____ How about the week before? _____

Describe your personal devotions.



Case # _____
(office use only)

PRIOR COUNSELING

Have you had counseling before? ☐ Yes ☐ No If yes, please fill out information below.

Counselor's Name(s)	Dates (From – To)	Medication Prescribed	Outcome/Diagnosis

Do we have your consent to contact your counselor(s)? ☐ Yes ☐ No If yes, please initial here: _____

PERSONAL HABITS AND HEALTH

How many hours of sleep do you get each night? _____ When do you: _____
Go to Bed Fall Asleep Wake Up Get Out of Bed

Describe any recent changes in sleep habits. _____

State of health: ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other Date of last medical examination: _____
mm/dd/yyyy

Results: _____

Physician's Name: _____ Address: _____
Street City Zip Code

Are you taking any medications? ☐ Yes ☐ No If yes, please complete chart below.

Medication	Reason for Taking	Length of Time

Have you ever used drugs other than for medicinal purposes? ☐ Yes ☐ No If yes, what? _____

Do you ever drink alcoholic beverages? ☐ Yes ☐ No How much? _____ How often? _____

Have you ever been arrested? ☐ Yes ☐ No What was the outcome? _____

Consent for release of medical records (please sign here): _____



Case # _____
(office use only)

MARRIAGE AND FAMILY

Spouse's Name: _____ Age: _____

Occupation: _____ Education: _____
(High School, College, Grad School, Post Grad)

Religion: _____ Date of Marriage: _____
mm/dd/yyyy

Your ages when married: _____ How long did you know your spouse before marriage? _____
Husband Wife

Length of steady dating with spouse: _____ Length of engagement: _____

Have you been married before? ☐ Yes ☐ No If yes, how many times? _____

If you were married before, what caused the end of the marriage? _____

Has your spouse been married before? ☐ Yes ☐ No If yes, how many times? _____

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? ☐ Yes ☐ No If yes, how many times? _____

Have either of you ever filed for divorce? ☐ Yes ☐ No If yes, when? _____ Who filed? _____

Is your spouse willing to come to counseling with you? ☐ Yes ☐ No ☐ Uncertain ☐ Haven't asked

Children's Names	Previous Marriage?	Age	Gender	Living (yes or no)

Were you raised by anyone other than your parents? ☐ Yes ☐ No If yes, please briefly 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: _____