

Consent to Biblical Soul Care

Our Goal- Our goal in providing biblical soul care is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy His love for you and His plans for your life.

Biblical Basis- We believe that the Bible provides guidance and instruction for faith and life (Romans 15:3-4 and 2 Peter 1:3) and we believe Christ desires to be the Shepherd and Overseer of your soul (1 Peter 2:25). Therefore, Our soul care efforts are based solely on scriptural principles rather than those of secular psychology or psychiatry.

Not Professional Advice- As soul care providers, we do not claim to give the same kind of professional advice and services that could be purchased from a licensed psychologist or psychiatrist. Our discipleship is meant to provide you a biblical basis for making your own decisions based on principles that we see revealed in the Scriptures. If you need or desire professional counsel from a psychologist or psychiatrist you should seek such. Our Director of Biblical Soul Care be happy to cooperate with such counselors and help you to consider their counsel in the light of relevant biblical principles. By signing this "Consent to Biblical Soul Care" you agree to hold Calvary Baptist Church and the 15:20 Coalition Inc. harmless in any and all matters associated with the discipleship you receive from your soul care provider.

Confidentiality- Confidentiality is an important aspect of the soul care process, and we will carefully guard the information you entrust to us. There are four situations when it may be necessary to share certain information about your involvement with biblical soul care: (1) When your soul care provider is uncertain of how to address a particular problem and needs to seek advice from the Director of Biblical Soul Care or another pastor at Calvary Baptist Church; (2) it is very helpful that each counselee's pastor be informed about the plan for your discipleship so they are aware of and can pray for you very specifically; (3) when there is a clear indication that someone may be harmed unless others intervene; or (4) when a person persistently refuses to renounce a particular sin and it becomes necessary to inform the leadership in your church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Please be assured that our soul care providers prefer not to disclose personal information to others, and we will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflicts- On rare occasions a conflict may arise between a soul care provider and you as the participant. By signing this "Consent to Biblical Soul Care" you agree that all such conflicts will be resolved in a biblical manner, in accordance with Matthew 18:15-20 and the authority of scripture and your local church.

Free Will Donations- We do not require payment for the biblical soul care that will be provided. Should you desire to make a free will offering to The 15:20 Coalition, Inc. your gift will go towards equipping and sending indigenous national church leaders and missionaries, primarily from Albania, to take the gospel to people groups around the world who have not ever heard the good news about Jesus Christ.

Having clarified the principles and policies of the Biblical Soul Care ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with our Director of Biblical Soul Care, Steve Freeburne (859-630-0280). If these guidelines are acceptable to you, please sign below.

Signed: _____

Dated: _____

PERSONAL DATA INFORMATION FORM

Please complete this electronic copy, save a copy for yourself and email the completed form to sfreeburne@1520coalition.org

IDENTIFICATION DATA

Name _____

Email _____

Phone _____

Address _____ City _____ Zip _____

Occupation _____

Phone (Cell) _____ (Work) _____

Sex: (M)___(F)___ Birth date _____ Age _____

Referred here by _____

HEALTH INFORMATION

Rate your health (check): Very Good ___ Good ___ Average ___ Declining ___ Other ___

Height: _____ Approximate weight: _____ lbs.

Weight changes recently (+/—) _____

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

Date of last medical examination _____

Your physician _____

Address _____

Are you presently taking medication: Yes ___ No ___

What? _____

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

What type? _____

Have you ever been arrested? Yes ___ No ___

Are you willing to sign a release or information form so that your counselor may write for social, psychiatric, or medical reports? Yes ___ No ___

Have you recently suffered the loss of someone who was close to you?

Yes__ No__ When?_____

Explain _____
EDUCATION

Education (last grade you completed) _____

Other training (list type and years)

(Include any degrees)

MARRIAGE AND FAMILY INFORMATION

Marital Status : Single__ Dating __ Engaged __ Married __Separated__ Divorced__ Widowed __

Date of Marriage _____

Name of Spouse_____

Address_____

Occupation _____

Phone(H) _____ (W) _____

Your spouse's age _____ Education (in years) _____

Religion _____

Spouse willing to come for counseling? Yes __ No__ Uncertain __

Have you ever been separated? Yes__ No__ When?
From_____ to_____

Have either of you ever filed for divorce? Yes__ No__
When _____

Your ages when married: Husband ____ Wife_____

How long did you know your spouse before marriage?_____

Length of steady dating with spouse _____

Length of engagement _____

Give brief information about any previous marriages:

Information about children:

Check below if from previous marriage	Name	Age	Sex	Living	Years of Education	Marital Status

RELIGIOUS BACKGROUND

Church Currently Attending: _____

Member of _____(church)

How often do you attend per month? (highlight) 0 1 2 3 4 5 6 7 8 9 10+

Do you participate in a Life Group or Small Group, if so whose and where?

What church did you attend as a child? _____

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 believe Satan exists? Yes ___ No ___ Uncertain___

Have you ever "dabbled" with the "Occult"? Yes ___ No ___ Uncertain___
(Séances, devil worship, witchcraft, etc.)

Do you pray to God? Yes___ No___ Never___ Occasionally___ Often___

Would you say you are a Christian? Yes___ No___;
or would you say you are still in the process of becoming Christian? Yes___ No___

How often do you read the Bible? Never___ Occasionally___ Often___

Do you have regular devotions? Yes ___ No ___ Not sure what you mean___

Explain recent changes in your religious life, if any. _____

Briefly Answer the Following Questions:
(Initial Assessment)

1. What is the problem as you see it?
 - i.

2. In what way(s) have you contributed to the problem?
 - i.

3. What have you tried to do already to resolve the problem?
 - i.

4. As you see yourself, what kind of person are you? Describe yourself.
 - i.

5. What, if anything, do you fear?
 - i.

6. What can we do to help? (What are your expectations in coming here?)
 - i.

7. Is there any other information that I should know?
 - i.

SPIRITUAL CONVICTIONS QUESTIONNAIRE

Finish the following sentences with two or three answers each.

1. God
 - i.

2. Jesus Christ is (describe who you think He is, what He has done, what He is doing now, what place He has in your life, what He means to you, etc.)
 - i.

3. The Holy Spirit is
 - i.

4. Our relationship to God and his Son Jesus Christ is (describe the kind of relationship you have with God and how important that relationship is—be specific)
 - i.

5. A Christian is
 - i.

6. I know that I am (or am not) a Christian because
 - i.

7. The Bible is (describe what you think it is, what it means to you, what place it has in your life, how you use it, etc.)
 - i.

8. Sin is
i.

9. My chief sins are
i.

10. When I sin, I (describe how you handle sin, what you feel when you sin, what you do after you sin)
i.

11. I feel guilty when
i.

12. I pray (when, how, why, what for, etc.)
i.

13. My chief goals in life are
i.

14. I want (or do not want) to attend and be involved in church (answer the questions "how" and "why")
i.

15. I believe fellowship with other Christians is (define what it is, what it involves, how important it is, and how it can be developed)
- i.
16. I am promoting my spiritual growth and the spiritual growth of my partner / or other family members by
- i.
17. My partner or other family member(s) and I differ in spiritual matters (when, how, over what, etc.)
- i.
18. The changes I would like to make in my own spiritual life are
- i.
19. The changes I would like my partner or my other family member(s) to make spiritually are
- i.

Data Gathering – Sentence Completion

Finish the following sentences with two or three answers each.

1. I am ____
i.

2. I like ____
i.

3. I am happy ____
i.

4. I am unhappy ____
i.

5. A happy home ____
i.

6. I want ____
i.

7. I dislike ____
i.

8. When I sin ____
i.

9. Jesus Christ is ____
i.

10. I have ____
i.

11. When someone criticizes me ____
i.

12. When I don't get my own way ____
i.

13. I resent ____
i.

14. I would like to change ____

i.

15. The Bible is ____

i.

16. I pray ____

i.

17. I belong ____

i.

18. I become angry ____

i.

19. My greatest failures are ____

i.

20. I can ____

i.

21. I can't ____

i.