

Do you want counseling?

For those interested in receiving counseling at Saylorville Church,

We offer biblical counseling to those in our church who are committed to growing and changing in Christ. We recognize everyone goes through hard circumstances in life that result from living in a sinful and broken world. It is our desire to help each person we counsel learn to see God in his or her situation and respond to life in a Christ-like way. We openly admit our counsel is based on the Bible. We believe God's Word is without error and the final authority for life and godliness. We also believe God is able to provide help and healing to a person's deepest problems.

What we expect from those who receive biblical counseling at Saylorville:

- Faithfully participate in the Sunday morning worship services every week.
- A willingness to participate in a weekly Cell Group through Saylorville Church.
- Complete all the homework assigned each counseling session by your counselor.
- Faithfully participate in each counseling session as outlined with your counselor.
- Be willing to, at the appropriate time, include a person or couple from your Cell Group as an advocate for you in the counseling or to be observed by a counselor-in-training.
- Communicate honestly and work hard to pursue honoring God through the counseling.

What you can expect from those providing biblical counseling at Saylorville:

- We will show compassion and listen carefully to you.
- We will seek to provide clear answers based on God's Word, the Bible. In other words, this counseling is designed to help you pursue solutions, not just enable you to vent.
- We will work with you to determine the heart issues involved.
- We will walk along-side you to provide practical steps and encouragement for heart change, not just behavior change.
- We will help you transition out of counseling into other strong relationships and ministries to help ensure continued growth.
- You can expect us to lovingly challenge you on areas where your life does not match up with what the Bible teaches.
- You can expect to have an associate observer in the session with the lead counselor for training and accountability.

What is your next step?

If you are committed to meeting the expectations outlined above, we are committed to providing biblical counseling for you.

- Reply via e-mail indicating your agreement to these expectations. Let us know what service you attend and what Cell Group you are in, or that you desire to get into a group.
- There are two simple forms on our website to be completed by you and returned to us.
- When the forms are complete and returned, we will set up a formal time.
- Let us know your availability. Sessions tend to last about 90 minutes.

We believe there is nothing more powerful or life-changing than the work of God the Father, Son, and Holy Spirit on a yielded and humble life. We love God! We love life-change! We look forward to serving and loving you!

Helping People Grow Spiritually,
Curt De Graaff and the Pastoral Staff

I (we) have read and agree to these commitments.

Signature(s): _____

Personal Data Inventory

Date: _____

IDENTIFICATION DATA:

Name: _____ Phone: _____

Cell: _____ Emergency Contact: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: _____ Age: _____ Date of Birth: _____

Occupation: _____ Place of Business: _____

Work phone: _____ Marital Status: _____

Education - highest grade completed: _____ Major: _____

Other training: _____

Referred here by: _____

HEALTH INFORMATION

Rate your current physical health: _____

Recent weight changes: Lost: _____ Gained: _____

List all important past or present illnesses, injures or handicaps:

Date of last medical examination: _____ Results: _____

Physician's name: _____

Have you ever:

...had a severe emotional upset? _____

...had a problem with alcohol or drug abuse (prescription or non-prescription)? _____

...been physically abused as a child or as an adult? _____

...been sexually molested, either as a child or as an adult? _____

... seen a psychologist, psychiatrist or/and counselor? _____

If yes, list counselors or therapists and dates:

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric or medical report? _____

Have you ever been arrested? _____ If yes, for what reason? _____

Have you ever used drugs for other than medical purposes? _____

Are presently taking any medication? _____ Prescribed? _____ By whom? _____

Overthecounter? _____

Medication and dosage? _____

RELIGIOUS BACKGROUND

Current church you attend (if any): _____

Are you a member of this church? _____

Pastor: _____ Phone: _____

Church attendance (times per month): _____

Church attended in childhood: _____ Baptized? _____

Religious background of spouse, if married: _____

Are you saved? _____ How often do you read the Bible? _____

Explain any significant religious changes in your life, if any:

How would you describe your personal relationship with Christ?

MARRIAGE INFORMATION

Note: If never married, skip to the "Information About Children" section.

Name of spouse: _____ Spouse's age: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Place of Business: _____

Phone: _____ Work Phone: _____

Is your spouse willing to come in for counseling? _____

Have you ever been separated? _____ When? From: _____ To: _____

Has either of you ever filed for divorce? _____ When? _____

Date of marriage: _____ Your ages when married - Husband: _____ Wife: _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse? _____

Is this your first marriage? _____ Give brief information about any previous marriage:

INFORMATION ABOUT CHILDREN

*PR	Name	Age	Gender	Living at Home? Y/N

* Check this column if child is by a previous relationship

BASIC INFORMATION - Briefly answer the following questions:

1. What is the main problem, as you see it? What brings you here?

2. What have you done about it?

3. What can we do? What are your expectations in coming here?

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

5. Is there any other information we should know?