Thank you for contacting the Pastoral Counseling Ministry of First Baptist Church Woodstock.

Please take a moment to read this letter carefully. The following “Disclosure and Personal Data Form” is important so that we may be able to minister to you more efficiently. Please read carefully and then each person seeking counseling must initial, sign, complete and return one of these forms to the address below. Removal of any pages from the form will cause it to be incomplete and may cause delay in the counseling process.

You will only be contacted concerning your initial appointment after our office has received your completed paperwork. We can then proceed with setting up an initial “intake session” which will aid in your placement, or we can make an appropriate referral if we cannot meet your needs due to our waiting list and/or training and abilities.

Please note that generally speaking, our appointment times are Monday through Thursday 9-4. We will attempt to accommodate times that will work for your schedule as much as our availability allows.

Please mark the return envelope as CONFIDENTIAL and mail the completed form(s) to the following address:

Pastoral Counseling Ministry  
Attn: Intake Personnel  
11905 Highway 92  
Woodstock, GA 30188

Our physical address is different than the church address. Please notice the Location address at the top so you will know how to get to our office. We look forward to ministering to you in the capacity that the Lord has called us.

Trusting in Him,

The Pastoral Counseling Staff
Please read this important information carefully and ask for clarification on any questions you have.

Our Ministry Team: The Pastoral Counseling Ministry offers Biblically-based, Christ centered counseling to individuals and couples within the First Baptist Woodstock congregation. Our ministry team consists of trained volunteer lay-counselors and graduate student interns who function under the supervision of staff pastoral counselors and licensed professional counselors.

Our Approach: Our approach to counseling holds that all people are designed to be in a vital and intimate relationship with God, through Jesus Christ, and with others. We believe that a breakdown in either our relationship with God or other significant people will result in pain and distress. Therefore, facilitating the restoration of these vital relationships is an important part of the counseling process. With this in mind, our ministry team assists others in discovering and changing the unhealthy ways that they may be dealing with painful emotions, distorted thinking or unhealthy ways of relating to others. Prayer, the application of Biblical principles, helping skills and interventions along psychological principles that are consistent with scripture may also be used.

Placement and/or Referral: We strive to match your need with an appropriate member of our ministry team. Therefore, you will likely have an intake interview which allows our placement coordinator to make placement or referral decisions to best meet your needs. We are ethically required to refer issues that are outside the scope of our ministry, or issues that we cannot address in a timely manner, to other professional providers. Your assigned counselor can review their training and experience with you on your first session. Exceptions or changes in counseling placement require the ministry Director's approval. Furthermore, we do not render any financial, legal or medical opinions and/or advice.

Qualifications of Lay Counselors: Because of the Biblical and spiritual nature of this ministry, we train our own volunteers for the ministry of lay counseling. Lay-counselors do not possess professional licenses or certifications issued by the State of Georgia for the practice of professional counseling, marriage and family therapy, or social work specialties; nor do they necessarily possess the required education, experience or training for such licenses.

Limitations of Confidentiality: Information disclosed to the counselors is considered confidential in nature and ethically cannot be disclosed, without written consent. In marriage or family counseling, all members involved in the counseling must sign a release. The following are exceptions that will result in confidentiality being waived:

1. Suspicion of child/elder abuse - We reserve the right and/or may be mandated by law to report child abuse or suspicion of child/elder abuse of any type to the proper authorities.
2. Threats to harm self or others - We reserve the right and/or may be mandated by law to disclose to the appropriate person, agency or civil authorities any threats of harm that a person may attempt or desire to do to one’s self or to others.
3. Necessity of supervision - To insure the highest quality counseling outcome, our ministry functions as a “ministry team.” As a result, your lay counselor or intern will be supervised by one or all of the staff counselors. In addition, staff counselors also utilize peer supervision on an ongoing basis to provide the highest quality of service to our clients.
4. Necessity of consultation - We reserve the right to consult with other counseling professionals or appropriate church ministry staff members regarding your sessions. This consultation will be held in the same level of confidence as your sessions.

No Court Testimony: The counseling we provide is faith-based and spiritual in nature. Georgia law prohibits compelled disclosure of these counseling exchanges, notes or records in any court of law. Accordingly, our counseling team will not provide court testimony and by signing below you are acknowledging this strict confidentiality and further agree that neither you nor your legal representative will attempt to subpoena your counselor for testimony.

Waiver of Liability: In consideration for receiving any form of counseling from the Pastoral Counseling Ministry of FBCW, the person receiving the counseling agrees to release and waive any and all claims of any kind against the ministry, staff, interns, lay counselor(s) or the Church, which may arise from, result out of, or be related to conduct or advice given.

Initial _________
**Resolution of Disagreements:** If a dispute should arise between the person receiving ministry and the counselor (and/or the counseling staff or Church) regarding the counseling session or the counselor’s advice or conduct, one should bring this dispute to the attention of the Director of the Pastoral Counseling Ministry. If the dispute cannot be resolved at this level, all parties agree to resolve such dispute by submitting to the Church’s Executive Senior Staff team for full and final resolution and conciliation.

**Counseling Files:** All counseling files and their contents are the property of the Pastoral Counseling Ministry. Session summaries may be supplied, when appropriate, to other professional providers with your written release.

**Donations to Ministry:** This ministry is made possible by the tithes and offerings of the members of First Baptist Church Woodstock. If you are not a consistent contributor to FBCW we ask you to help support this ministry, based upon your abilities, through donations while you are receiving counseling. Please make your checks payable to First Baptist Church Woodstock.

**Days/hours for Counseling:** Sessions are available only during office hours and only on an appointment basis. *Generally speaking, sessions are offered beginning at these hours: Mon 9-4, Tues 10-4, Wed 9-6:30, Thurs 9-4, and Fri 9-10. Not all counselors have the same availability.*

**Possible Waiting List:** Due to the volume of requests we receive, our ministry is primarily to the First Baptist Woodstock congregation. We will gladly see those in the community, especially those with no church home, when our schedule allows. *Our ministry at times carries an extensive waiting list that is often 6-8 weeks long.* Members of First Baptist Woodstock will be given priority on our waiting list. If our waiting list is prohibitive, we will offer outside referral options.

**Session Duration:** Our ministry is designed to offer short-term counseling, typically ranging from 10-20 sessions. Issues requiring more extensive care may result in referral. A typical session is 50 minutes.

**Cancelling / Rescheduling:** If you need to reschedule or cancel an appointment, we ask that you call at least 24 hours in advance. This allows us to reschedule others who are on our waiting list.

**Emergencies:** This ministry does not provide 24/7 or after-hours crisis intervention. Unless otherwise directed by your counselor, if you are in crisis you should call 911, the Suicide Hotline @ 1-800-SUICIDE or go to the emergency room of your choice.

**What You Can Expect of Us:** You can expect our ministry team to offer you acceptance, compassion and care as we provide Biblically based counseling that is within our scope of ministry. You can expect us to act on what we believe to ultimately be in your best interest aiming to promote in your personal, relational and spiritual growth.

**What We Expect of You:** Counseling is a cooperative venture with mutual responsibilities resting on both the counselor and the counselee. Therefore, we expect for you to approach the counseling process as an opportunity for personal change and spiritual growth; to focus on the changes God desires for your life, in the midst of your circumstances; to faithfully attend your sessions; to earnestly cooperate and participate in the counseling process as we all depend upon the guidance of God’s Word and the Holy Spirit; and to complete homework assignments that you and your counselor have agreed upon.

**Termination of Counseling:** Termination of counseling and/or referral occurs when (1) counseling goals have been achieved; (2) when the counselee no longer wants or does not return to counseling; (3) when meaningful progress is no longer being made; (4) when it is determined that the counselee's needs are outside the scope of our ministry; (5) when the counselee is not abiding by the policies of this ministry, or not consistently showing for appointments. In all such cases the counseling file goes on an inactive status and rescheduling will require the counselor’s approval.

**Informed Consent:** I have read, understood and agree to all of the stated terms and conditions of this document and I voluntarily request to receive counseling from this ministry. I also understand that I may make a copy of this document if I so desire.

Name (printed)

Signature (custodial parent or guardian sign if counselee is under 18)       Date
Pastoral Counseling Ministry

This form will enable us to gain a quicker understanding of you and it will become a part of your confidential file. Please answer each question as completely as possible. If you are a couple, please fill out two forms, one for each person.

Today’s date __________________________

**Contact Information:**

Name: ________________________________ Home Phone: __________________

Address: ______________________________ Work Phone: __________________

City: ___________________ State: ______ Zip: _______ Yrs. at this address: ______

Contact Information:

Name: ________________________________ Home Phone: __________________

Address: ______________________________ Work Phone: __________________

City: ___________________ State: ______ Zip: _______ Yrs. at this address: ______

Date of birth: ______ / ______ / ______ Age: ______

Email: ____________________________

Okay for us to leave messages on: _____Home phone _____ Work phone _____Cell phone _____ Email

Family member to notify in case of emergency: ____________________________

Emergency contact number: ____________________________ Relationship ________________

Sex: □ M □ F Birth date ______ / ______ / ______ Age: ______

Highest level of education: ____________________________

Occupation: ____________________________ Employer: ____________________________

Marital status: □ Single □ Engaged □ Married □ Separated (how long____) □ Divorced (how long ____)
□ Widowed (how long____)

Name of Spouse: ____________________________ Age of spouse ________ Years married ______

Spouse’s Occupation: ____________________________ Employer: ____________________________

This is your ________ Marriage

This is your spouse’s ________ Marriage

Names and ages of children (indicate children from previous marriage with an “*”)

Who referred you to our ministry? ____________________________ Relationship ________________

**Spiritual Life:**

What church do you currently attend? ____________________________ Are you a member? ______

Describe your spiritual life currently: ____________________________

**Legal Issues:**

Are you currently involved in, or anticipate being involved in any litigation or legal action? If yes, please explain: ____________________________

Has counseling been recommended or ordered for you by an attorney, police, court, probation, or parole system? If so, please explain: ____________________________

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Health Care: (From whom or where do you get your medical care?)

Doctor/clinic’s name: __________________________________________ Phone: ____________________

Doctor/clinic’s name: __________________________________________ Phone: ____________________

Please list any prescribed medications or over-the-counter medications (herbs, supplements, etc.), you are currently taking, the dosage, and the reason for taking. __________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Unless otherwise noted, list any medications you have ever taken for any emotional or psychiatric problem?
Which medication? When? From whom? For what reason? With what results?
______________________________________________________________

______________________________________________________________

______________________________________________________________

Current or Prior Counseling/Psychological Care:
Are you currently receiving or have you ever received any type of counseling, psychotherapy, psychiatric care or addiction recovery help? If yes, please indicate:

From whom? When? For what reason? With what results?
______________________________________________________________

______________________________________________________________

______________________________________________________________

Have you ever attempted suicide? If so, when?______________________________________________

Have you ever been hospitalized for a mental, emotional or addiction issue? If so, list when, where and why?
Date Place For what reason?
______________________________________________________________

______________________________________________________________

Concerns Checklist: (check all that currently or recently apply to you)

- Anger / frustration
- Fearfulness
- Prolonged sadness
- Depression
- Confusion
- Loneliness
- Hopelessness
- Anxiousness
- Guilt over the past
- Difficulty making decisions
- Financial problems

- Intrusive thoughts
- Unsure of salvation
- Spiritual concerns/confusion
- Distance from God
- Gambling problem
- Pornography use
- Past abuse: physical/sexual
- Past abuse: emotional/neglect
- Sexual concerns
- Physical problems
- Substance use/abuse

- Employment problems
- Conflicts with co-workers
- Withdrawing from others
- Social/relation stress
- Explosive anger
- Family tension
- Family / marital violence
- Parenting struggles
- Marital difficulties
- Alcohol use/abuse
- Other (specify)
Presenting Problem(s)

Please describe the reasons for seeking counseling: __________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please state what you have done so far to solve the problems you mentioned above: ________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

On the scale below please estimate the severity of your problem(s):
Mildly upsetting ______  Moderately upsetting _____  Very upsetting _____  Extremely upsetting ______

Please state your goals for counseling (how you hope to benefit from counseling): _______________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please circle any recent loss / crisis: Family  Relationships  Health  Financial/job  Other

Please explain: ____________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Is there anything else important for the placement coordinator or your counselor to know about, and that you have not written about on this form? If so, please explain here or on another sheet of paper: ______________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I declare that this information is accurate and complete.

________________________________________  ____________________________
Signature                                    Date