



Paramount Church Biblical Counseling
141 East Town Street #030
Columbus, Ohio 43215
614.314.9516

Biblical Counseling Ministry Agreement

Dear Friend,

Welcome to the Biblical Counseling Ministry of Paramount Church. We are grateful that you are welcoming us into your life at this time. It is never easy to ask for help. We admire the courage, faith, and humility this first step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction into your life.

Our goal in the counseling ministry is to make the Gospel paramount by connecting our members and our community friends to the life-transforming power of Jesus Christ. We are confident that through the Scriptures and the power of His Spirit, God has given us everything we need for life and godliness (2 Peter 1:3-4). It our joy to help real people, with real problems using the Bible.

Our vision for counseling is larger than a few one-on-one meetings with a counselor. Rarely does lasting change happen in isolation. As a part of counseling, we will likely encourage you to be involved in the life of our church in a variety of ways as we walk together. Our approach to counseling focuses upon helping you identify how your beliefs, values, and desires (Prov. 4:23; Matt. 6:21; Luke 6:45) express themselves in your emotions, relationships, decision making, and identity.

Our commitment as a church is to offer counseling services to church members and those in the local community. As a church, we are committed to help others glorify God with their thoughts, words, and actions through the community of faith. This is made possible by the redemptive power of Jesus Christ, the conviction and guidance of the Holy Spirit, and the instruction of God's Word. Your counseling will be biblical, pastoral counseling in which the Scriptures are held as the final authority in all matters. If you are not sure that you will be interested in biblical counseling, you will have the option of attending one or two sessions to discover how biblical counseling may help you.

The next step in the counseling process is to complete the intake forms you are now reading. We have designed them to allow the counseling process to start smoothly and to allow us to connect you with the resources that fit your needs. The counseling forms are designed to (1) help us to get to know you in a comprehensive, holistic, and efficient manner and (2) help you organize your thoughts about your counseling objectives. Please allow 30 minutes to complete these forms.

We ask that you complete these forms and submit them to the Paramount Church Biblical Counseling Ministry. A Pastor will review them carefully and our office will contact you with a recommended counselor and potentially a list of other ministry services that would benefit you at this time. Please indicate when you are available for appointments. Please note, the narrower your availability the longer you may have to wait to receive counseling and there may be fewer counselors available to work with you. We do not offer weekend counseling.

Table with 6 columns: Day of Week, Monday, Tuesday, Wednesday, Thursday, Friday. Rows include Times of Day (9:00-11:00, 11:00-2:00, 2:00 or 4:00) and Other:_____

Counseling sessions typically last an hour and fifteen minutes. Childcare is not provided. Please arrange to be on time to maximize your benefit from counseling. We are grateful to be able to serve you and look forward to walking with you through God's agenda for your life.

Rush Witt
Lead Pastor
Paramount Church, Columbus, Ohio

COUNSELING INTAKE FORM

Date: _____

Name: _____ Gender: Male Female Age: _____
Address: _____ City/State: _____ Zip: _____
Primary Phone Numbers: _____ May we leave a message here: Yes No
Second Phone Numbers: _____ May we leave a message here: Yes No
Occupation / Employer: _____ Avg. Hours/Week: _____
Birth date: ____/____/____ Email Address: _____
Social Security Number (*needed in case of emergency reporting*): _____

Highest degree(s) earned: _____

School: _____

How did you hear about counseling at Paramount Church? _____

With Whom Do You Currently Live: (*Please check all that apply*)

Alone Parent(s) Spouse Children Boyfriend Girlfriend Other: _____

Marriage & Family Information: (*Please complete if you are currently engaged or dating*)

Name of Spouse: _____ Your Spouse's Age: _____

Address: (same as above) _____

Phone #: (____) _____ - _____ Email Address: _____

Occupation / Employer: _____ Avg Hours/Week: _____

Highest degree(s) earned: _____ School: _____

Is spouse willing to come for counseling? Yes No Uncertain

Have you ever been separated? Yes No Currently When/How Long: _____

Date of Marriage: _____ Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating: _____ Length of engagement: _____

Give **brief** information about any previous marriages: _____

* *Other relevant information can be written on the back of this page.*

SPIRITUAL/RELIGIOUS INFORMATION

Church Name: _____ Number of Years at Church: _____
Church Attendance: _____ Times per month Are you a part of a small group? Yes No
If "Yes", who is your small group leader? _____
Please list any ministry involvement:

Church attended in childhood:

HAVE YOU BEEN BAPTIZED? Yes No When: _____

If applicable, what is the religious background of your spouse: _____

Spouse's church attendance: _____ Times per month _____

Do you and your spouse openly discuss and encourage one another in your faith? Yes No

DO YOU PRAY TO GOD? Yes No How often: _____

What do you pray about: _____

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR?

Yes No Uncertain Don't know what you mean

How would you define the Gospel and what it means to be a Christian?

Do you read the Bible? Yes No How often: _____

Do you have personal devotions? Yes No How often: _____

Describe your personal devotions: _____

Do you have family devotions? Yes No How often: _____

Describe your family devotions: _____

Favorite Christian Authors: _____

Please note any recent changes in your spiritual life:

HEALTH INFORMATION

Have you had counseling before? Yes No

Have you seen a psychiatrist before? Yes No Currently

If yes, list counselor/therapist, issues/topics/diagnosis, your evaluation of counseling, and dates:

What was the outcome? _____

Circle any of the following words which best describe you now:

active | ambitious | self-confident | persistent | nervous | hardworking | impatient | impulsive | moody |

often-blue | excitable | imaginative | calm | serious | easy-going | shy | good-natured | introvert | extrovert |

likable | leader | quiet | hard-boiled | submissive | self-conscious.

** Use back of this page if necessary*

Approximately how many hours of sleep do you get each night? _____

When do you normally: go to bed: _____ fall asleep: _____ wake up: _____ get out of bed:

What do you normally do between going to bed and falling asleep?

Describe any recent changes in sleep habits:

State of current health: Very good Good Average Declining Other: _____

Date of last medical examination: _____ Results: _____

Current illness, injury, or disability: _____

Are you presently taking any medication? Yes No Prescribing Doctor(s): _____

Medication: _____ Dosage: _____ Frequency: _____ Effects: _____

** Use back of this page if necessary*

Have you used drugs for non-medical purposes? Yes No

When: _____

What: _____ Dosages: _____

Do you drink alcoholic beverages? Yes No When: _____ How much: _____

Have you ever felt people were watching you? Yes ___ No ___

Do people's faces ever seem distorted? Yes ___ No ___

Do colors ever seem too bright? Yes ___ No ___ Too dull? Yes ___ No ___

Are you sometimes unable to judge distance? Yes ___ No ___

Have you ever had hallucinations? Yes ___ No ___

Are you afraid of being in a car? Yes ___ No ___

Is your hearing exceptionally good? Yes ___ No ___

Do you have problems sleeping? Yes ___ No ___

Describe your eating habits or changes in appetite: _____

Describe your exercise routine: _____
 Current weight: _____ Weight changes: **6 months** +/- _____; **1 Year** +/- _____; **5 Years** +/- _____;
 Number of non-working hours per week on television: _____ computer: _____ hobbies: _____

Please check any of the following physiological symptoms that apply to you.

- | | | | |
|---------------------------|--|-------------------------|--|
| Headaches ----- | <input type="checkbox"/> Past <input type="checkbox"/> Present | Fatigue ----- | <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Visual Trouble----- | <input type="checkbox"/> Past <input type="checkbox"/> Present | Change in Appetite----- | <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Weakness ----- | <input type="checkbox"/> Past <input type="checkbox"/> Present | Rapid Heart Rate----- | <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Sleep Trouble----- | <input type="checkbox"/> Past <input type="checkbox"/> Present | Dizziness ----- | <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Difficulty Breathing----- | <input type="checkbox"/> Past <input type="checkbox"/> Present | Pain ----- | <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Tension ----- | <input type="checkbox"/> Past <input type="checkbox"/> Present | Other (on back) ----- | <input type="checkbox"/> Past <input type="checkbox"/> Present |

On a scale of 1-10, how distressed are you? _____

Check any of the following struggles you and/or your family are experiencing **at this time**:
 Please rate "blank" if none; "1" if mild; "2" if moderate; or "3" if severe.

- Abuse, Physical _____
- Abuse, Sexual _____
- Abuse, Verbal _____
- Abuse in Past _____
- Addiction _____
- Anger _____
- Anxiety _____
- Apathy _____
- Bad Memories _____
- Bitterness _____
- Caring for Parents _____
- Chronic Pain _____
- Codependency _____
- Communication _____
(explain) _____

- _____
- Conflict Resolution _____
- Compulsions _____
- Depression _____
- Debt _____
- Discontentment _____
- Divorce Recovery _____
- Doubt Salvation _____
- Eating Disorder _____
- Empty Nest _____
- Envy _____
- Fear _____
- Financial Management _____
- Greed _____
- Grief _____
- Guilt _____
- Homosexuality _____
- Humility _____
- Identity _____
- Impatience _____
- Infertility _____
- Insecurity _____
- In-Law Conflict _____
- Jealousy _____
- Judgmental _____
- Leadership _____
- Lifestyle Change _____
- Loneliness _____
- Lying _____

- Manipulation _____
- Marital Intimacy _____
- Moodiness _____
- On-Line Sins _____
- Panic Attacks _____
- Parenting _____
- Adult Child _____
- Peer Pressure _____
- People Pleasing _____
- Perfectionism _____
- Pornography _____
- Pre-Marital Sex _____
- Pride _____
- Priorities _____
- Procrastination _____
- Lack of Purpose _____
- Rebellion _____
- Rejection _____
- Relationships _____
- Respecting Parents _____
- Respect Spouse _____
- Same Sex Attraction _____
- Self-Control _____
- Self-Injury _____
- Selfish _____
- Shame _____
- Social Anxiety _____
- Spiritual Growth _____
- Submission _____
- Suicidal Thinking _____
- Time Management _____
- Work Unfulfilling _____

- My family's financial situation was
- poor
 - lower middle
 - middle class
 - upper middle class
 - wealthy.

- Did you have any significant traumatic events as a child?
- Yes No
- (please describe on back)

- Which of the following words best describe your home of origin (check all that apply)
- Traditional
 - Authoritarian
 - Unpredictable
 - Divorced
 - Lonely
 - Substance Abuse
 - Physical Abuse
 - Verbal Abuse
 - Perfectionist
 - Critical
 - Sexual Abuse
 - Affectionate
 - Affirming
 - Permissive
 - Safe

If you were reared by someone other than your own parents, briefly explain:

- The town I grew up in was
- urban suburban
 - small town rural
 - changed frequently.

** Use back of this page if necessary*

1. Please describe the current problem, as you understand it.

2. What have you done about it (*most* effective and *least* effective)?

3. Other than counseling, what help are you seeking?

4. Please describe any family history (the family that you grew up in), which might be pertinent to the concerns that you bring to counseling (your relationship with your parents, their relationship with each other, significant losses or events):

5. What are your expectations or concerns in coming to counseling?

6. What do you believe you will have to change to see the progress you desire?

7. Is there any other information we should know?

Thank you for taking the time to complete these forms. The information you have provided will enable us to better serve you.

Paramount Church Biblical Counseling Ministry Policy Review

Instructions for Policy Review: After carefully reading each policy please initial in the space provided to indicate your understanding and agreement. If you have questions please call the church office. *If for any reason you are unable to sign these forms, we will be unable to serve you.*

Your Rights as a Counselee: As a counselee you have the right to discuss possible outcomes and challenges regarding the counseling and receive an estimate of the predicted length, goals, and outcome of the counseling, as well as alternative options to that counseling. You have the right to ask about and/or refuse any techniques used. You are encouraged to report to an elder/pastor at Paramount Church or the appropriate authorities as defined in "The Waiver of Liability" below, if you have any grievances regarding the counseling. You may terminate counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

Not Professional Advice: If you have significant legal, financial, medical, or other technical questions, we may help you seek advice from an independent professional in that field.

FINANCIAL POLICY

The counseling ministry at Paramount Church is part of our ministry to our members and our community. We do not charge for the counseling services offered. The generosity of our members allows us to offer these services free of charge. If our ministry has been a blessing to you and God has given you the means to do so, then your financial gift is most welcome. In such cases, checks should be made out to the Paramount Church, rather than to a particular pastor or counselor, as a way of joining with our members to make the Gospel paramount throughout Columbus and even to the ends of the earth (Matt 28:18-20).

*** Initial here if you understand and agree with this Financial Policy: _____

APPOINTMENT CANCELLATION POLICY

We want to be a good steward of the time and resources of the counseling ministry. Therefore, we request a 24 hour notice if you wish to cancel or are unable to keep an appointment. If you are unable to keep a scheduled counseling appointment, you should call the church office at NUMBER to cancel. For weekday appointments, cancellation is expected 24 hours in advance. For Sunday appointments, the counselee must contact the office by the previous Friday morning. We understand emergencies happen, so please keep us informed.

Counseling for members of Paramount Church always takes precedence over counseling for non-members. Yet we diligently work to make biblical counselors available for as many people as possible. If you are a member of another church, we will encourage your pastor to accompany you to counseling sessions and in most cases will keep your pastors up-to-date on your growth. With your permission, we may also invite your pastor to sit in on counseling sessions. This is important since we want to respect the authority and discipline of other congregations; and this allows your church to remain a central part of the counseling process.

*** Initial here if you understand and agree with this Cancellation Policy: _____

PHILOSOPHY OF CARE

We are committed to providing a balanced and Biblical approach to counseling. By biblical counseling we mean that your counselor is a Christian with special training and experience in applying the truths of the Bible to life. We believe that the Bible speaks to all of life and to all of its problems, but it takes careful thought and prayerful wisdom to know how to make those connections. We don't believe that the Bible is simply a how-to book for happiness.

We are confident that through the Scriptures and the power of His Spirit, God has given us all the instruction necessary for life and godliness (2 Peter 1:3-4). It is our joy to help real people, with real problems, using the Bible. Your counseling will be biblical, pastoral counseling in which the Scriptures are held as the final authority in all matters. If you are not sure that you will be interested in biblical counseling, you will have the option of attending one or two sessions to discover how biblical counseling may help you.

Most importantly, we believe that the Bible ultimately points us to a Person – the Lord Jesus Christ. We believe that real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. This does not mean that you must be a Christian to profit from our counseling, although we believe that deep and lasting change is brought about only by God himself. Because of this, we do not use the Bible in a superficial or heavy-handed way.

When necessary we will work with your physician to ensure you receive the appropriate medical care in conjunction with the counseling services you receive.

The Biblical Counseling Ministry Team:

Paramount Biblical Counseling Ministries utilizes the help of both trained lay volunteers and pastors. Our counselors do not know everything about biblical teaching and its application to life; nevertheless, they do know much and will do their utmost to help you. Counselors will honestly tell you if they require additional assistance from another member of the Biblical Counseling Ministry. Please understand that biblical counseling consists of a Christian providing scriptural advice and practical application. Yet the counselee is held fully responsible for how he/she implements that advice (James 1:23-25). In addition, our counselors are neither psychologists, nor professional counselors. The ministry team consists of pastors, lay counselors, and trainees under the direction of the church elders. The staff of Paramount Biblical Counseling Ministries will supervise the trainees and lay volunteers.

***** Initial here if you understand and agree with this Philosophy of Care: _____**

CONFIDENTIALITY CLAUSE

Confidentiality is an important aspect of the counseling process. We carefully guard the information you entrust to us to the fullest extent possible. As a church-based counseling ministry, we do not offer absolute confidentiality. There are times, however, when it may be necessary for us to share specific information with others. Examples include, but are not limited to, matters of church discipline (cf. Matt. 18:15 ff.), criminal activities, and potential harm to self or others. Additionally, when a counselor is uncertain how to address a particular situation, the counselor may consult with another member of the Biblical Counseling Ministry team at Paramount Church for the purpose of providing the highest level of care within the ministries of the church. To best care for you, we will work together as a ministry team while keeping the circle of confidentiality as tight as possible.

There are times when counseling information may be shared outside the church context. Those exceptions would include, but are *not* limited to the following:

- known or suspected abuse of any kind
- the intent to take criminal actions or violence against another person
- credible suicidal thoughts or intentions

If you are suicidal during the course of your counseling with your counselor, it is crucial that you talk with your counselor about these matters. By initialing below, you agree to share any suicidal thoughts or intentions with your counselor at any time they arise, and by phone if they occur in between sessions, and that you would seek medical care if you become suicidal in the course of your counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the couple and not the individual.

Confidentiality for counseling at Paramount Church is defined by pastor-parishioner privilege because we are a local church and our counselors operate as agents of the church (pastors/ministers) not agents of the state (licensed counselors). This means counseling conversations are inadmissible in the court of law in the same way as conversations with a priest in a confessional booth. All counseling forms and notes taken by the counselor are the property of Paramount Church Biblical Counseling Ministries. They are protected as confidential and may not be used in court proceedings or any other way that is not authorized by the Biblical Counseling Ministry Team. If your counseling needs require professional representation in a court setting by a counselor, Paramount will likely *not* be the best-fit for your needs.

***** Initial here if you understand and agree with this Confidentiality Clause: _____**

WAIVER OF LIABILITY

In seeking counseling from Paramount Church, please acknowledge your understanding of the following conditions and further release Paramount Church, her elders, staff, counselors, employees, and all ministry team leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling will be provided by pastors or church-trained lay leaders. The counseling staff is *not* a licensed counseling service through the state of Ohio;
2. All counseling is provided in accordance with the biblical principles adhered to by Paramount Church and are not necessarily provided in adherence to any local or national psychological or psychiatric association;
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above mentioned counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;
4. It is understood by the participant counselee(s) that all complaints and grievances will be heard by the elders of Paramount Church. If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant counselee(s) may elect to involve *Peacemaker Ministries, Inc.*, at their expense, for the purpose of mediation or arbitration.

***** Initial here if you understand and agree with this Waiver of Liability: _____**

CONSENT TO COUNSEL

Having read and understood Paramount Church's

- Financial Policy Appointment Cancellation Policy Confidentiality Clause
 Waiver of Liability Philosophy of Care

I, _____ (print name)

grant permission for Paramount Church to render counseling services to me and the names listed below

(please include the names of those who may be involved in the counseling process):

I also understand that Paramount Church may terminate services for noncompliance with the agenda of care and/or agreed upon administrative issues, failure to keep or cancel appointments, criminal misconduct, violence or other similar issues.

Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are enrolling yourself into counseling of your own will.

Counselee Signature

Date

Counselor Signature

Date

Having clarified the principles and policies of our counseling ministry, we joyfully anticipate the opportunity to walk with you as Christ enables you grow in spiritual maturity and usefulness to His body. If you have any questions about these guidelines, please speak with your counselor or call the church office.

-Paramount Church Biblical Counseling Ministries

Paramount Church, Bexley, Ohio