

True Grace Counseling Ministry
Pleasant Dale Church
4504 W 300 North, Decatur, IN 46733

Biblical Counseling Ministry

Dear Friend,

Welcome to the True Grace Counseling Ministry of Pleasant Dale Church. We are grateful you are welcoming us in 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 connect 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 is our joy to help real people, with real problems using the Bible.

Our vision 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 or yours in a variety of ways as we walk together. Our approach to counseling focuses on helping identify how your beliefs, values, and desires (Proverbs 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 our church members and neighbors. As a church, we are committed to extending grace and compassion to each individual we meet. We realize your situation may be an overwhelming struggle and we will listen, care, and offer help and hope. 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 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 form you are now reading. We have designed it to enable the counseling process to start smoothly and connect you with the resources that fit your needs. The counseling form is designed to (1) help us get to know you in a holistic and efficient manner and (2) help you organize your thoughts about your counseling objective.

We are grateful to be able to serve you and look forward to walking with you through God's agenda for your life.

Jay Carter, Senior Pastor

Lesley Kintz, Board Certified Biblical Counselor

True Grace Counseling Ministry, Pleasant Dale Church

Biblical Counseling Intake Information

Please complete this form and return it to your counselor before your first session so that he/she may adequately prepare.

Return to:

True Grace Counseling Ministry, Pleasant Dale Church, 4504 West 300 North, Decatur, IN 46733

Identification Data

This information is confidential.

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____ May we leave a message: Y or N

Age: _____ Gender: _____ Education in years; _____

Marriage Data

_____ Single; _____ Married; _____ Separated; _____ Divorced; _____ Widowed

How long? _____

If divorced, please give date and why marriage was dissolved: _____

Describe your relationship with your spouse or ex-spouse: _____

Do you have children? _____ How many? _____ How many living at home? _____

Child's name	Age	Living/Deceased	From previous marriage?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were brought up by anyone other than your parent, briefly explain: _____

Did you/ do you have a good relationship with your Father: _____ Mother: _____

Sister(s): _____ Brother(s): _____

Explain if you answered "No" to any of the above: _____

Religious Data

What church are you currently attending? _____

Have you come to a place in your life where you can say that you know for certain that you would go to be with God if you died? Y or N; Explain: _____

Have you received Jesus Christ as your Savior? Y or N; Explain: _____

Do you read the Bible? _____ Never; _____ Occasionally; _____ Regularly

Do you pray and have personal devotions? _____ Never; _____ Occasionally; _____ Regularly

Average number of times you attend church each month: _____

Health Data

Rate your health: _____ Very Good; _____ Good; _____ Average; _____ Poor

Do you exercise? Y or N; If yes, how often? _____

Do you see a physician for regular checkups? Y or N; If yes, when did you last visit your doctor? _____

Are you under the care of a physician for any reason right now? _____

Are you taking any medications at this time? Y or N; If yes, please list medications:

Circle any of the following that you believe describe you:

- | | | | |
|-----------------|--|-----------------|----------------|
| Active | Ambitious | Self-Confident | Persistent |
| Nervous | Hardworking | Impatient | Moody |
| Often Blue | Excitable | Imaginative | Calm |
| Serious | Easy Going | Shy | Good Natured |
| Introvert | Extrovert | Likeable | Leader |
| Quiet | Submissive | Sensitive | Self-Conscious |
| Lonely | Bereaved | Fearful | Self-Doubt |
| Guilt | Adultery | Frigid | Homosexual |
| Angry | Loss of Love | Suicidal | Loss of Hope |
| Loss of Faith | Loss of Purpose | Marriage Issues | Sexual Issues |
| Loss of Respect | Relationship problems with parents/and or children | | |

Have you ever thought about suicide? Y or N; If yes, please explain: _____

Do you ever simply want to run away? Y or N; If yes, please explain: _____

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

Briefly state in your own words the problem(s) or conflict(s) you are facing right now:

What have you done about your problem (most effective and least effective)?

Other than counseling what help are you seeking? _____

Please describe any family history (the family 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): _____

What are your expectations or concerns in coming to counseling? _____

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

Is there any other information we should know? _____

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