

Dear Counselee,

First, let me say thank you for pursuing biblical counseling at Parkside Church Lake County. Perhaps this is the first time you've attempted to get outside help for whatever problem or situation befalls you; or perhaps you've tried other types of counseling and have not found those to be helpful and transformative. My prayer for you is that through this process of counseling and discipleship you will be truly transformed by the power and person of Jesus Christ.

Second, up front I want you to know that the counseling ministry at Parkside Church Lake County is in line with our church's mission statement, "to glorify God by helping people to become committed followers of Jesus Christ." Our first goal in the counseling sessions will be to establish where you are in your personal relationship with Christ. Through the loving, skillful, and practical application of biblical principles we will seek to partner with you (Galatians 6:1-3; 1 Thessalonians 5:14) to help you become a more committed follower of Christ in every area of your life.

Third, because we believe that counseling is not a "magic bullet", we ask that all those who seek counseling at Parkside Church Lake County to commit to the following prerequisites. These are not legalistic requirements, but rather an acknowledgement on our part as a church that true biblical change requires a complete life restructuring:

- Complete all of the required paperwork (Personal Data Inventory, Hold Harmless Agreement)
- Regular attendance at Parkside Church Lake County Sunday morning service
- Regular appointments with your counselor which will entail biblical instruction, listening and homework assignments
- Read through Paul Tripp and Tim Lane's book, *How People Change* (can be purchased from the Resource Table on Sunday mornings)
- Identification of a biblical friend (see below)

Fourth, the process of change for the believer always happens within the context of community. We ask that each person/couple who enters into counseling at Parkside Church Lake County to identify a Parkside member/attender whom they can ask to come alongside them in the counseling sessions to provide support for them. Understanding that the counseling relationship is short-term, counselors desire to transition counselees to a healthy, loving and Christ-centered community post-counseling, and this is a first-step towards that.

Lastly, the goal of the counseling ministry is to not merely help individuals out of difficult circumstances or change behaviors, but to come alongside individuals so that they might grow in their maturity as Christians and their likenesses to the image of Christ. Ephesians 5:1-2 says, "Be imitators of God therefore as dearly loved children and live a life of love, just as Christ loved us, and gave himself up for us a fragrant offering, and sacrifice to God." It is my prayer that this process will be one in which you know and experience the power of Christ in your life for personal growth and holiness. If you have any questions regarding this or the counseling process, please do not hesitate to contact me.

By His Grace,
Scott Kennedy
Pastor, Parkside Church Lake County

PARKSIDE CHURCH

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BIBLICAL COUNSELING INVENTORY

Full Name: _____ Date: ___/___/___

Address: _____ City: _____ Zip Code: _____

Email: _____ DOB: ___/___/___

Home Phone: _____ Occupation: _____

Cell Phone: _____ Are you currently employed? YES NO

Business Phone: _____

Last education completed:

GED High School Some college College Graduate/Masters work

Current Marital Status:

Single Married Separated Divorced Widowed

Referred here by: _____ Phone/Email: _____

How do you know this person? _____

Please mark available times to meet with counselor:

Morning Afternoon Evening
 Monday Tuesday Wednesday Thursday Friday Saturday

Marriage & Family Information

Name of Spouse: _____ Spouse's DOB: ___/___/___

Is his/her address same as above? YES NO

If not: _____

Spouse's occupation: _____ Anniversary: ___/___/___

Ages when married: _____ HUSBAND _____ WIFE

Is your spouse willing to come in for counseling? YES NO

Has your spouse ever been divorced? YES NO

If yes, please explain: _____

Have you been divorced/separated? YES NO

If yes, please explain: _____

Child's Name	Age	Gender	Marital Status

**please mark children from previous marriages/relationships*

Religious Background

Church and denomination attended in childhood: _____

Do you have a denominational preference? _____

How long have you attended Parkside Church? _____ Bainbridge Campus Green Campus

What ministries are you currently involved in at Parkside Church? _____

Church attendance per month (*circle one*) 0 1 2 3 4 5 6 7 8+

Are you a member of Parkside Church? YES NO

Is your spouse a member of Parkside Church? YES NO

Have you been baptized? YES NO

Does your spouse attend Parkside? YES NO

If no, does he/she attend elsewhere? YES NO

Would you describe yourself as a believer? YES NO

What is your basis for answering this question as you did? _____

What changes took place in your life after becoming a believer? _____

Please write out what you believe the gospel is: _____

Do you read the Bible? NEVER OCCASIONALLY OFTEN

Do you pray? NEVER OCCASIONALLY OFTEN

Do you have family devotions? NEVER OCCASIONALLY OFTEN

Do you pray with your spouse? NEVER OCCASIONALLY OFTEN

Do you pray with your children? NEVER OCCASIONALLY OFTEN

Give a brief overview of what your personal devotions looks like: _____

Please explain any recent changes in your spiritual life: _____

Medical & Health Information

Have you received Biblical Counseling at Parkside Church before? YES NO

If so, who was your counselor? _____

Have you received counseling or therapy outside of Parkside? YES NO

Please list below.

Counselor/Psychologist/ Psychiatrist	Duration	Medication prescribed?	Diagnosis/ Outcome

Please list 6 words to describe your personality:

Height: _____ Weight: _____ Recent weight change? _____

Average number of hours of sleep per night? _____

Each night, at what time do you: go to bed _____ fall asleep _____ wake up _____

Describe any changes in your sleep patterns _____

Health	VERY GOOD	GOOD	AVERAGE	DECLINING
Hearing	VERY GOOD	GOOD	AVERAGE	DECLINING
Sight	VERY GOOD	GOOD	AVERAGE	DECLINING
Appetite	VERY GOOD	GOOD	AVERAGE	DECLINING
Energy	VERY GOOD	GOOD	AVERAGE	DECLINING

Are you presently taking any medication? YES NO

Medication	Dosage	Side-Effects	How long have you been taking this?

Physician's Name: _____ Phone Number: _____

Date of last medical exam: _____

Have you ever used drugs for other than medical purposes? YES NO

If yes, please explain: _____

Do you drink alcoholic beverages? YES NO How often? _____

Do you smoke? YES NO How much? _____

Would you be willing to release medical and previous counseling information to your counselor in the event that it is necessary? YES NO

Did you read the counseling cover letter? YES NO

Did you read the Biblical Discipleship & Hold Harmless Agreement? YES NO

Who will be serving as your biblical advocate?

Name: _____ Email: _____ Phone Number: _____

PROBLEM IDENTIFICATION

1. What is the problem(s) that brings you to counseling?

2. What have you done about it?

3. What are your goals in seeking biblical counseling?

4. Is there anything else you think we should know?

Please read this document carefully. It explains what you can expect from biblical counseling and what will be expected from you. After you have read it, please sign the form indicating that you have read it and agree with it, and return it to the church office. The second copy is for you to keep.

DISCLOSURE FOR BIBLICAL DISCIPLESHIP AND HOLD HARMLESS AGREEMENT

1. In Matthew 28:18-20 Jesus gave us the command to make disciples. A disciple is simply a learner and follower of Christ. Biblical Discipleship at Parkside Church is a ministry in which the Bible is used to mentor people in order that they may become more committed followers, or disciples, of Christ. All mentors are under supervision of the church leaders. This mentoring ministry is neither a business nor a profit-oriented activity. Each mentor serves without any charge or fee. He provides his time and energy as a service to God. If you should desire, donations are accepted to help provide materials that are used in the process.
2. The range of problems with which we deal is very wide. It includes broken marriages, parent-child relationships, depression, alcohol and drug abuse, tension, turmoil, anxiety, fear, worry, and any number of other problems resulting in mental and physical immobility.
3. The mentor is trained in the use of the Scriptures in counseling settings. He is committed to the position that the Scriptures provide the authoritative rule of faith and standard of conduct. He does not base his knowledge on his own opinions, experience, or concepts of behavior, but seeks to marshal the full range of biblical truth into focus on the person's need. In mentoring sessions, he will hold to the essential truths of Scripture without particular theological emphasis on any practice not specifically advocated in the Scriptures. Please note that the mentor is a *non-professional* spiritual counselor. The mentor is not a professional mental health therapist. Nothing in Biblical Discipleship is designed or intended to be the provision of professional mental health services.
4. Confidentiality is respected. A case may be discussed with other mentors, pastors or other professionals, but only to the degree necessary to find further biblical solutions to the problem. All such consultations are conducted with the highest standards of biblical ethics. While confidentiality is respected, information disclosed in counseling settings is not covered by any cleric-penitent privilege, including the privilege established pursuant to Ohio Revised Code Section 2317.02, nor shall it be covered by any psychologist-client privilege, including the privilege established pursuant to Ohio Revised Code Section 4732.19.

You agree that by signing this Agreement, and by participating in Biblical Discipleship, any disclosure by you of information of a confidential nature will be covered by the following terms. Specifically, you agree that if any disclosure contains any of the following information, the mentor shall be free to disclose the information, as they deem

necessary, including disclosing such information to governmental authorities and to other affected persons or entities:

- a. A disclosure of child abuse;
- b. A disclosure of elder or dependent adult abuse;
- c. A disclosure of spousal abuse;
- d. A disclosure that you present a serious risk of harm to yourself;
- e. A disclosure that you present a serious risk of harm to another person;
- f. A disclosure which in the opinion of the mentor or church leaders requires action to protect the participants in Biblical Discipleship, the church itself or any other interest of the church;
- g. A disclosure required by a subpoena or other court order from a local, state, or federal agency or court.

5. Mentors believe in the total health needs of the person being mentored. Your mentor may recommend that you have a full or specified medical examination. If medical assistance is required, mentoring will continue, whenever possible, concurrently.

6. Your mentor will use all of his skill in applying biblical principles to help you in whatever problem deprives you of the peace and joy that God has promised to you in His Word. Your mentor will concentrate on two basic principles from God's Word:

Hope because in Jesus Christ we have a great high priest who has been tempted in all things, yet without sin. Even though every sin common to man may be tempting you, God has promised that He will not let you be tempted beyond your endurance, but will provide for you the way to escape from sin so that you can endure. (1 Corinthians 10:13; Hebrews 4:14-16)

Change because in Christ we can learn how to lay aside the old selfish ways of living and put on the new ways of living in a manner worthy of the Lord, to please Him in all respects, bearing fruit in every good work and increasing in the knowledge of God. (Ephesians 4:20-24; Colossians 1:10)

7. Normally, sessions will last about one to one-and-a-half hours each week and will continue for 8 to 10 weeks. However, if the mentor does not observe definite change in the first few weeks, he will seek to identify the cause of the failure, discuss it with you, and help you to correct it.

8. There are certain situations in which your assigned counselor will find it necessary to end your counseling relationship. They include, but are not limited to, a failure to attend scheduled sessions, excessive cancellations, prolonged periods without meeting, incomplete homework or other assignments or a general unwillingness to practice and heed counsel given. On a positive note, official counseling will end when the counselor and counselee have determined that significant growth and change have been achieved.

9. Appointments are to be made with the mentor directly. He will be your contact person for any questions or matters requiring immediate or emergency help between sessions. Most questions or matters should be recorded and brought to the next session for discussion. If you are unable to come to the session, please notify the mentor at least 24 hours in advance of the session whenever possible.

10. On occasion, an observer or counselor-in-training will be present for observation of your counseling session. This counselor-in-training is bound by the same confidentiality agreements as your biblical discipler.

11. You will need your Bible and a notebook at all sessions including the first one. Be sure to bring them with you each time. Come with high expectations. You will find hope and encouragement even on your first visit. From then on, with your cooperation, we believe you will find a good and acceptable answer to the difficulty that prompted you to contact us.

12. CAUTION – READ CAREFULLY BEFORE SIGNING: In consideration for participating in Biblical Discipleship, you agree to release, waive, discharge and covenant not to sue Parkside Church, its officers, servants, agents and employees, including individual mentors (hereinafter referred to as “releasees”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, that may be sustained by you, or to any property belonging to you, whether caused by the negligence of the releasees, or otherwise, while participating in Biblical Discipleship. You further agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to your participation in Biblical Discipleship, whether caused by the negligence of any or all of the releasees, or otherwise. By signing below, you agree that it is your express intent that this Release shall bind the members of your family and spouse, if you are alive, and your heirs, assigns and personal representative, if you are deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing below, you acknowledge and represent that:

- A. You have read the foregoing disclosure and release, understand it, and sign it voluntarily;
- B. No oral representation, statements or inducements, apart from the foregoing disclosure and release agreement, have been made;
- C. You are at least eighteen (18) years of age and fully competent; and
- D. You execute this disclosure and release agreement for full, adequate and complete consideration fully intending to be bound by same.

Name _____ Date _____