

Office Use Only:

Application for Christian Counseling

Mountain View Christian Counseling with Dr. Steven Harness

Mountain View Christian
Counseling is a ministry of



Please fill in this data so the counselor can be better informed to enhance the counseling you will receive.
Please seal and send this form to the office before the first scheduled counseling session.

Identification Data:

Your Name _____ Address _____
City _____ State _____ Zip Code _____ Phone _____
Email _____

Occupation _____ Business Phone _____
Sex _____ Birth Date _____ Age _____ Height _____

Marital Status: Single _____ Going Steady _____ Married _____ Separated _____
Divorced _____ Widowed _____

Education (circle last year completed):

Grade School 1 2 3 4 5 6 7 8 9 High School 10 11 12

College 1 2 3 4 5 6+

Other training (list type and years) _____

Referred here by _____

Health Information:

Rate your physical health (check):

Very Good _____ Good _____ Average _____ Declining _____ Other _____

Your approximate weight _____ lbs. Recent weight changes: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination _____ Report: _____

Your Physician _____ Address _____

Have you used drugs for other than medical purposes? Yes _____ No _____

What? _____

Are you presently taking medication? Yes _____ No _____ What? _____

Prescribed by _____ Address _____

Have you ever had a severe emotional episode? Yes _____ No _____

Have you ever had any psychotherapy or counseling? Yes _____ No _____

If yes, list counselor or therapist and dates: _____

Are you willing to release your information so that your counselor may recommend another professional counselor if necessary? Yes _____ No _____

Have you ever been arrested? Yes _____ No _____

Religious Background:

Denominational preference: _____

Church Attendance per Month (circle): 0 1 2 3 4 5 6 7 8 9 10 +

Church attended in childhood _____
Baptized? Yes _____ No _____
Religious background of spouse (if married) _____
Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____
Do you believe in God? Never _____ No _____ Uncertain _____ Yes _____
Do you pray to God? Never _____ Occasionally _____ Often _____
Are you saved? Yes _____ No _____ Not sure what you mean _____
How much do you read the Bible? Never _____ Occasionally _____ Often _____
Explain recent changes in your religious life, if any _____

Personality Information:

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 likeable leader quiet
hard-boiled submissive self-conscious lonely sensitive other: _____

Have you ever felt people were watching you? Yes _____ No _____
Do people's faces ever seem distorted? Yes _____ No _____
Do colors seem too bright? _____ Too dull? _____
Are you able to judge distance? Yes _____ No _____
Have you ever had hallucinations? Yes _____ No _____
Are you afraid of being in a car? Yes _____ No _____
What difficulties do you have in hearing (if any)? _____

Marriage Information: (If never married, check _____ and omit this section)

Name of spouse _____
Phone _____ Occupation _____
Business Phone _____
Is spouse willing to come for counseling? Yes _____ No _____ Uncertain _____
Have you ever been separated? Yes _____ No _____
Have either of you ever filed for divorce? Yes _____ No _____ When? _____
Date of this marriage _____ Your ages when married: Husband _____ Wife _____
How long did you know your spouse before marriage? _____
Length of steady dating with spouse _____ Length of engagement _____
Give brief information about any previous marriages: _____
Broken by divorce _____? Death _____?

Information about children:

PM*	Name	Age	Sex	Living Yes-no	Education in years	Marital status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your spouse's age _____ Education (years) _____ Religion _____

*(PM) Check this column if child is by previous marriage.

Parental Family History:

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

Answer this section describing your own parents or parent substitute:

Still living? (yes, no) Father _____ Mother _____

Religious affiliation Father _____ Mother _____

Church attendance per month 1 2 3 4 1 3 2 3 4

Occupation Father _____ Mother _____

Are your parents still living together? Yes ____ No ____

If not, cause of separation _____

When separated _____

Rate your parents' marriage: Unhappy _____ Average _____ Happy _____

As a child, did you feel closest to your: father ____ mother ____ another _____

Rate your childhood life: Very happy _____ Happy _____ Average _____ Unhappy _____

How many brothers _____ sisters _____ do you have?

Briefly Answer The Following Questions:

1. What is the main problem, as you see it? (Why are you here?) _____

2. What have you done about it? _____

3. What can we do? _____

4. Describe your spouse's personality in a few words (selfish, loving, etc.) _____

5. As you see yourself, what kind of person are you? Describe yourself: _____

6. Is there any other information we should know? _____

Mountain View Christian Counseling

Agreement Form

What You Can Expect:

Truth to help, spoken in a loving way.

Confidentiality of sessions (Criminal activity should be reported however).

No cost or financial obligation *We request a donation of \$100 per session. Books and materials are given to you, and you are welcome to donate for each item so we can replace them to have available for the next client(s).*

What Is Expected of You:

To accept the help, even if the truth hurts; your commitment is needed.

To accomplish any assignments given during the sessions, including reading, memorizing, etc.

To attend weekly services at Wilton Baptist Church, 10:00 AM, Sundays; or your own church.

Information:

This information is being provided so that you will understand the conditions for participating in Mountain View Christian Counseling Ministry. Please read this carefully and be prepared to ask questions about anything that seems unclear when you meet with your counselor. Your initials in each section and signature indicate that you understand and agree to these conditions.

Not Professional Advice - Although our staff and volunteer Lay Counselors may have been trained in professional fields, when serving the Mountain View Christian Counseling Ministry, they are providing Biblically based, spiritual insight, as it pertains to any issue presented. They do not provide the same type of professional service as when they function professionally outside the church. Initial _____

Focus of Ministry – This Counseling Ministry provides insight and instruction, based solely on, content of the Bible. Our Ministry focus and purpose is to address Spiritual and Heart Issues in short-term Bible based counseling (Assessment + 3 sessions minimum). Appointments are designed to be (40) minutes. Additional appointments must be approved through the office of the Mountain View Administrator (Pastor). We request that all counseling contacts with the Biblical Counseling staff or lay counselors be made through the church office. Initial _____

Children - While the counseling is offered to at a nominal donation fee, we do not provide childcare. You are responsible to secure childcare arrangements prior to the time of your appointment. If childcare arrangements that you have planned fall through, we understand and would be glad to reschedule a time for you. Initial _____

Appointments (Cancellation and Rescheduling of...) We believe that your time is important. We also believe that work done in this ministry is a matter of stewardship. We ask all participants seeking Biblical counseling to be seen by appointment only. If you have scheduled an appointment and cannot attend, you must notify us 24 hours in advance so that someone else who is in crisis may be scheduled for that appointment time. Initial _____

Confidentiality - Confidentiality is an important aspect of the Biblical counseling process. The Counseling Ministry will protect information accordingly. The following illustrate if/when it may be necessary for us to share information with others:

- 1) If a staff/lay is uncertain how to address a problem and needs to seek advice from another staff/minister/ lay counselor in this church;
- 2) If content shared demands that we must comply with any and all applicable state and/or federal laws, such as those dealing with abuse or “duty to warn”;
- 3) There is an indication that harm may come to the participant or someone else;
- 4) It is determined by the Biblical Counseling staff/lay counselor that church authority has a need to know;
- 5) A person persistently refuses to renounce a sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation; (see Proverbs 15:22; 24:11; Matthew 18:15-20);
- 6) A person attends another church and it is necessary for us to talk with his or her pastor/staff regarding an issue which falls under any of the above. (see Galatians 6:1-2) Initial _____

Training - The full scope of this ministry includes training others to do counseling. We are diligently seeking opportunities to equip new counselors to serve the Lord. This sometimes includes having a ‘counselor in training’ to observe the lead counselor in live sessions, to develop and cultivate healthy practices for the future. (When training is completed, they will counsel with a participant alone.) Each ‘counselor in training’ is bound by all the agreements contained in this document, especially the statements of confidentiality. As has been stated, the counseling you will receive is offered to you free of charge. Your initials here grant your permission for an approved ‘counselor in training’ to observe the lead counselor in your session. Initial _____

Resolution of Difficulties - On rare occasions a conflict may develop between an individual and our Biblical Counseling Ministry. To ensure the conflict will be resolved in a Biblically faithful manner, we require all individuals to agree that any dispute will be settled by mediation and, if necessary, legally binding arbitration. Initial _____

Agreement - I am requesting to receive Biblical counseling as it pertains to an issue in my life. I will, under no circumstance, have the Mountain View Christian Counseling, Wilton Baptist Church, a staff or lay counselor providing Biblical counseling to be subpoenaed or require them to appear in court or legal suit regarding any matters disclosed or discussed during the course of my participation in this ministry. I will, under no circumstance, have the Counseling notes subpoenaed for any legal proceedings whatsoever. Initial _____

Having read ALL information fully and completely, I agree to discuss any questions I may have with the Mountain View Christian Counseling staff/lay counselor. Initial _____

My signature below indicates that I understand all the material presented and fully agree to comply with all items.

Signature

Date

Signature

Date
