



## New Hope Counseling Ministry Consent Form

**Biblical Basis:** We believe that the Bible provides thorough guidance and instruction for faith and life (**2 Peter 1:3 and Romans 15:4**). Therefore, our counseling is based on scriptural principles and is taken from God's Word.

**Our Goal** in providing biblical counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ, allowing you to enjoy fully His love for you and His plans for your life and enable you to experience a way of living that brings hope and peace (**Romans 15:13**).

**Biblical Counseling Services Offered:** Individual, marital, and family counseling. Our Counselors are trained in biblical counseling and we offer these services to you free of charge.

**Confidentiality** is an important aspect of the counseling ministry, and we will carefully guard the information you entrust to us. Communication between you and New Hope Counseling Ministry (NHCM) offices will be held in strictest confidence, with these exceptions: (1) you sign a release form and authorize the disclosure of information (or a parent in the case of a minor); (2) you express intent to harm yourself or someone else; (3) there is evidence or reasonable suspicion of physical abuse; (4) a subpoena or other court order is received directing the disclosure of information; (5) your counselor(s) needs to consult with his/her NHCM Supervisor, (6) upon a counseling impasse, Director of NHCM may need to consult with Pastoral and/or church leadership related to next steps.

Please be assured that our counselors strongly prefer not to disclose personal information to others, and that we will make every effort to help you find ways to resolve a problem as privately as possible.

**During your first meeting:** You will determine the goals you would like to work toward. After 6 sessions you and your Counselor will evaluate (6 Week Assessment Form) your progress toward those goals and together determine what further action needs to be taken.

**Appointments:** Our biblical counselors work by scheduled appointments on Tuesdays and we ask that you are prompt and consistent in your scheduled meetings. Please contact your Counselor 24 hours in advance if you must cancel an appointment. We know there will be times of emergencies and the necessary exceptions will be made.

**Our Commitment to You in Counseling is to:**

- Empathize with your suffering and help you understand that it is normal to hurt.
- Encourage you to see life from a biblical perspective and help you know it is possible to hope as you trust God.
- Examine and expose your current responses to life and suggest new ways of handling problems as you seek wisdom from God’s Word and His way of living.
- Empower you to mature in Christ through the power of the Holy Spirit.

**Your Commitment to Christ, Yourself and Us in Biblical Counseling:**

- To be honest and open as you share your hurts and struggles.
- To evaluate your own emotions, actions, motivations, beliefs, and relationships.
- To actively participate in the growth of renewed emotions, actions, convictions, and affections.
- Come to each meeting prepared to review your progress throughout the past week (including the completion of personalized “homework” assignments) and to be prepared to share your goals for the present week.
- You may be asked to purchase resources to complete your assignments.

Because growth requires all the resources of the Body of Christ in discipleship, worship and fellowship we believe it is essential that those seeking biblical counseling at our church also commit themselves to:

- Regular church attendance (at your church or Liberty Bible Church)
- Other small group settings if this is *appropriate* to your situation

If church attendance has not been a regular part of your routine, we will seek to work with you in this new endeavor because we know that it is beneficial to your overall care.

**By signing below**, you are stating that you understand, agree with, and commit to Liberty Bible’s New Hope Counseling Ministry focus as described in these two pages.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian if Minor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Liberty Bible Church • 824 North Calumet Ave. • Chesterton IN 46304  
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## New Hope Counseling Ministry – Personal Data Inventory

**Identification Data:** (When a selection is to be made, place an “x” in the appropriate space)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_ What time: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_

Marital Status: Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widowed \_\_\_

Education: Elementary \_\_\_ High School \_\_\_ GED \_\_\_ College \_\_\_ Graduate \_\_\_ Degree: \_\_\_\_\_

Other Training (list type and years): \_\_\_\_\_

Hobbies: \_\_\_\_\_

Referred to us by: \_\_\_\_\_ Relationship: \_\_\_\_\_

If you were raised by anyone other than your own parents, briefly explain: \_\_\_\_\_

\_\_\_\_\_

How many siblings do you have? Older Brothers: \_\_\_ Sisters: \_\_\_ Younger Brothers: \_\_\_ Sisters: \_\_\_

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### **Marriage Information:**

Name of Spouse: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Religion: \_\_\_\_\_ Education: \_\_\_\_\_

Does your spouse know you are coming for counseling: Yes \_\_\_ No \_\_\_

Is your spouse willing to come to counseling: Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ When? From: \_\_\_\_\_ to: \_\_\_\_\_

Your ages when married: Husband: \_\_\_ Wife: \_\_\_ Wedding Date: \_\_\_\_\_

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 : \_\_\_\_\_

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Information about children – Names, Birthdates, Gender M/F, Living? Yes/No, Education Marital Status:

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\_\_\_\_\_

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**History Information :**

Have you ever had a severe emotional upset? Yes \_\_\_ No \_\_\_

Have you ever had any psychotherapy or counseling before? Yes \_\_\_ No \_\_\_

If Yes, list counselor or therapist and dates: \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Place an "X" after any of the following words which best describe you now:

- |                 |                    |                    |                |                |
|-----------------|--------------------|--------------------|----------------|----------------|
| active ___      | ambitious ___      | self-confident ___ | persistent ___ | anxious ___    |
| hardworking ___ | impatient ___      | Impulsive ___      | moody ___      | often sad ___  |
| excitable ___   | imaginative ___    | calm ___           | serious ___    | easy going ___ |
| shy ___         | fearful ___        | introvert ___      | extrovert ___  | likeable ___   |
| leader ___      | quiet ___          | inflexible ___     | submissive ___ | sensitive ___  |
| lonely ___      | self-conscious ___ | bitter ___         | angry ___      |                |

List fears you have: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_

**Health Information:**

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

When do you go to sleep at night? \_\_\_\_\_ When do you get up? \_\_\_\_\_

Rate your health: Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Other \_\_\_

Your approximate weight : \_\_\_\_\_ Height: \_\_\_\_\_

Weight changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_

List all important present and past illnesses, injuries or handicaps: \_\_\_\_\_

Date of last medical examination : \_\_\_\_\_ What was the report? \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

**Religious Background:**

Denominational preference: \_\_\_\_\_

What church do you attend? \_\_\_\_\_ City: \_\_\_\_\_

Who is your pastor? \_\_\_\_\_

May we contact your pastor for background information? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the number of church services you attend per month? (place an "x" next to the appropriate number)

0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 10+ \_\_\_\_\_

Church attended in your childhood? \_\_\_\_\_

Have you been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Religious background of spouse: \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you pray to God? Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally \_\_\_\_\_

Have you come to the place in your spiritual life where you can say that you know for certain that

    If you were to die today you would go to heaven? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Suppose you died today and God asked you "why should I let you into my heaven?"

    What would you say? \_\_\_\_\_

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How much do you read the Bible? Often \_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_

Does your family regularly read the Bible and pray together? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain any recent changes in your religious life, if any. \_\_\_\_\_

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**Five Basic Questions**

**Briefly answer the following questions:**

What is your understanding of the problem? \_\_\_\_\_

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What steps have you taken to resolve the problem? \_\_\_\_\_

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How would you like us to help you with this? (What are your expectations?) \_\_\_\_\_

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What brings you here at this time? \_\_\_\_\_

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Can you think of any other information we should know? \_\_\_\_\_

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**What You Can Expect Next**

Once your paperwork has been completed and submitted to the New Hope Counseling administrative staff, it will be reviewed. A counselor(s) will then be chosen and you will be contacted in regards to scheduling your first meeting. It's common to be on a short waiting list until an opening is available. It's important to respond to our communications. If we do not hear back after our second (2<sup>nd</sup>) attempt to contact you, we will assume you are no longer seeking counseling.



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