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[www.providence-bc.com](http://www.providence-bc.com)  
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## Welcome to PBC Counseling

Dear Friend,

Welcome to Providence Baptist Church Counseling ("PBC Counseling"). We know how hard it can be to ask for help, and we understand that it takes courage, faith, and humility to take that step. It is our prayer that the Lord will bless this initial step and our subsequent counseling sessions.

Our mission at PBC Counseling is two-fold. First, we aspire to provide the highest quality, Christ-centered counseling to individuals and families who are hurting and/or in conflict. Second, we seek to equip elders, pastors, counselors, church members and others to learn how to use the Bible to counsel in their local churches. Because of this goal, we often have one or two observers in the session with you taking notes on how to counsel biblically. These observers sign confidentiality forms and will pray for those that they observe.

What to Expect: Every aspect of PBC Counseling, including the individuals who will care for you, work hard for you, pray for you, and strive to be faithful in presenting Scripture that will be a help and blessing to you in your situation. What we expect from you is your honesty, openness, hard work, and a teachable spirit. Once we receive your completed forms, we'll review them and schedule your first session. We typically will not schedule a session without the completed forms. After your first session, we will ask you if you want to continue. If you do, we will confirm the ongoing appointment time and meet week by week until we finish counseling. We expect you to come to each of your appointments unless providentially hindered. Also, for every session, including the first one, bring your Bible, a notebook, and pen.

Forms: Please complete the forms you received with this letter. For each person coming to counseling, please read the information in each document carefully and fill out and return to us (paper or by email) the three forms with your details. They are:

- PBC Counseling Basic Information Questionnaire
- PBC Counseling Personal Data Inventory
- PBC Counseling Consent to Counsel

For any questions as you complete the forms, either contact us or we can discuss how you answered in the first session. Please be thorough and answer every question to the best of your understanding.

Costs/Donations: PBC Counseling is a non-profit ministry of Providence Baptist Church. You have no obligation, express or implied, to pay fees for the counseling you receive through our church.

Resources: In addition to the Bible, we may assign audio files (CDs or links) and/or books to help you deal with your issue(s). Most of these will be provided free of charge unless it is optional material.

Childcare: PBC Counseling does not offer childcare.

Please call our church office if you have any questions. If you want to drop off paper copies of your completed forms, and to know where most of our counseling is done, you can find a map on our church website.

Thank you,

PBC Elders and Counseling Staff

Revised February 20, 2021



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## **PBC Counseling – Basic Information Questionnaire**

NAME: \_\_\_\_\_

### **BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What is the main problem(s), as you see it?
  
  
  
  
  
  
  
  
  
  
2. What have you done about it?
  
  
  
  
  
  
  
  
  
  
3. What are your expectations of us?
  
  
  
  
  
  
  
  
  
  
4. As you see yourself, what kind of person are you? Describe yourself.
  
  
  
  
  
  
  
  
  
  
5. Anything else we should know?



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## PBC Counseling – Personal Data Inventory

Date \_\_\_\_\_

### *Personal Data*

Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address \_\_\_\_\_

Renting? \_\_\_\_\_ Own? \_\_\_\_\_ Living with others? \_\_\_\_\_ If living with others, describe \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referred by \_\_\_\_\_

Marital Status (circle one):     single   married   separated   divorced   widowed   remarried

Employer \_\_\_\_\_ Years \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Education completed \_\_\_\_\_ Degree/Certificate \_\_\_\_\_

Other training \_\_\_\_\_ Weekly work hours \_\_\_\_\_

School (if a student) \_\_\_\_\_ Year \_\_\_\_\_

Hobbies \_\_\_\_\_

Other significant time commitments \_\_\_\_\_

***Marriage and Family***

Spouse \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Education completed \_\_\_\_\_ Degree/Certificate \_\_\_\_\_

Give a brief statement of circumstances of meeting and dating \_\_\_\_\_

\_\_\_\_\_

Length of time you knew spouse \_\_\_\_\_ Dated spouse \_\_\_\_\_ Length of engagement \_\_\_\_\_

Age at marriage: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Previously married? Yes \_\_\_\_\_ No \_\_\_\_\_

How would you describe your marriage? \_\_\_\_\_

\_\_\_\_\_

Have you or your spouse ever been separated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or your spouse ever filed for divorce? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give brief information regarding any previous marriages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your spouse willing to come in for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Does your spouse support you coming for counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Information regarding children:

Name	Age	Sex	Living?	In school?	Marital Status	Stepchild In home?
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Did you grow up with your parents? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain \_\_\_\_\_

\_\_\_\_\_

Are your parents still married? Yes \_\_\_\_\_ No \_\_\_\_\_ Are your parents still living? Yes \_\_\_\_\_ No \_\_\_\_\_

Parents' religious convictions \_\_\_\_\_

Describe your relationship with your father \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with your mother \_\_\_\_\_

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How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_ Your sibling order \_\_\_\_\_

Have there been any deaths in your family during the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who and when?

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***Personal History***

Have you ever been in psychotherapy or counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list counselor(s) and dates \_\_\_\_\_

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

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Do you drink alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list what and the frequency \_\_\_\_\_

\_\_\_\_\_

Do you drink caffeinated beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list what and the frequency \_\_\_\_\_

\_\_\_\_\_

Have you ever used recreational drugs (any forms of marijuana, cocaine, methamphetamines, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list what and when \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested and/or incarcerated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records if needed? Yes \_\_\_\_\_ No \_\_\_\_\_



***Health Information***

Describe your overall health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any chronic conditions, important illnesses, injuries, or handicaps \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have people in your life that can assist and support you in your health conditions? If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Report \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a family doctor or physician you see regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Current medications and dosage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is your rest? \_\_\_\_\_

What are your sleep habits? \_\_\_\_\_

Please explain any difficulties you may face uniquely as a man or woman regarding your health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Religious/Spiritual Information***

Church attending \_\_\_\_\_

Denominational preference \_\_\_\_\_ Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note: if you are a member of a church other than PBC, your counselor(s) will typically contact your current pastor to let them know you are requesting counseling, get their input, provide details about our ministry as requested, and possibly coordinate with them. Please provide contact information for your pastor(s)

Pastor name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Pastor's email address \_\_\_\_\_ Other phone \_\_\_\_\_

If you have any concerns about your counselor contacting your pastor, please explain \_\_\_\_\_

\_\_\_\_\_

Church meeting attendance per month (circle average meetings) 0 1 2 3 4 5 6 7 8 9 10+

I do, or do not, attend church because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church attended as a child \_\_\_\_\_

Baptized? No \_\_\_\_\_ Yes \_\_\_\_\_ Immersed? No \_\_\_\_\_ Yes \_\_\_\_\_

If baptized, approximate year of baptism? \_\_\_\_\_ Where? \_\_\_\_\_

Were you a believer when baptized? \_\_\_\_\_

Are you involved in ministry? Yes \_\_\_\_\_ No \_\_\_\_\_

Denominational preference of your spouse \_\_\_\_\_

Are you and/or your spouse currently under any form of church discipline or excommunication from your current or prior church membership(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

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***Religious/Spiritual Understanding***

Describe who God is \_\_\_\_\_

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Describe who Jesus Christ is \_\_\_\_\_

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Describe your standing/relationship with God (the Father, His Son Jesus Christ, and the Holy Spirit) \_\_\_\_\_

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What is the definition of a Christian? \_\_\_\_\_

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I am (or I am not) a Christian because \_\_\_\_\_

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Is there any doubt you will go to heaven when you die? \_\_\_\_\_

\_\_\_\_\_

If God were to ask you, "Why should I let you into heaven?", how would you answer? \_\_\_\_\_

\_\_\_\_\_

What is your definition of sin? \_\_\_\_\_

\_\_\_\_\_

What sins do you struggle with the most? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you handle sin in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you handle guilt? \_\_\_\_\_

\_\_\_\_\_

Do you pray? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

If you pray, what do you tend to pray about the most? \_\_\_\_\_

\_\_\_\_\_

Do you read the Bible? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

What do you believe about the Bible? \_\_\_\_\_

\_\_\_\_\_

I allow/I do not allow Christians to be involved in my life because \_\_\_\_\_

\_\_\_\_\_

Do you conduct or participate in regular family devotions? Yes \_\_\_\_\_ No \_\_\_\_\_ Frequency \_\_\_\_\_

Have you and/or your spouse ever been discipled (one-one instruction on the Christian life and theology)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain any recent changes in your religious/spiritual life \_\_\_\_\_

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The changes I would like to make in my life are \_\_\_\_\_

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By answering these questions, what have you learned about you and (if applicable) what have you learned about your spouse? What changes do you intend to make?

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What do you seek to accomplish in life? \_\_\_\_\_

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Name the three greatest **positive** influences on your spiritual life.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name the three greatest **negative** influences on your spiritual life.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### ***Personality Dynamics***

*Circle those below that apply to you*

Active  
Ambitious  
Self-confident  
Persistent  
Nervous  
Hardworking  
Impatient  
Impulsive  
Moody  
Often blue  
Excitable  
Anxious

Imaginative  
Calm  
Serious  
Easy going  
Shy  
Good natured  
Introvert  
Extrovert  
Likeable  
Leader  
Restless  
Hyperactive

Quiet  
Easily angered  
Submissive  
Self-conscious  
Lonely  
Sensitive  
Energetic  
Tired  
Defeated  
Positive  
Hopeless  
Others you would add:



**Problem Identification**

*For this table of characteristics, please indicate their level of impact to you: blank = no impact; 1 = mild impact; 2 = moderate impact; 3 = severe impact.*

Anger	Discouraged/downcast	Memory
Anxiety	Drunkenness	Moodiness
Apathy	Envy	Overwhelmed
Appetite	Fear	Perfectionism
Bitterness	Finances	Pornography
Change in lifestyle	Gluttony	Procrastination
Children	Guilt	Rebellion
Communication	Hallucinations	Same sex attraction
Conflict (fights)	Health	Sexual Immorality
Control	Homosexuality	Sex in marriage
Deception	Impotence	Sleep
Decision making	In-laws	Spouse abuse
Depression	Laziness	Time usage
Disciplined living	Lust	Weary
Disorganization	Marriage	Other

Have you or others noticed any changes in your personality? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Have you ever had a severe emotional upset? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Have you recently suffered loss from serious social, business, or other reversals?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you recently suffered loss of someone who was close to you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What problem or concern bring you to counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did your difficulty begin? \_\_\_\_\_

\_\_\_\_\_

What have you done about your difficulty? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectations from counseling? \_\_\_\_\_

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Have you shared this problem or any others with your pastor and/or other mature members of your church? If yes, please explain who. If no, please explain your concerns about doing so.

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Do you have anything of which you are fearful? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Is there any other information we should know? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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Thank you for your thoughts and details to help us help you.



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## **Agreement Between PBC Counseling and Counselee Regarding Confidentiality, Liability Waiver, and Consent to Counsel**

Please read and if you agree, then initial and sign where indicated.

### **Our Goal**

The purpose of biblical counseling is to help you meet the challenges of life in a manner that is pleasing and honoring to the Lord Jesus Christ. Our counseling is offered free of charge as a ministry of Providence Baptist Church of Deer Park, our elders, and our counseling volunteer staff ("PBC Counseling").

### **No Fees:**

PBC Counseling is a non-profit ministry. You have no obligation, express or implied, to pay fees for the counseling you receive through PBC Counseling.

**Counselee Initials:** \_\_\_\_\_

### **Biblical Basis:**

Counseling received through PBC Counseling is strictly religious in nature and is conducted under the authority and leadership of the elders of Providence Baptist Church. We believe that the Bible, consisting of the 66 books of the Old and New Testaments, provides sufficient, thorough guidance and instruction for faith and life (cf. II Timothy 3:16-17, II Peter 1:3-4). Likewise, the guidance received through PBC Counseling is designed to be both complementary to and in cooperation with the local church.

**Counselee Initials:** \_\_\_\_\_

### **Other Professional Advice:**

PBC Counseling elders and staff volunteers are not state licensed psychologists, psychiatrists, or therapists. PBC Counseling provides Scriptural guidance based on the principles of pastoral care. If you have significant medical, legal, financial, or other technical questions, you should seek the advice of a competent, independent professional. Our counselors will cooperate with such advisors and will help you consider their counsel in the light of biblical principles.

We urge our counselees to properly care for their physical bodies and to seek medical treatment for all physiological problems. Our counselors will assist you in responding to such problems in a godly manner, but our counsel is not intended to replace the services of a qualified physician in the treatment of organic issues.

**Counselee Initials:** \_\_\_\_\_

**What is Expected of You?**

It is our (PBC) belief that change must begin within ourselves as we look to Jesus Christ through the work of the Holy Spirit for the power to change. Therefore, we ask you (the counselee) to approach the counseling and encouragement process as an opportunity for personal change and spiritual growth. We ask that you refrain from the temptation of focusing on others, and instead we ask you to focus on what changes God can make in your life – even amid your circumstances. Be advised that you will be assigned “homework.” Homework is a vital part of the change process; therefore, completion of the homework assignments before your next session is expected.

**Counselee Initials:** \_\_\_\_\_

**Observers and Students**

PBC elders and PBC Counseling staff, volunteer members, and students participating in the PBC Counseling program are expected to protect the information they receive to ensure the integrity of the counseling process and the privacy of the counselee. Should a counselor or student fail to protect said information, it may become necessary for them to be dismissed from service in the PBC Counseling ministry.

**Counselee Initials:** \_\_\_\_\_

**Cancellation Policy**

**You must provide notification** when legitimately hindered from attending your appointment. Cancellation notice must be received **at least 24-hours in advance** of the appointment time. PBC Counseling does not charge for counseling, but to help incent you to not miss your appointments, **a donation of \$50 to a charity of your choice will be strongly encouraged prior to scheduling your next appointment.** The purpose for this policy is three-fold. First, minimizing missed appointments helps the counselee achieve and maintain progress. Second, others also need PBC Counseling time, and as good stewards we seek to maximize the service we can provide. Third, many of our elders, counselors, students, and observers travel significant distances to counsel/ observe; their time is valuable, and we want to be sure not to waste it. The simple way to avoid this problem is to call and change your appointment as soon as you are aware of a conflict.

**Counselee Initials:** \_\_\_\_\_

**Confidentiality**

Confidentiality is an important part of the counseling process. Since PBC Counseling differs in some respects with traditional guidelines regarding confidentiality, we have developed a policy which specifically addresses this issue. The privacy and confidentiality of our conversations and records are a privilege of yours, are in some cases protected by law, and are protected by our ethical principles in all but a few circumstances.

Under certain circumstances, however, it may be necessary to reveal information obtained in the counseling process in order to uphold the principles of Scripture, the standards of Providence Baptist Church, its PBC Counseling ministry, and/or the laws of the state of Texas. PBC Counseling does **NOT** hold to the legal concepts of the priest/penitent, doctor/ patient, psychotherapist/patient or counselor/ counselee privileges.

**CONFIDENTIALITY CLAUSE**

Absolute confidentiality is not scriptural. In certain circumstances, the Bible requires that pertinent facts be disclosed to select others (Matthew 18:15ff). In these areas, we follow the guidelines of Providence Baptist Church.

Situations where it may become necessary to reveal otherwise confidential information include, but are not limited to the following:

1. When a counselee refuses to renounce/discontinue a particular sin, it may become necessary to seek the assistance of others in the church to encourage repentance and reconciliation in accordance with the Scriptures (cf. Proverbs 15:22, 24:11; Matthew 18:15-20). In such cases, only such information as is necessary to deal with the particular sin will be revealed. Further, said information will only be revealed to those biblically required to be involved. To that end, it may become necessary to contact the pastor and/or other elders of a counselee's home church. Additionally, should your church leadership inquire, we will disclose to them the information they need to effectively and biblically fulfill their responsibility to shepherd you.
2. Counselors, uncertain as to how a particular issue should be addressed, may reveal necessary information to and seek assistance from another counselor, elder, or PBC Counseling volunteer. This consultation will be held in the same level of confidence as your sessions. This may involve issues such as:
  - A. Church discipline matters
  - B. Seeking wise counsel to help address a specific matter in an appropriate way
  - C. Reporting to other leaders on the status of counseling when feasible and appropriate
3. Training of other counselors to learn how to handle cases of the same nature.
4. If a counselee threatens to harm himself/herself or another person, it may become necessary to notify the proper legal authorities, family members, pastor(s), intended victim, or all the above. If the counselee makes such threats in the context of a counseling session, the counselor will, upon receiving the information, consult with a PBC elder or another counselor, if available, who will work with them to assess the situation and assist in making the appropriate notifications, if necessary.
5. If a counselor is privy to evidence that abuse or some other crime has been or is about to be committed, it may be necessary to reveal such to the legal authorities.
6. PBC Counseling recognizes that in the course of the loving discipline of their children, parents may employ corporal punishment in accordance with the teachings of Scripture. In conformity with those Scriptures, PBC Counseling supports a parent's right to do so. However, if in the course of counseling, the counselor suspects that a minor child has been physically or sexually abused, the counselor will immediately consult with another counselor and/or PBC elder who will assist in the assessment of the situation. At that point, if it is then suspected that abuse has occurred, the legal authorities will be contacted. If no other counselor or elder is available and a child is in imminent danger of being abused, the counselor will contact the appropriate legal authorities without employing the above consultation process.
7. Observers, including but not limited to, counseling students, may sit in on counseling sessions either to assist in the counseling process or for training purposes. All observers and counselors agree to be bound by the PBC

Counseling Confidentiality Agreement. Should they be found to be in violation of this agreement they may face expulsion from the PBC Counseling ministry by the PBC elders.

8. BY LAW, there are certain situations in which information about individuals undergoing counseling may or must be released with or without their permission. These situations are as follows (Romans 13:1-3):
- A. Where anyone suspects that children are physically abused, neglected, or sexually abused.
  - B. In emergency situations where there may be danger to the counselee or others, as with homicide or suicide.
  - C. If a court of law issues a subpoena relating to a child abuse case, those subpoenaed are required by law to provide the information specifically described in the subpoena.
  - D. If an unreported life-threatening felony has been committed, we are required by law to report it to the police or appropriate authorities.

**Counselee Initials:** \_\_\_\_\_

### **Drug and Sobriety Testing**

PBC reserves the right to request voluntary drug and/or sobriety testing at any time during the counseling process. Any requested testing will be at PBC's expense and will utilize commercially available test kits and gear (such as breathalyzers). Counselees unwilling to take a requested test or testing positive for drugs and/or drunkenness, in the judgment of the Counselors, may be removed or suspended from the program at the Counselors' discretion. PBC Biblical Counseling is explicitly dependent on the use of the Word of God and the Holy Spirit's application of God's Word in the heart of those counseled. A counselee being repeatedly filled with wine (or under the influence of other consciousness-altering substances) will not be filled with the Spirit and so be unable to be helped.

**Counselee Initials:** \_\_\_\_\_

### **Resolution of Disagreements**

If a dispute should arise between the counselee and the counselor regarding the session or the counselor's advice or conduct, the dispute may be brought to the attention of the Director of the PBC Counseling ministry. If the dispute cannot be resolved at this level, all parties agree to resolve such dispute by submitting to the elders of PBC for full **and** final resolution and conciliation. Both the counselee and the counselor agree **not** to take this matter to any secular court system. (1 Corinthians 6:1-7)

**Counselee Initials:** \_\_\_\_\_

### **Waiver of Liability**

The undersigned counselee, having sought biblical discipleship counseling as adhered to by Providence Baptist Church, a nonprofit religious organization, hereby acknowledges their understanding of the above stated conditions and therefore releases from liability the Providence Baptist Church of Deer Park and any/all participating churches, pastors, agents, employees, or volunteers from a claim or litigation whatsoever arising from the undersigned's participation in the above-mentioned biblical discipleship counseling ministry.

It is further understood, in consideration for receiving any form of counseling from the Providence Baptist Church, the person (counselee) receiving the counseling agrees to release and waive any and all claims of any kind against the ministry, the staff, the elders, the pastoral/lay counselors or any participating church, which may arise from, result out of, or be related to conduct or advice/counsel received. Additionally, all counsel provided by PBC counselors is provided

**PBC Counseling – Consent Agreement**

**Name** \_\_\_\_\_

in accordance with the biblical principles adhered to by the Providence Baptist Church and is not necessarily provided in adherence with any local or national psychological or psychiatric association.

That the undersigned agrees that he/she has read and thoroughly understands and agrees to what is expected of them, the confidentiality clause, the resolution of disagreements, and the contents of the waiver, now willingly (without any coercion) consents to and requests said biblical discipleship counseling from PBC's biblical discipleship counseling ministry.

**Counselee Initials:** \_\_\_\_\_

I have read and understand the above Agreement between PBC Counseling and counselee regarding Confidentiality, Drug and Sobriety Testing, Liability Waiver, and Consent to Counsel and agree to be bound by its terms.

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





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## How to Get the Most from Counseling

The counseling you are beginning is Christian, biblical (Bible-based) discipleship counseling. Providence Baptist Church (PBC), its elders, and its counseling staff ("PBC Counseling") are Christians who have had training in the Scriptures and their application to life. This counsel will not be based on the systems of men, or their own ideas. Their goal is to help you apply biblical principles to your problems and struggles. This will help you now and will leave you with biblical guidelines for problem-solving for the rest of your life.

Most problems people have involve relationships – a person's relationship to God is the most important. Unless that relationship is right, nothing else in life can be altogether right. If you are uncertain about your relationship to Jesus Christ, your counselors will be glad to speak with you about it.

The other problems that counselees have usually concern people. The Scriptures teach us how God can enable us to relate properly to Himself and to others. During the sessions, you and your counselors will talk about your relationship to God and to others.

Because it is foundational to all that is being done in the counseling session, we desire that you take time every day to read a portion of the Bible and to pray. We also require you to do your homework as assigned. Prayerfully ask God to give you the strength to do what you have been asked to do. Counseling is not magic that takes place during a one-hour weekly event, it is Biblical guidance for the rest of the week where change must occur. Within six weeks or so, your counselors are going to look for a definite change, and if there isn't real change, they will want to evaluate the situation to discover the reason.

If difficulties arise during the week:

1. Do NOT panic.
2. Write about the problem, specifically but briefly.
  - a. Write what you have done about it.
  - b. Write what the outcome was and what led to that outcome.
3. Bring this information to the next counseling appointment.

Counselors do not usually counsel on the telephone in between sessions. Advice given over the phone, without full consideration of all the circumstances, can be misleading. You need to sit down at a session to discuss the subject fully so that we can help you reach biblical decisions. Because of our small staff, we are not able to do crisis counseling, but if you have an urgent need to contact your counselor, call the church office.

At the end of each session, please agree on/confirm the schedule for your next appointment. If you need to change an appointment, please call as soon as possible so that we can rearrange the schedule. Since counseling hours are limited, we ask that you attend to come to every session until finished.

May God bless you as you strive, by His power, to follow His Word.