

# New Counselee Forms

CompassPoint Biblical Counseling

Please complete the enclosed forms.

When finished, you may scan and email these documents to

[info@theartofperseverance.com](mailto:info@theartofperseverance.com)

or mail the packet to

CompassPoing Biblical Counseling  
13232 Old Meridian Street, Carmel, Indiana 46032

Once received, we will contact you to schedule your first appointment.

## Personal Data Inventory Form

### Part 1 – Personal Information

FIRST AND LAST NAME

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DATE OF BIRTH

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STREET

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CITY

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STATE

---

ZIP CODE

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E-MAIL

---

PHONE NUMBER

---

GENDER

M

F

EDUCATION

MARITAL STATUS

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---

SPOUSES NAME

---

SPOUSES OCCUPATION

---

SPOUSE'S PHONE

---

SPOUSE'S RELIGION

---

SPOUSE'S AGE

---

# YEARS MARRIED

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IS YOUR SPOUSE AWARE YOU WANT COUNSEL?

YES

NO

IS YOUR SPOUSE WILLING TO COME WITH YOU?

YES

NO

LIST CHILDREN NAME, GENDER, AND AGE

## Part 2 – Spiritual Information

CHURCH NAME

PASTORS NAME AND PHONE NUMBER

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MAY WE CONTACT YOUR PASTOR?

YES                          NO

DO YOU BELIEVE IN GOD?

YES                          NO                          UNSURE

HAVE YOU BEEN BAPTIZED?

YES                          NO

DO YOU READ THE BIBLE REGULARLY?

YES                          NO

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HOW OFTEN DO YOU ATTEND CHURCH?

DO YOU BELIEVE YOU ARE SAVED?

YES                          NO                          UNSURE

DO YOU PRAY REGULARLY?

YES                          NO

ARE YOU CERTAIN YOU WILL GO TO HEAVEN?

YES                          NO                          UNSURE

## Part 3 – Health Information

DATE OF LAST MEDICAL EXAMINATION

OUTCOME OF EXAMINATION

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WILL YOU SIGN A MEDICAL RELEASE?

YES                          NO

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DOCTOR'S NAME AND PHONE

DO YOU TAKE ANY MEDICATIONS?

YES                          NO

DO YOU USE ANY DRUGS OR ALCOHOL?

YES                          NO

PLEASE LIST MEDICATIONS

PLEASE LIST DRUGS OR ALCOHOL USED

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PLEASE RATE YOUR HEALTH

HOW MANY HOURS OF SLEEP DO YOU GET?

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HAVE YOU BEEN TO COUNSELING BEFORE

YES                          NO

COUNSELOR NAME AND PHONE

PRESENT LEVEL OF LIFE SATISFACTION?

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HAVE YOU EVER SUFFERED EMOTIONAL UPSET?

YES

NO

DO YOU HAVE THOUGHTS OF SELF-HARM?

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DO YOU HAVE SUICIDAL THOUGHTS?

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PLEASE LIST ANY FEARS YOU HAVE

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PLEASE LIST ANY CONCERNs YOU HAVE

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PLEASE LIST ANY PHYSICAL CONCERNs

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PLEASE LIST ANY SPIRITUAL CONCERNs

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PLEASE LIST ANY PERSONAL CONCERNs

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PLEASE LIST ANY RELATIONAL CONCERNs

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#### Part 4 – Present Issues

WHAT BRINGS YOU IN TODAY?

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WHAT ARE YOU SEEKING HELP FOR?

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WHAT HAVE YOU DONE ABOUT THIS IN THE PAST?

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WHAT DO YOU HOPE TO ACCOMPLISH?

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ANYTHING ELSE YOU WISH US TO KNOW?

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## Informed Consent and Hold Harmless Agreement

### Principles and Policies of CompassPoint Biblical Counseling

**I) Our Goal** - Our goal in providing biblical counsel is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life. We seek to provide you with counsel regarding spiritual and personal issues; premarital and marital biblical counsel; family/parental biblical counseling; small group discipleship; and a referral network to support you in your spiritual journey.

**II) Biblical Basis** - We believe that the Bible provides thorough guidance and instruction for faith and life (*II Peter 1:3 and Romans 15:4*). Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. By definition, Biblical Counselors are spiritual friends committed to the historic church role of providing soul care and spiritual direction through:

- *Sustaining* - Empathizing with your suffering, helping you to understand that it is normal to hurt.
- *Healing* - Encouraging you to see life from a biblical perspective, helping you to know that hope is possible.
- *Reconciling* - Examining and exposing your current responses to life and suggesting new ways of handling problems, helping you to see that though it is horrible to sin, it is wonderful to be forgiven.
- *Guiding* - Empowering you to mature through Christ and helping you to grasp that it is supernatural to mature.

Because we care about you, our desire is for you to be drawn closer to Christ and to become more like Christ, which we see as your life increasingly reflecting the life of Christ through:

- *Relational Maturity* - Loving God wholeheartedly and loving others sacrificially.
- *Rational Maturity* - Wisely living according to the truth of Christ's gospel of grace.
- *Volitional Maturity* - Courageously choosing to pursue God's purpose in your life through the Spirit's power.
- *Emotional Maturity* - Deeply and honestly experiencing life with integrity, fully open to God while managing your moods for God's glory and with a ministry focus.

**III) Your Commitment** - We ask that you commit to Christ, Yourself, and to Us that you will:

- Be honest and open in sharing your hurts and struggles with us.
- Evaluate your own emotions, actions, motivations, beliefs and relationships.
- Actively participate in the growth of renewed emotions, actions, convictions, and desires.
- Come to each meeting prepared to review your progress throughout the week, including homework assignments, and share your goals for the present meeting.

Growth in Christ requires all the resources of the Body of Christ. Therefore, it is essential that those seeking biblical counseling commit to the following:

- Regular church attendance at your church.
- Actively participate in an Adult Bible Fellowship/Bible Study.
- Participate in a small group or other fellowship ministry.

**IV) Confidentiality** - Confidentiality is an important aspect of the biblical counseling relationship. We carefully guard the information you entrust to us and counseling records are strictly confidential and held in the strictest of confidence unless you (or the parent of a minor) give authorization to release this information. In the case of marriage or family counseling there is limited confidentiality as confidentiality belongs to the relationship and not to the individual, and what is shared by one family member is not kept private from the other family member(s). Some situations require us to share information with others, such as: (i) if a person expresses the intention to harm himself/herself or someone else; (ii) if there is evidence or reasonable suspicion of abuse against a minor child, elder person, or dependent adult; (iii) if a subpoena or other court order is received directing the disclosure of information; (iv) when your counselor consults with external resources deemed necessary for the advancement of assistance; or (v) if a person persistently refuses to renounce a particular sin (habitual unrepentant rebellion against God's Word), and it becomes necessary to seek the assistance of others in the church to encourage repentance, restoration, and reconciliation (see Proverbs 15:22, 24:11; Matthew 18:15-20).

**V) Duty to Protect Persons From Deadly Harm** - The duty to protect persons from deadly harm supersedes confidentiality. As such counselors will take appropriate action, including necessary disclosures of confidential information to protect life in the face of client threats, including, but not limited to; suicide, homicide, serious bodily injury to others, life-threatening disease, and/or the abuse of children, elders, and dependent persons, based on reasonable suspicion or admission.

**VI) Emergencies** - You may contact our office by calling (317) 804-1864, during published office hours. CompassPoint Biblical Counseling does not provide 24-hour crisis counseling. If you are unable to reach your counselor in a timely manner, you should contact your physician, local emergency room, or local police department. In case of emergencies, you should call 911. It is the responsibility of the counselee to seek appropriate resources in any and all emergency situations.

**VII) Appointments** - CompassPoint Biblical Counseling observes scheduled appointments only. We require your prompt and consistent participation in your scheduled meetings. The duration of counseling sessions is 50-minutes unless otherwise agreed upon in advance by the counselor. It is our goal to serve each person entrusted to our care with dignity and respect, and ask that you observe the counselors commitments to other clients and personal responsibilities as appropriate.

**VIII) Cancellation** - CompassPoint Biblical Counseling requests at least 24-hours advance cancellation, should you need to cancel your appointment. Cancellations may be made by calling 317-804-1864. Appointments not cancelled within 24-hours may be charged a \$25.00 cancellation fee at the counselor's discretion.

**IX) Counselor-Counselee Relationship** - The nature of the relationship is that of a professional counselor and counselee. As such, social and personal interactions are to be avoided for the respect and protection of both parties.

**X) Length of Counseling** - The length of counseling relationships will vary by situation, but the goal of the counseling process is to thoroughly and adequately address your concerns in a timely manner, without unnecessary waste of resources. Regardless, your counselor may find it necessary to end a counseling relationship in certain circumstances, including but not limited to, failure to attend scheduled sessions, excessive cancellations, prolonged periods without meeting, incomplete paperwork or assignments, manipulation or deceptive practices relative to counsel, or a general unwillingness to practice counsel given.

**XI) Resolution of Conflicts** - On rare occasions a conflict may arise between counselor and counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, counselee hereby acknowledges and agrees that any dispute that arises with the counselor as a result of counseling, will be settled through mediation within the church according to the principles of scripture and under the authority of the local church.

**XII) Services Rendered** - Services are defined as fee-based biblical counseling. As such, CompassPoint Biblical Counseling does not bill insurance organizations for services rendered. If you require financial assistance for counseling services, please let us know prior to your first appointment.

**XIII) Billing** - Payment is required prior to service at the time of your appointment. You will be provided a receipt for services. Payment may be made by cash, check, or credit/debit via electronic payment processing. Returned checks for non-payment or insufficient funds will incur a \$40.00 fee in addition to the original invoice amount of payment for services.

### **Hold Harmless Agreement**

**READ CAREFULLY BEFORE SIGNING:** In consideration of the offer and provision of biblical counseling, you agree to release, waive, discharge and covenant not to sue CompassPoint Biblical Counseling and/or its affiliates, officers, servants, agents, and employees, including individual counselors, (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 relating to your participation in biblical counseling with CompassPoint Biblical Counseling. You further agree to indemnify and hold harmless the releasees, from any loss, liability, damage, or costs they may incur due to your participation in biblical counseling with CompassPoint Biblical Counseling, whether cause by the negligence of any or all of the releasees, or otherwise. By signing electronically or otherwise, this Informed Consent and Hold Harmless Agreement, you agree that it is your express intent that this Release shall bind the members of your family and spouse, and your heirs, assigns, and personal representatives.

Having clarified the Principles and Policies of CompassPoint Biblical Counseling, as well as having read this Hold-Harmless Agreement, the undersigned voluntarily represents understanding of, agreement with, and commitment to, biblical counsel as described above, and are at least eighteen (18) years of age and fully competent at the time and date signed.

Accepted and Agreed to:

NAME

DATE

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SPOUSES NAME (IF APPLICABLE)

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