



MOUNTAIN VIEW COMMUNITY CHURCH
BIBLICAL COUNSELING AGREEMENT

The following outlines several conditions upon which Biblical counseling cases will be initiated. While this is not meant to be exhaustive in scope, it does represent our philosophy of Biblical counseling, a vital aspect of the shepherding ministry of Mountain View Community Church (MVCC).

Our Framework – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, we base our Biblical counseling on Scriptural principles rather than those of secular psychology and psychiatry. The staff of this church are NOT trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

The Bible contains all necessary information for life and godliness (2 Peter 1:3). There are no problems between persons that the Bible fails to address either in general or specific principles. While our staff do not pretend to know all that there is to know about biblical teaching and its application to life, nevertheless, they do know much, they will Biblically counsel from their understanding of the Bible, and they will do their utmost to help you.

If you should have significant legal, financial, medical or other technical questions, you may choose to seek advice from an appropriate independent professional. Our staff will be happy to cooperate with such advisors and help you to consider counsel in the light of relevant Scriptural principles.

Our Foundation – All Biblical counseling will be conducted in accordance with the staffs understanding of the Scriptures. Your counseling will be biblical counseling in which the Scriptures are, in all cases, the final authority. If you are not sure that you will be interested in biblically-based counseling, you will be given the option of attending one or two sessions to discover what Biblical counseling is like. If you are unwilling to use the Bible as the final authority in Biblical counseling or are unwilling to apply the biblical principles assigned, sessions may be terminated.

Our Prerogative – At any time during the Biblical counseling process, for reason(s) sufficient to him/her, the staff member shall have the option of terminating counseling.

Our Commitment to Confidentiality – Confidentiality is an important aspect of the Biblical counseling process, and our staff will carefully guard the information you entrust to them. To ensure that you are receiving consistent Biblical counsel and support the staff will need to be able to discuss your situation with others such as appropriate leaders of the church you attend, your attorney, if you have one, and/or other individuals involved in your life.

Information disclosed in Biblical counseling sessions will be held confidential to the extent that the staff believes the Bible or the State requires. Absolute confidentiality is not Scriptural; for instance, matters of church discipline (cf. Matthew 18:15ff), or criminal incidents (mandated reporting issues), may require the staff to divulge information to others. The staff will keep records of meetings for the purposes of disclosure and continuity should a change in biblical counselors occur.

Your Commitment to Confidentiality – You too must agree not to discuss our communications with people who do not have a necessary interest in the Biblical counseling process. Furthermore, you must agree that you will not attempt to force any staff to divulge any information acquired during the Biblical counseling process or to testify in any legal proceeding related to the issues discussed during the Biblical counseling process.

Duration – Typically, we offer two to three sessions with our staff. We engage in Biblical counseling and understand that there may be need for therapeutic work done by trained or licensed as psychotherapists or mental health professionals. As such the staff member may recommend referral to another counselor.

Our Fee – All Biblical counseling is done free of charge as a ministry of MVCC. Part of the weekly homework assignments, however, may require the purchase of materials that correspond to the Biblical counseling.

Mediation – On rare occasions a conflict may develop between a staff member and a counselee. In order to make sure that any such conflicts will be resolved in a Biblically faithful manner, we require all of our counsees to agree that any dispute that arises with a staff member or with MVCC as a result of Biblical counseling will be mediated by the church’s elder board. In addition, all counseling notes and records are considered to be the property of the church.

Having clarified the principles and policies of our Biblical counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please feel free to call and speak with a member of the pastoral staff. If these terms are acceptable to you, please sign below.

Signed _____ Print Name _____ Date _____

MOUNTAIN VIEW Community CHURCH
PERSONAL DATA INVENTORY

Please complete this Inventory carefully and thoroughly, and then bring this Inventory along with the Biblical Counseling Agreement to:

Mountain View Community Church
1191 Meadowlark Way
Ramona, CA 92065
760-789-0866

PERSONAL INFORMATION

Today's Date ____/____/____

Name _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____

Age ____ Sex ____ Height ____ Referred for Biblical Counseling by _____

Marital Status (mark all that apply)

- Never Married Single In a relationship Engaged Now Married ____year(s)
 Now Separated ____month(s) Divorced ____time(s) Widowed

Home Phone(____) _____ Work Phone(____) _____ Mobile(____) _____

Email Address _____ Education (last level completed) _____

Other Training (list type and years) _____

Occupation _____ Employer _____ Position _____ Yrs _____

In case of an emergency, please contact: Name _____ Phone (____) _____

MARRIAGE AND FAMILY

Information about Your Spouse (If never married, check here and omit this section)

Spouse's Name _____ Spouse's Age _____

Spouse's Address _____ City _____ State _____ Zip _____

Spouse's Home Phone (____) _____ Spouse's Work Phone (____) _____

Spouse's Mobile (____) _____ Spouse's Email Address _____

Spouse's Education (last level completed) _____ Spouse's Occupation _____

Spouse's Religious Background _____

Has your spouse previously been married? Yes No # of times _____

Information about Your Marriage

If you are married, is your spouse in favor of your coming for counseling? Yes No

If no, please explain _____

Your ages when married: You _____ Spouse _____

Date of Marriage ____/____/____ Length of Steady Dating _____ Length of Engagement _____

Give a brief statement of circumstances of meeting and dating _____

Have you ever been separated? Yes No When? from _____ to _____

Is your spouse willing to come for Biblical counseling? Yes No Uncertain

Rate your marriage: Unhappy Average Happy Very Happy

Give brief information about any of your previous marriages _____

Information about Your Children

Name _____ Age _____ Sex _____ Living? _____ Education _____ Step-Child? _____

Name _____ Age _____ Sex _____ Living? _____ Education _____ Step-Child? _____

Name _____ Age _____ Sex _____ Living? _____ Education _____ Step-Child? _____

Name _____ Age _____ Sex _____ Living? _____ Education _____ Step-Child? _____

Name _____ Age _____ Sex _____ Living? _____ Education _____ Step-Child? _____

Name _____ Age _____ Sex _____ Living? _____ Education _____ Step-Child? _____

Information about Your Parents

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

Is your father still living? Yes No Does he live nearby? Yes No

Father's Religious Affiliation _____ Father's Occupation _____

Describe your relationship with your father _____

Is your mother still living? Yes No Does she live nearby? Yes No

Mother's Religious Affiliation _____ Mother's Occupation _____

Describe your relationship with your mother _____

Have your parents divorced? Yes No

Rate your parent's marriage: Unhappy Average Happy Very Happy

Information about Your Siblings

Number of older brothers _____ older sisters _____ younger brothers _____ younger sisters _____

Rate your childhood: Unhappy Average Happy Very Happy

Have there been any deaths in your family during the last year? Yes No (if yes, please describe) _____

LEGAL

If you have talked with an attorney about your situation, or intend to, please provide:

Attorney's Name _____ Firm _____

Address _____ Phone _____

Has a legal action been filed or is one likely to be filed in this situation? Yes No

If yes, give dates and describe action _____

If you have received advice or counsel from anyone else regarding your situation, please list their name(s) and their relationship to you _____

HEALTH HISTORY

Rate your health: Very Good Good Average Declining Other _____

Do you have any chronic conditions? Yes No What? _____

List significant illnesses, injuries or handicaps _____

Your approx. weight _____ lbs. Weight changes recently? Lost _____ lbs. Gained _____ lbs.

Date of last medical exam _____ Results of examination: _____

Physician's Name _____ Phone(____) _____

Address _____ City _____ State _____ Zip _____

Are you currently taking any prescription or over-the-counter medications? Yes No

Have you stopped taking any medications in the last 3 months? Yes No

If yes to the last 2 questions, please list name(s) and dosage(s) _____

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

If yes, please explain _____

Have you ever been arrested? Yes No If yes, please explain circumstances _____

Do you drink alcoholic beverages? Yes No If yes, how frequently and how much?

Do you drink coffee? Yes No How frequently and how much? _____

Other caffeinated drinks? Yes No How frequently and how much? _____

Do you use tobacco? Yes No What? _____ Frequency? _____

Have you had interpersonal problems on the job? Yes No If yes, please explain

Have you been emotionally distraught? Yes No If yes, please explain _____

Have you seen a psychiatrist or counselor? Yes No If yes, please explain _____

List counselor/therapist and dates _____

What was the outcome? _____

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

Have you ever had hallucinations? Yes No

Do you have problems sleeping? Yes No

How many hours of sleep do you normally get each night? _____

For women: Have you had any menstrual difficulties? Yes No If yes, please explain _____

SPIRITUAL BACKGROUND

Religion: None Christian Jewish Muslim Agnostic Other _____

Denominational preference _____

Church attending _____ Member? Yes No

Church Address _____

Phone(____) _____ Pastor's Name _____

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

Please describe your religious upbringing. _____

Do you believe in God? Yes No Uncertain Why? _____

How often do you pray to God? Daily Weekly Occasionally Never

How often do you read or study the Bible? Daily Weekly Occasionally Never

Would you say you are a Christian, not a Christian, or perhaps in the process of becoming a Christian? _____

Do you believe that when you die, you will be with God eternally? Yes No Uncertain Why? _____

Have you been baptized? Yes No

Explain any recent significant changes in your religious life _____

What is your opinion of the Bible?

I don't know enough about the Bible to have an opinion.

It is a book that contains helpful principles that I am free to follow or disregard as I think best.

It is a book that was inspired by God and that contains helpful principles and instructions I should follow unless I believe there is a good reason to do otherwise.

It is a book that was inspired by God and that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.

Other: _____

Who, if anyone, has the most influence on your religious or spiritual life? (please list their names and their relationship to you) _____

PROBLEM CHECK LIST

Please check all areas of concern or struggle.

- | | | |
|-------------------------------|-----------------------|----------------------|
| Abortion _____ | Divorce _____ | Loneliness _____ |
| Adultery _____ | Drug abuse _____ | Lust _____ |
| Anger _____ | Drunkenness _____ | Marriage _____ |
| Anxiety (worry) _____ | Eating habits _____ | Memory _____ |
| Apathy _____ | Envy (jealousy) _____ | Menopause _____ |
| Appetite _____ | Fear _____ | Moodiness _____ |
| Bitterness (resentment) _____ | Finances _____ | Past memories _____ |
| Change in lifestyle _____ | Grief _____ | Perfectionism _____ |
| Children _____ | Guilt _____ | Physical abuse _____ |
| Communication _____ | Health _____ | Pornography _____ |
| Conflict (fights) _____ | Homosexuality _____ | Rebellion _____ |
| Deception/lying _____ | Impotence _____ | Sex _____ |
| Decision making _____ | Infertility _____ | Sexual abuse _____ |
| Dating/courtship _____ | In-laws _____ | Singleness _____ |
| Depression _____ | Laziness _____ | Suicid _____ |

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

(Before you begin, read all 6 questions so that you can see how to organize your answers)

1. What is the main problem as you see it? (what brings you here for counseling?)
2. What have you done to try to resolve this problem or dispute?
3. What issues or questions do you want to have resolved or answered?
4. What do you want us to do? (what are your hopes and expectations in coming here?)
5. As you see yourself, what kind of person are you? Describe yourself.
6. Is there any other information we should know?

POSITIVE TRAITS INVENTORY
Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating scale: 0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually

- | | |
|--|---------------------|
| _____ Loving | _____ Patient |
| _____ Honest | _____ Considerate |
| _____ Sensitive | _____ Persistent |
| _____ Good father/mother | _____ Punctual |
| _____ Works hard | _____ Disciplined |
| _____ Humble | _____ Resourceful |
| _____ Keeps his/her word | _____ Sincere |
| _____ Dependable | _____ Courteous |
| _____ Does not take advantage of others | _____ Creative |
| _____ Does not use people | _____ Decisive |
| _____ Not an opportunist (waiting for a lucky break) | _____ Efficient |
| _____ Plans ahead | _____ Flexible |
| _____ Knows where he/she is going | _____ Forgiving |
| _____ Fair | _____ Generous |
| _____ Consistent | _____ Frugal |
| _____ Perseveres | _____ Appreciative |
| _____ Admits it when he/she is wrong | _____ Hospitable |
| _____ Teachable | _____ Diligent |
| _____ Objective | _____ Discerning |
| _____ Compassionate | _____ Enthusiastic |
| _____ Cooperative | _____ Courageous |
| _____ Neat | _____ Conscientious |

NEGATIVE TRAITS INVENTORY
Matthew 7:1-5

Rate yourself on each of the following traits. Before each word, put the number from the rating scale which most accurately describes you.

Rating scale: 0 = never 1 = seldom 2 = sometimes 3 = often 4 = usually

- | | |
|--------------------------|--------------------------------------|
| _____ Argumentative | _____ Embarrassing |
| _____ Arrogant/Proud | _____ Fussy |
| _____ Belittles others | _____ Gets the last word |
| _____ Bitter | _____ Rude |
| _____ Blame-shifts | _____ Gossipy |
| _____ Blows up | _____ Greedy |
| _____ Secretive | _____ Un-submissive |
| _____ Brutal/Harsh/Cruel | _____ Hateful |
| _____ Clams up | _____ Holier-than-thou |
| _____ Cliquish | _____ Unreasonable |
| _____ Closed minded | _____ Ignores counsel |
| _____ Complaining | _____ Impatient |
| _____ Conceited | _____ Impractical |
| _____ Greedy | _____ Inconsiderate |
| _____ Sarcastic | _____ Inconsistent |
| _____ Crabby | _____ Indecisive |
| _____ Critical | _____ Indifferent |
| _____ Untrustworthy | _____ Inflexible |
| _____ Deceitful | _____ Insensitive |
| _____ Demanding | _____ Reckless |
| _____ Disobedient | _____ Insulting |
| _____ Domineering | _____ Interrupting |
| _____ Irresponsible | _____ Selfish |
| _____ Jealous | _____ Self-willed |
| _____ Judgmental | _____ Shouting |
| _____ Lazy | _____ Ungrateful |
| _____ Unloving | _____ Snoopy |
| _____ Lying | _____ Makes Excuses |
| _____ Resentful | _____ Wasteful |
| _____ Manipulating | _____ Unforgiving |
| _____ Meddling | _____ Stingy |
| _____ Mischievous | _____ Stubborn |
| _____ Nagging | _____ Suspicious |
| _____ Never Satisfied | _____ Unfair |
| _____ Overambitious | _____ Temper Outbursts |
| _____ Rebellious | _____ Easily offended |
| _____ Overly independent | _____ Thoughtless |
| _____ Perfectionist | _____ Touchy |
| _____ Wishy-washy | _____ Puts off dealing with problems |
| _____ Picky | _____ Unbelieving |
| _____ Possessive | _____ Pushy |
| _____ Procrastinator | _____ Uncooperative |