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DISCIPLESHIP COUNSELING QUESTIONNAIRE

Personal Identification

Mr. Mrs. Miss _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel: (____) _____ Work: (____) _____ Cell: (____) _____

Birth Date: ____/____/____ Age: _____ E-mail: _____

Referred By: _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Education (last year or degree completed): _____

Employer: _____ Position: _____ Years: _____

In case of an emergency, please contact: _____ (____) _____
Name, Relationship Tel: #

Marriage and Family

Spouse: _____ Birth Date: ____/____/____ Age: _____

Occupation _____ How Long Employed?: _____

Home Tel: (____) _____ Work Tel: (____) _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married?: _____ Who?: _____
Have you ever been separated?: _____ Filed for divorce?: _____

Information about children

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Education (last year or degree completed)</u>	<u>Step-Child?</u>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Describe your relationship to your father:

Describe your relationship to your mother:

Number of Siblings: _____ Your sibling Order: _____

Are you parents living?: _____ Do they live locally?: _____ Did you live with anyone other than parents?: _____ If yes, who?: _____

Health

Describe your health: _____

Do you have any chronic conditions?: ____ What? _____

List important illnesses and injuries or handicaps: _____

Date of last medical exam?: _____ Report: _____

Physician's name and address: _____

Current medication(s) and dosage: _____

Have you ever used drugs for other than medical purposes?: ____ If yes, please explain: _____

Have you ever been arrested?: _____ Do you drink alcoholic beverages?: ____ If yes, how much
and how frequently?: _____

Do you drink coffee?: ____ How much and how frequently?: _____

Other caffeinated drinks?: ____ How much and how frequently?: _____

Do you smoke?: ____ What?: _____ Frequency: _____

Have you ever had interpersonal problems on the job? ____ If yes, please explain: _____

Have you ever had a severe emotional upset?: ____ If yes, explain: _____

Have you ever seen a psychiatrist or counselor?: ____ If yes, explain: _____

Are you willing to sign a **Release of Information Form** so that your counselor may write for social,
psychiatric, or other medical records?: ____

SPIRITUAL

Do you believe in God?: _____ Do you pray?: _____ Do you believe you are a Christian?: _____

Have you been baptized? _____

How often do you read the Bible? Never Occasionally Often Daily

Denominational preference?: _____

Church attending: _____ Member?: _____

How often do you attend church?

Never Occasionally Once or twice a month Weekly More than once a week

Explain any recent changes in your religious life: _____

Women Only

Have you had any menstrual difficulties?: _____ Do you experience tension, tendency to cry, or other symptoms prior to your cycle?: _____ If yes, please explain?: _____

Is your husband willing to come for counseling?: _____ Is he in favor of your coming?: _____ If no, please explain: _____

PROBLEM CHECK LIST – PLEASE CIRCLE ANY THAT APPLY:

Anger	Depression	Loneliness
Anxiety	Drunkenness	Lust
Apathy	Drugs	Lying
Appetite	Envy	Memory
Bitterness	Fear	Moodiness
Changes in lifestyle	Finances	Perfectionism
Children	Gluttony	Rebellion
Communication	Guilt	Sex
Conflicts (fights)	Health	Sleep
Deception	Homosexuality	Wife Abuse
Despair	Impotence	Vice
Decision Making	In-Laws	Other

(2) **Our Framework** – The discipleship counseling received here is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors are trained or licensed psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists. Biblical counseling will be provided by one of the pastors or trained disciplers supervised by a pastor. We strongly encourage same gender counseling.

Some counseling at GBC is provided as part of discipleship counseling training. To facilitate both counseling and training, the discipler may have one to two people assisting him / her in each counseling session.

(3) **Our Focus** – Our focus is to deal with issues within the scope of biblical parameters. We are confident that the Bible contains all necessary information for life and godliness (II Peter 1:3) either in general or specific principles. While our counselors do not pretend to know all there is to know about biblical teaching and its application to life, they do know much and will do their utmost to help you.

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

(4) **Our Foundation** – All discipleship counseling will be conducted in accordance with the counselor's understanding of Scriptures. 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 counseling, or are unwilling to apply the biblical principles assigned, sessions may be terminated.

(5) **Our shared Prerogative** – At any time during counseling, for reason(s) sufficient to him / her, the discipleship counselor, or counselee, shall have the option of terminating counseling.

(6) **Confidentiality** – Information disclosed in counseling sessions will be held confidential to the extent that the counselor believes the Bible or the State requires. Absolute confidentiality is not scriptural; for instance, matters of church discipline (cf. Matt. 18:15ff) or criminal incidents, may require one to disclose facts to others.

(7) **Our Fee** – All discipleship counseling is done free of charge as a ministry of GBC. Counselees will be asked to attend church services and part of the weekly homework assignments may require the purchase of materials that correspond to the counseling.

(8) **Mediation** – On rare occasions a conflict may develop between a discipleship counselor 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 counselees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be mediated by GBC's elder board.

Having clarified the principles and policies of our 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 talk with an elder. If these guidelines are acceptable to you, please sign below.

Signed: _____

Date: _____

Print Name: _____