**HOPE Ministries Introductory Form**

HOPEMinistriesTN@gmail.com



SECTION I – OVERVIEW

*We welcome your interest in HOPE Ministries, and we are thankful that God has given you the desire to walk more closely with Him!*

*Before you share your personal information with us in the latter pages of this packet, it's very important that you have a clear understanding of* ***who we are*** *(and aren't), as well as* ***what we do*** *(and don't do). To that end, this first section covers those topics. The second section pertains to* ***confidentiality*** ***and privacy*** *related to our services, and the third section is* ***your detailed agreement*** *to our process and related policies.*

*We ask that you* ***carefully read each portion*** *of these sections before signing as your agreement, and we invite you to contact us with any questions or concerns.*

**Biblical Counseling**

The Lord Jesus Christ is at the center of what do we do at HOPE. This ministry of the gospel of Jesus is sometimes known as intensive discipleship, soul care, shepherding, pastoral counseling, or spiritual friendship/direction/guidance; it is part of each HOPE Counselor’s practice of religion.

We believe the Bible provides sufficient guidance and instruction for faith, life, and godliness; therefore our counseling is based on biblical principles (2 Timothy 3:16-17, 2 Peter 1:3).

* It involves listening, comforting, teaching, encouraging, preparing, warning, admonishing.
* Its purpose is to guide you into a deeper understanding of both the God of the Bible and your personal relationship with Jesus Christ, our loving and gracious Lord.
* Its end goal is a transformed and joy-filled life that honors God and reflects His love and grace, as you grow progressively more like Jesus in attitude, thought, and action (Romans 8.29).

Specific areas of godliness in which biblical counsel may be provided include, but are not limited to: meeting the challenges of life in a broken world; increasing in true worship; applying the gospel and God's sufficiency daily; shedding the sin that so easily entangles; learning to develop, cultivate, and live in relationships that please God; giving thanks to God in all circumstances; living in a community of other believers through participation in a local church; and learning to rely on the Holy Spirit for power and direction through prayer and Bible study.

This type of spiritual discipleship is different from secular forms of counseling, including social work, psychology, and psychiatry. It is *biblically based* and is not provided in adherence to any local or national psychological or psychiatric association or therapy.

**Biblical Counselors**

HOPEcounselors want to help you love God and love others through this process. Each of us has extensive theological and discipleship training, and all have completed the requirements of at least one international biblical counseling certifying association.

We are biblical counselors; we are not licensed professional counselors, marriage and family therapists, mental health counselors, psychoanalysts, psychologists, nor clinical social workers; and we are not acting in such capacities. Some of us at HOPE Ministries may be in professional fields outside of HOPE. When serving at HOPE Ministries, however, we do not provide the same kind of professional advice/services as we do when hired in our professional capacities.

**Assignments**

Because you will progress more rapidly when focused on biblical principles in your everyday life, specific informational and/or behavioral assignments will be tailored to apply Scripture to your individual situation.

**Open Sharing**

We encourage all who come to speak freely in an appropriate fashion and to discuss thoughts, anxieties, and fears so we can clearly understand core problems.

SECTION 2 – CONFIDENTIALITY/PRIVACY

At HOPE Ministries, all of us believe that confidentiality and privacy are an important part of the process, so we are careful to protect both. This notice describes how information about you may be used and disclosed, as well as how you can access it. Please review the information below carefully.

As much as we desire confidentiality, there are times when it may be necessary or prudent (as determined by your counselor’s sole discretion) for your counselor to share information with others. By signing below, you agree that your counselor may share information in at least the following circumstances:

* Counselors, elders, and/or pastors of your church or another church must be consulted for advice (Proverbs 11:14, 24:6).
* Information is revealed which indicates a genuine potential for harm to you or to others. Being obligated by conscience and in some cases by the laws of this state, we may be required to share with the appropriate authorities and/or family members any information that raises suspicion of abuse (child, sexual, violent, etc.), illegal activities, intent to harm oneself, and/or intent to harm another person.
* We believe it is in the best interest of a minor counselee to disclose information to the parent(s) and/or authorities (Ephesians 6:1-4).
* A person persistently refuses to renounce a particular sin or to confess it to those impacted by it. In that case, it may become necessary to seek the assistance of others in the church to encourage repentance and reconciliation (Proverbs 15:22; 24:11; Matthew 18:15-20).

Additional issues involving privacy are as follows:

* Your name, address, phone number, email address, religious information, and other protected information may be released only after receiving a dated, written authorization from you for each instance of release, stating the specific information to be released and to whom. Some exceptions are listed above on this page.
* You may be contacted by HOPE Ministries by mail, email, text, or phone (or message left on an automated answering device) to remind you of appointments, verify information, etc. You have the right to request a more confidential way of providing your protected information or an alternative communication method. HOPE Ministries will try to honor all reasonable requests.
* You may be contacted by HOPE Ministries for the purpose of raising funds to support HOPE’s operations, and we will provide information on how to opt out of receiving future fundraising communications.
* You have the right to request a restriction on the use of your protected information. However, HOPE Ministries may choose to refuse your restriction if it is in conflict with this Confidentiality/Privacy statement.
* You have the right to receive a copy of this Confidentiality/Privacy statement upon request. The copy can be in the form of an electronic transmission or on paper.

HOPE Ministries seeks to keep all counselee information protected and will abide by the terms of the statement currently in effect. HOPE Ministries reserves the right to make changes to this statement and to make new notice provisions effective for all protected information that we maintain. Changes to this statement will be available to you at your next visit to HOPE Ministries.

You are encouraged to complain to HOPE Ministries if you believe your rights to privacy have been violated. All complaints will be investigated. Handling such a complaint biblically may involve sharing information with an assisting local church shepherd and/or the appropriate person within the Association of Certified Biblical Counselors (ACBC) for complaint resolution purposes. If you think your privacy rights have been violated, please send your written complaint to HOPE Ministries at hopeministriestn@gmail.com.

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

By signing this form, I/we hereby acknowledge that:

\* HOPE Ministries has offered me/us a copy of this Confidentiality/Privacy statement, which   
 explains how my/our protected information will be handled in various situations.

\* HOPE Ministries has given me/us the chance to discuss my/our concerns and questions about   
 any of the policies, including the Confidentiality/Privacy statement of my/our protected information.

\* I/we understand and agree with all the terms of this Confidentiality/Privacy statement.

**Signature(s)**: **Date**:

(Typing your full name will be considered your signature.)

SECTION 3 – INFORMED CONSENT CONTRACT

*After carefully reading each policy below, please place your initials in the space provided to indicate your* ***full understanding of and agreement with that policy****. If you have questions, please contact us before we meet.*

1. I/we, my/our family, and/or those legally under my/our guardianship are voluntarily seeking biblical counseling as part of our practice or pursuit of religion; and we desire it to be based upon the Bible, with the goal of glorifying God and loving others, leading to grace-filled, godly living. X\_\_\_\_\_
2. If I am (we are) unwilling for the Bible to be the final authority in counseling, I/we should carefully consider whether to pursue this counseling. X\_\_\_\_\_
3. The biblical advice my/our HOPE counselor provides is intended to be practical and applied to everyday life; it is entirely my/our decision whether and how to implement that advice. X\_\_\_\_\_
4. HOPE counselors desire to optimize the use of my/our time, as well as theirs. Therefore – as they are accountable to our God, to their church, and to fellow believers – I/we commit to being accountable to God and to my counselor for wholehearted participation. X\_\_\_\_\_

* If I/we need to cancel a meeting for a legitimate reason, I/we will communicate at least 24 hours ahead. In respect of the time and preparation involved, as well as others who could have had this time slot, if I/we fail to communicate 24 hours in advance (except in an emergency), I/we will pray about the amount the Lord would have me/us donate. X\_\_\_\_\_
* I/we will complete the weekly assignments; otherwise the meeting might not be held. X\_\_\_\_\_
* I/we will purchase any books or materials for homework assignments that my/our counselor deems necessary. X\_\_\_\_\_
* I/we will consistently attend a worship service at a Bible-believing, -teaching, and -practicing church, and preferably at least one other Bible study / service / small group during the week while I am (we are) meeting with my/our biblical counselor(s) at HOPE Ministries. X\_\_\_\_\_

1. The counseling process will vary in the amount of time required for each individual according to motivation, the amount of time spent on homework, and the particular situation. On average, biblical counseling requires less time than licensed, secular counseling. Simple problems may be solved in a short period of time; complex situations require more time. When multiple people are involved in the process, as frequently happens when dealing with marriage and/or family issues, 15 to 20 meetings or more may be required. Substance abuse and addiction problems may require many more meetings, with intensive accountability and follow up. X\_\_\_\_\_
2. HOPE invites me/us to discuss possible outcomes, challenges, and alternative options regarding counseling; to receive an estimate of the goals and predicted length of the counseling; and to explore any other questions with my counselor and/or the administrator. X\_\_\_\_\_
3. HOPE Ministries is unable to provide childcare services. X\_\_\_\_\_
4. Since HOPE Ministries is a training ministry, I/we consent to team counseling and/or observation by interns-in-training during our meetings, as they are under the same confidentiality guidelines as defined herein.­ X\_\_\_\_\_
5. We at HOPE encourage you to pray and ask the Lord what to donate. Each person is asked to contribute based on the suggested sliding scale below. If you cannot offer that amount financially or in kind, if your church cannot help with a contribution, or if you have questions, please discuss with the HOPE Ministries staff. (We may need to limit the number of meetings.) This is a faith-based ministry. We accept cash, Zelle, and checks; checks are to be written to B.A.S**.** (Business Administration Services**)**. The donation is not tax deductible. X\_\_\_\_
6. Please highlight or circle the amount you would like to donate each meeting:

|  |  |  |
| --- | --- | --- |
| Annual Family Income | Meeting Contribution | First Meeting Administrative Fee: $20 |
| Up to  $60,000 | $60 | 1st meeting: donation + $20 admin fee = $80 |
| Up to  $80,000 | $80 | 1st meeting: donation + $20 admin fee = $100 |
| Up to   $100,000 | $100 | 1st meeting: donation + $20 admin fee = $120 |
| Up to   $120,000 | $120 | 1st meeting: donation + $20 admin fee = $140 |
| Up to  $140,000 | $140 | 1st meeting: donation + $20 admin fee = $160 |
| Up to  $160,000 | $160 | 1st meeting: donation + $20 admin fee = $180 |
| Over   $200,000 | $180 | 1st meeting: donation + $20 admin fee = $200 |

1. While I/we may provide remuneration for the ministerial services provided by HOPE, such remuneration does not change this relationship from a religious to a “professional” or “fiduciary” relationship. X\_\_\_\_\_
2. HOPE counselors do not provide legal, tax, financial, medical, or other technical or professional advice; and we do not take responsibility for recognizing or offering an opinion as to when such advice is actually needed. Should you seek advice on legal, medical, or other technical questions from independent and licensed professionals, we will cooperate with such advisors and help you to consider their advice in light of relevant scriptural principles. X\_\_\_\_\_
3. I/we agree that either party may terminate our meetings for any reason, understanding that doing so will not preclude the counselor from making the disclosures described in the Confidentiality/Privacy statement if deemed appropriate or if compelled by other legal means. My/our biblical counselor may terminate services for noncompliance with the plan of care and/or agreed-upon administrative issues, failure to keep or cancel appointments in a timely fashion, violent behavior, threats of violence, involvement in criminal behavior, or for other issues which would hinder my/our growth in the grace and knowledge of the Lord. X\_\_\_\_\_
4. On rare occasions, a conflict may develop between a counselor and counselee. In order to ensure that any conflict will be resolved in a biblically faithful manner (since the Bible prohibits lawsuits in court among believers: 1 Corinthians 6:1-8), I/we agree that if a conflict arises, the conflict will be resolved entirely according to the ACBC dispute resolution proceedings which are then operative. That conflict resolution policy may be found at the following website: https://biblicalcounseling.com/about/contact/member-complaint-case-policy/. X\_\_\_\_\_
5. If any provision of this agreement shall be held invalid, illegal, or unenforceable, only that provision shall be stricken; the remaining of the agreement shall be in no way affected. X\_\_\_\_\_
6. Due to the litigious nature of current society, HOPE Ministries asks each person to agree to the following release:

I/we recognize that the role of HOPE’s counselors is to assist me/us in hearing and understanding God’s Word and His will in the matters we discuss. I/we agree there shall be no legal or other liability that attaches to the counselor or any related institution or person for any advice, methods, conduct, or any act of omission related in any way to the service that is provided. Records related to meetings are not required to be made; but if records are made, they may be destroyed without incurring liability. *By signing this document, I/we irrevocably waive any right that I/we might have to a trial by jury or judge in a judicial proceeding*. X\_\_\_\_\_

I/we affirm the accuracy of the information provided herein. I/we have **read**, and I/we **understand** and **agree** with, all the information and conditions set forth in this document, including the previous pages: Overview and Confidentiality/Privacy. X\_\_\_\_\_

**Signature(s)**: **Date**:

(Typing your full name will be considered your signature.)

###### PERSONAL INFORMATION FORM

*Please complete the entire form.*

*Please fill in all blanks; highlight or* ***bold*** *options you select.*

## **IDENTIFICATION INFORMATION**

Date:

Name:

Cell Phone: May we leave a voicemail here? Yes No

Email:

Address (Home):

City, State, Zip:

Occupation: Average Hours/Week:

Name of company:

Phone (Work):

Sex: (M) (F)

Age: Birthdate:

Referred by: Email:

Education (last year you completed, grade, degree):

Other training (list type and years; include any degrees):

Scheduling: What specific days/times are you available to meet?

### HEALTH INFORMATION

Rate your health: Very Good Good Average Declining Other

Height: Approximate weight: Weight changes recently: + \_\_\_\_ - \_\_\_\_

Please list all important present or past illnesses, injuries, disabilities, or handicaps:

Your physician:

Date of last medical examination: Report:

Are you presently taking medication? Yes No List each medication and what it treats:

|  |  |
| --- | --- |
| Medication: | What it treats: |

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

Which drug(s)?

Have you ever had an abortion? Yes No When?

Have you ever thought of committing suicide? Yes No When?

Have you ever been arrested/convicted? Yes No When?

How many hours/night do you regularly sleep?

Have you recently suffered the loss of someone who was close to you? Yes No

Please explain:

Have you ever been sexually or physically abused? Yes No

Please answer the following questions. Use as much space and write as much as you are comfortable explaining. The more information we know ahead of time, the less of your time will be needed and the more our thoughts can be organized. (Feel free to add additional sheets.)

1. What brings you here? Please be specific about the problems you are experiencing.
2. What have you done about this situation (most effective and least effective)?
3. What are your expectations in coming here? What do you want us to do?
4. Is there any other information we should know?

**MARRIAGE and FAMILY INFORMATION**

(Please highlight or **bold** all that apply or complete the blanks.)

Marital Status: Single Engaged Married Separated Widowed

Divorced If divorced, how many times?

Current Living Situation: Alone w/Parent(s) w / Spouse w / Children

w/Roommate w/Boyfriend w / Girlfriend

Please give brief information about any previous marriages:

If you are presently married:

Name of Spouse:

Address:

Occupation: ­­­­­­­­ Name of company:

Cell phone: Work:

Your spouse’s age: Education (in years): Religion

Is your spouse willing to come? Yes No Uncertain

Is your spouse in favor of your coming? Yes No If not “Yes,” please explain:

Have you ever been separated? Yes No When? How long?

Has either of you ever filed for divorce? Yes No When?

Date of marriage: Your ages when married: Husband: Wife:

How long did you know your spouse before marriage?

Did you have premarital counseling? Yes No If yes, how many sessions?

**INFORMATION ABOUT CHILDREN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Age | Sex | Education | Marital Status | Personality/character | Living? |

## **RELIGIOUS BACKGROUND**

Denominational preference:

Church: Member? Yes No

How often do you attend per month? 0 1 2 3 4 5 6 7 8 9 10+

What church did you attend as a child? Baptized? Yes No Uncertain

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you believe Satan exists? Yes No Uncertain

Have you ever “dabbled” with the “occult”? Yes No Uncertain

(Seances, devil worship, witchcraft, Ouija board, horoscopes, etc.)

Do you pray to God? Yes No Never Occasionally

Would you say you are a Christian? Yes No Still in process?

If you are a Christian, describe briefly when, how, where, etc. you became a Christian:

Have you ever made a profession of faith in Jesus Christ (confessed you are a sinner and asked Him to be your Lord and Savior)? Yes No Not certain what you mean

How often do you read the Bible? Never Occasionally Often

Do you have regular devotions? Yes No Not sure what you mean

Please explain recent changes in your religious life, if any:

**PERSONALITY INFORMATION**

Have you undergone any kind of counseling before? Yes No

If yes, please complete the chart below, listing counselors/psychologists/psychiatrists/therapists/pastors:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | Duration | Counselor | Reason for Counseling | Was it beneficial? | What was the outcome? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

What, if anything, do you fear?

Have you recently suffered a loss from serious social, business, or other reversals, etc.? Yes No Explain:

**Highlight or BOLD** any of the following words which best describe you now:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Godly | Ethical | Hypocritical | Strict | Angry | Abusive | Good-natured |
| Irresponsible | Cruel | Uneducated | Proud | Moody | Active | Self-conscious |
| Quiet | Persistent | Anxious | Hardworking | Impatient | Impulsive | Embarrassing |
| Often blue | Likable | Excitable | Imaginative | Calm | Serious | Lots of friends |
| Easy-going | Shy | Ambitious | Introvert | Extrovert | Leader | Self-confident |
| Hard-boiled | Submissive | Lonely | Humorous | Sloppy | Whiner | Self-disciplined |
| Selfish | Sensitive | Failure | Success | Unreasonable |  |  |

Are there other words that would help you to describe yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Highlight or BOLD** all the words that describe why you are coming**:**

Grief Suicidal thoughts Relationship w/parents Loss of self-respect Fear

Loneliness Anxiety Relationship w/children Loss of love Nervousness

Depression Marriage problems Sexual concerns Loss of faith in God Anger with God

Abuse Homosexuality/SSA Trauma Loss of faith in others Self doubt

Guilt Lust Religious doubts/fears Loss of hope Anger

Worry Premarital Loss of meaning Abuse (sexual, physical, emotional)

Is there any other information that would help us to help you?

## **MEDIA & ENTERTAINMENT**

How much time do you spend on television, gaming, and/or social media each day? hours

Please list favorite programs, games, and/or social media:

What is your favorite type of music/entertainers?

## **BIO-PSYCHOLOGICAL INFORMATION**

Have you ever felt people were watching you? Yes No

Do people’s faces ever seem distorted? Yes No

Do you ever have difficulty distinguishing faces? Yes No

Do colors ever seem too bright? Yes No

Have you ever had hallucinations? Yes No

Are you plagued by fears? Yes No

Do you have problems sleeping? Yes No

Do you hear voices? Yes No

## **PERSONAL BEHAVIORAL HABITS**

Do you drink coffee or other caffeinated drinks? Yes No How much per day?

Do you smoke? dip? chew? vape? etc.? Yes No Which? How much/day?

Do you explode when you get angry? Yes No

Do you withdraw when you get angry or hurt? Yes No

Do you frequently argue with other people? Yes No

Do you drink alcohol? Yes No How much per day? ­­­­­­­­­­­­­­­­­­­­­­­

Do you use drugs? Yes No What kind, how much, when? *OPTIONAL PART II:*

### FAMILY AND CHILDHOOD INFORMATION

**Highlight or BOLD** the words to describe your parents *when you were young* (not necessarily now)**:**

How would you characterize your **Father** (when you were young)?

Godly Ethical Hypocritical Strict Angry Unreasonable

Abusive Irresponsible Cruel Uneducated Proud Embarrassing

Ambitious Selfish Persistent Anxious Hard-working Impatient

Impulsive Moody Often blue Excitable Imaginative Calm

Serious Easy-going Lots of friends Introvert Self-confident Extrovert

Likable Leader Quiet Hard-boiled Submissive Self-conscious

Lonely Sensitive Humorous Sloppy Whiner Self-disciplined

Failure Successful Well-groomed Shy Active Good-natured

Other:

How would you characterize your **Mother** (when you were young)?

Godly Ethical Hypocritical Strict Angry Unreasonable

Abusive Irresponsible Cruel Uneducated Proud Embarrassing

Ambitious Selfish Persistent Anxious Hard-working Impatient

Impulsive Moody Often blue Excitable Imaginative Calm

Serious Easy-going Lots of friends Introvert Self-confident Extrovert

Likable Leader Quiet Hard-boiled Submissive Self-conscious

Lonely Sensitive Humorous Sloppy Whiner Self-disciplined

Failure Successful Well-groomed Shy Active Good-natured

Other:

Where did you grow up? City, State: Population:

Urban area Suburban area Small town Rural area Farm

What was your family’s economic situation when you were a child?

Extremely poor Poor Lower middle income Middle income

Higher middle income Wealthy Extremely wealthy

Were you ever sexually abused by anyone? No Yes

If yes, please detail. Were you abused by: a relative a stranger a neighbor

a church leader a teacher Other:

How old were you at the time?

Was the person who abused you prosecuted?

What is your happiest memory of your childhood?

What is your unhappiest memory of your childhood?

Did you experience a major trauma when you were a child? If yes, please detail:

* At home:
* At school:
* At neighbor’s home:
* At relative’s home:
* Other:

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

How many siblings do you have? Older brothers: Older sisters:   
 Younger brothers: Younger sisters:

If twin, identical? Twin brother: Twin sister:

Are you on good terms with your: Mother Father Brother(s) Sister(s)

Please list the people that you hate or are extremely angry with, and the reasons:

**Highlight or BOLD** the kind of home you grew up in—please note all that apply.

* Traditional (Father, Mother, Kids)
* Authoritarian (Parent(s) made all rules without discussion, allowing no other opinions)
* Divorced: Who did you live with? Mom Dad Other
* Alcoholic: Homeless Functional, but affected Dysfunctional effect on family
* Drug Affected: Cocaine Heroin Marijuana Meth Other
* Perfectionist: Everything had to be done just right to please: Mom Dad Both
* Critical: Frequent remarks about the negatives with little praise for good: Mom Dad Both
* Affectionate: Demonstrative with hugs, kisses, etc.: Mom Dad Both

Affection there, but not openly shown: Mom Dad Both

* Emotional: Crying allowed, but controlled: Mom Dad Both

Anger, screaming freely allowed: Mom Dad Both

Repressed: emotions not allowed to show: Mom Dad Both

Parents showed emotion, but kids were not allowed to do so: Mom Dad Both

* Religious: In name only Strict Negative Hypocritical Genuine happy experience
* Stepfamily: Which of your parents remarried? Mom Dad

Did you live with stepbrothers? Yes No

Did you live with stepsisters? Yes No

* Abusive: In what way? Sexual Physical beatings Emotional Verbal Other (please explain)

## WOMEN ONLY

Do you customarily have menstrual difficulties?

Please list/describe symptoms prior to your cycle, such as tension, tendency to cry, etc.