

Biblical Counseling

Please Note: All information is kept confidential. You should receive a call to schedule an appointment from someone within 7 days upon return of this form.

Date: _____

Full Name: _____

Gender: Male Female

Birth Date: ____/____/____ Age: ____

Address: _____

City, State & Zip: _____

Email: _____

Primary Contact Number: (____) _____

Occupation: _____

Current Living Situation: _____

Marital Status

Marital Status Single Engaged Married Separated Widowed Divorced

If separated, widowed, or divorced, how long? _____

If married, your spouse's name: _____

How long have you been married? _____

Have you received pre-marital counseling? Yes No

If you've been married previously, how long? _____

If you have children, please complete this section:

Child 1 Full Name: _____ Male Female Age: _____

Child 2 Full Name: _____ Male Female Age: _____

Child 3 Full Name: _____ Male Female Age: _____

Child 4 Full Name: _____ Male Female Age: _____

Emotional Status

Emotionally, I often do you struggle with: Anger Depression Fear
Suicidal Thoughts Mood Swings Anxiety Attacks Breakdowns Confusion

Other emotional issues: _____

Have you had any previous, or present, counseling? Yes No

If yes, what was the counsel given? _____

Are you in a doctor's care for any physical or emotional issues? Yes No

With whom and for what? _____

Do you take any medications? Yes No

If so, please list: _____

Have you ever been in a mental or psychiatric facility? Yes No

If yes, for what reason(s): _____

Family History

Who parented you during your early childhood and adolescent years? _____

Describe the emotional climate of your family life: _____

Do you have blank/gap periods in your memories growing up? Yes No

Describe any family alcohol and/or drug use: _____

Parents: Married Divorced Separated

If applicable, how did the divorce/separation happen and what age were you: : _____

Legal/Social

Have you ever been arrested, charged, or convicted for any criminal offense? Yes No

If yes, what? _____

Have you ever been refused entrance into a group or organization? Yes No

If yes, why? _____

Have you ever (or currently) used alcohol? Yes No

If yes, frequency? _____

Areas of Past and Present Struggle

Check if you have experienced these:

- Pornography
- Self-Injury/Abuse
- Anorexia/Bulimia/Compulsive Over-Eating
- Co-Dependency
- Compulsive Sexual Behavior/Promiscuity
- Confusion/Insecurity in Gender
- Emotional Dependency
- Sexual Addiction
- Unwanted Fantasies
- History of Verbal Abuse
- Occult Affiliations
- Prescription Drug Abuse
- Illegal Drug Abuse
- History of Sexual Abuse – By whom (relationship)? _____

What ages? _____ What did you do? _____

Please give a brief explanation as to why you are requesting counseling today: _____

What do you wish to gain from this counseling session: _____

RELEASE OF LIABILITY AND CONFIDENTIALITY AGREEMENT FOR BIBLICAL COUNSELING

I, _____, enter into this Agreement with Light in Darkness Ministries, to confirm in this Agreement with conditions of my participation in biblical counseling to be performed by the pastors or lay counselors of Light in Darkness Ministries.

I acknowledge that I have voluntarily agreed to participate and request biblical counseling from the pastors or lay counselors of Light in Darkness Ministries and I enter into this agreement on my own free will.

I acknowledge that it is my responsibility to ascertain my own need for professional counseling or therapy and to seek such professional services, as needed. I am aware that my participation in biblical counseling is not to be construed as a substitute for psychiatric treatment, psychotherapy, therapeutic counseling, or any other form of professional counseling or therapy.

I am voluntarily participating in biblical counseling and I accept complete responsibility for my own psychological, mental, emotional, social, and spiritual wellbeing.

In consideration of my voluntary participation in biblical counseling, I, on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives release, discharge, waive and forever relinquish Light in Darkness Ministries (including its agents, employees, volunteers, officers, directors, and any members of the Light in Darkness Ministries staff) from any and all claims, known or unknown, arising from or in any way connected with my participation or involvement in biblical counseling including but not limited to, any information provided to me or statements made during such biblical counseling.

Further, I, on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives, release, discharge, waive, and forever relinquish any actions or causes of action whatsoever which may later arise, and I agree that under no circumstances will I or my assigns, heirs, executors, guardians and other legal representatives, prosecute or present any claims against, sue or seek to attach the property of Light in Darkness Ministries including (Light in Darkness Ministries' agents, employees, volunteers, officers, and directors and any other members of the Light in Darkness Ministries staff) and that I waive all actions, claims, or demands that I now or hereafter may have, for any injuries suffered by me during my participation or involvement in biblical counseling, resulting from any acts or omissions by Light in Darkness Ministries or any of its agents, employees, volunteers, officers or directors or resulting from the acts or omissions of any other participant in biblical counseling.

I, for myself, and my assigns, heirs, executors, guardians and other legal representatives, hereby agree that in the event any claim for damages shall be prosecuted against Light in Darkness Ministries (or its agents, employees, volunteers, officers, and directors or any other members of the Light in Darkness Ministries staff) as a result of my acts or omissions, that I, or my estate, shall indemnify and save harmless Light in Darkness Ministries' staff its agents, employees, volunteers, officers, and directors or any other members of the ministry staff, from any and all claims or causes of action by whomever and wherever made or presented for damages including the cost and expense of defending the same.

I UNDERSTAND AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY CONSTITUTES A COMPLETE WAIVER OF MY RIGHT TO SUE AND COLLECT DAMAGES FROM Light in Darkness Ministries (INCLUDING ITS AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, AND DIRECTORS, OR ANY OTHER MEMBER OF THE Light in Darkness Ministries STAFF) REGARDLESS OF WHETHER Light in Darkness Ministries (INCLUDING ITS AGENTS, EMPLOYEES, VOLUNTEERS, OFFICERS, AND DIRECTORS, OR ANY OTHER MEMBER OF THE Light in Darkness Ministries STAFF) ACTED NEGLIGENTLY.

I further acknowledge and understand that any informal information provided during biblical counseling or any other statement made during the counseling session(s) shall be considered confidential and shall not be disclosed except as required by law.

If any portion of this release of liability agreement declared invalid or unenforceable by a final judgment of a court of competent jurisdiction, I hereby agree that such determination shall not affect the balance of this release as liability agreement, but this release of liability agreement shall remain in full force and effect, as such invalid portion shall be deemed severable.

I represent and warrant that I have carefully read this Agreement and fully understand its contents, terms and significance and understand the legal consequences of signing this Agreement. I am aware that this Agreement contains a release of liability and a contract between Light in Darkness Ministries and myself and I sign this Agreement of my own free will.

Date

Participant's Name (Please Print)

Participant's Signature

Submit all 6 pages to connect@lightindarkness.com

If you have any questions regarding this form, please call (855) I C LIGHT.