



## Counseling Agreement Form

NOTE: Each individual being counseled must read and agree with all of the statements on this form and indicate their agreement by signing and dating this form prior to the first counseling session. Individuals under the age of 18 years must have parental or legal guardian consent, and the parent or guardian must also cosign this form prior to the first counseling session.

New Path CCS  
1011 S. Indiana  
Goshen, IN 46526

Ph: (574) 533-3139  
Fx: (574) 533-3130  
church@fbcgoshen.org  
www.fbcgoshen.org

Print Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING!

- A. New Path Christian Counseling Services, Ilc. (for the rest of this form identified as NPCCS) is a not-for-profit - IRS code 501(c)(3) - limited liability corporation (Ilc.) that is affiliated with the First Baptist Church of Goshen, Indiana, and uses the Church facilities at 1011 S. Indiana Ave., Goshen, Indiana, for its counseling operations. NPCCS owns no property other than the NPCCS triangle, tree and path logo. NPCCS maintains no bank accounts and operates solely through donations from the First Baptist Church and private donors.
- B. All NPCCS Counselors, Greeters and other Staff, volunteer their services to NPCCS. They receive no monetary wage, salary, remuneration or stipend from NPCCS nor the First Baptist Church of Goshen, IN, for their services. Although all of the counselors have received adequate levels of training in Biblical counseling and discipleship, and some may possess degrees in psychology, psychiatry, and/or counseling, none of the counselors make any claim to being professional or para-professional psychological or psychiatric counselors. As such, the counsel offered by all NPCCS counselors is purely personal and voluntary in response to the issues presented to them. By signing this agreement form, the individual named above, and the cosigner if this form is cosigned, acknowledges that the counselors and staff of NPCCS are functioning as volunteer counselors and not as professional or para-professional psychological or psychiatric counselors, and as such agrees to make no liability, monetary or legal claim or charge against the counselors or staff of NPCCS in the event that the counsel offered does not meet the perceived or desired outcomes of the individual named above, and/or those of the cosigner if this form is cosigned.
- C. There is no charge for the counseling offered at NPCCS. The individual named above comes voluntarily for counseling and assumes all liability and responsibility in the event that the counsel given does not meet the perceived or desired outcomes of the individual. If this form is cosigned the cosigner also assumes all liability and responsibility in the event that the counsel given does not meet the perceived or desired outcomes of the individual and/or cosigner.
- D. Most counseling sessions will be conducted by a team of two (2) counselors. At times, for educational and/or counselor evaluation purposes, other NPCCS staff members, student counselors, and/or other NPCCS approved observers will be allowed in the counseling sessions to observe the counseling process. By signing this form the individual named above (and the cosigner, if this form is cosigned) acknowledges and agrees that up to two (2) counselors, plus up to two (2) observers may be in any or each counseling session.
- E. The purpose of Biblical counseling is to discover and resolve problems that come into our lives that keep us from living and functioning as God created us. We believe that the Holy Bible, God's Word, has all of the answers to life's problems and can bring peace, joy and fulfillment into anyone's life when a person lives by its counsel, (2 Timothy 3:16-17). So NPCCS counseling will always be based on the teachings of and conformity of our thinking and living to the truths taught in Holy Bible. We call this type or model of counseling Nouthetic Counseling. The word nouthetic comes from the biblical Greek word *nouthetéo* [νουθετέω], which means "to put into mind" (Colossians 1:28; 3:16-17). Hence the counseling offered at NPCCS is intended to integrate God's Word into a person's mind so that he/she can think about their problem God's way and then obey God's Word in relation to their problem. The process of nouthetic counseling would then be the recipient changing their thinking and living life daily to conform more to God's Word and as such more pleasing to God (1 Thessalonians 4:1) and more fulfilling and happy for that person (Psalm 1:1-3). The main goal of Nouthetic Bible Counseling then, is to help us approach and resolve our problems in ways that will bring lasting change into our lives, causing us to live pleasing to God (2 Corinthians 5:9) and bringing His peace and joy into our lives (John 14:27; 15:11).
- F. In order to ascertain and/or clarify a problem, the individual named above will need to cooperate fully with the counselor(s) at NPCCS. The individual must agree to give complete and honest answers to the questions asked by the counselor(s). The counselor(s) and NPCCS will maintain confidentiality as fully as possible, but only as far as the laws of the State of Indiana allow, or where confidentiality might endanger the life or well being of the individual, or other people.

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- G. At times counseling can and may become confrontational, meaning the counselor(s) will confront the individual named on the front of this form with situations, needs, etc, that the counselor(s) feels must be faced and resolved in order for progress to be made in the counseling process. The individual named on the front of this form must understand that confrontation may take place and be willing to accept confrontation with a receptive and cooperative attitude.
- H. Effective counseling will probably require more than one counseling session, although rarely will more than twelve (12) counseling sessions be needed. Most counseling sessions will last for one hour, or less. The counselor(s) reserves the right to determine the number of, length of, date and time of all counseling sessions, as well as to interrupt, extend, postpone, cancel, or terminate any or all counseling sessions at any time. The counselor(s) will attempt to contact the individual named on the front of this form adequately in advance of any adjustments to the counseling schedule, but reserve the right to make any adjustments to the schedule, even at the scheduled time of a counseling session. The individual named on the front of this form also has the right to postpone, cancel or terminate counseling at any time, but should try to contact NPCCS or the individual's counselor(s) in advance of the next scheduled session.
- I. Assignments will be given at almost every counseling session in order to help the individual named on the front of this form to integrate the Biblical lessons learned into daily life, to help resolve the problem(s) being addressed in the counseling sessions, and to give the counselor(s) a vehicle for evaluating the progress of the counseling agenda. To help accomplish the learning of the Bible principles that are taught in the counseling sessions, often, portions of the Bible will be required to be memorized. If assignments and memorization are not completed as assigned, the counselor(s) reserves the right to adjust, cancel, or terminate the counseling session, or all counseling. At times certain books and other literature may be required to be purchased by the individual named on the front of this form as part of the counseling process. All books and literature will be sold at reasonable cost to the individual and not for the profit to NPCCS or First Baptist Church.
- J. Church attendance will be required in most counseling situations. The individual named on the front of this form must agree to attend at least one service each week at the First Baptist Church of Goshen, or another NPCCS approved church, for the duration of the counseling process.
- K. The individual named on the front of this form may request a change of counselor(s) in the event the individual feels that the counselor(s) is not adequately meeting the need(s) of the individual. The request will be taken under consideration by a NPCCS director and may, or may not result in a change of counselor(s).
- L. At times and under various circumstances a counselor may consult with another counselor, or a counseling, legal or medical professional in order to help determine the best course of counseling therapy for the individual named on the front of this form. In these instances personal confidentiality will be maintained as fully as possible and as far as the laws of the State of Indiana allow, or where confidentiality might endanger the life or well being of the individual, or other people.

AGREEMENT

I, the individual named on the front of this form, by signing my name below and dating this form, agree to abide by the conditions delineated above and hereby request counseling from the counselor(s) at New Path Christian Counseling Services, llc. If I am under 18 years of age my parent or my legal guardian has also co-signed this agreement form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Under 18 years old? YES NO

If under 18  
Cosigner

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Do Not Write Below This Line

----- NPCCS APPROVAL -----

Approving Director Initials: _____	Appr. Date: _____	Assigned Counselor: _____
Client Case # _____	Start Date: _____	End Date: _____



### Background Information Form

NOTE: Each individual being counseled must complete the following form prior to first counseling session. Answers must be as complete as possible. All information will be kept as confidential as the laws of the State of Indiana allow.

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#### PERSONAL INFORMATION:

Date You Completed This Form: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Print Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Home Work Can we Text Message this number? YES NO

Contact E-Mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Contact Address: \_\_\_\_\_ Street City ZIP

Marital Status: ( all that apply)  Single  Going Steady  Engaged  1st Marriage  
 Separated  Divorced  Widowed  2nd 3rd \_\_\_\_\_th Marriage

How long have you been married: \_\_\_\_\_ Wedding Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you or your spouse filed for a divorce from your current marriage? NO YES me YES my spouse

If a divorce has been filed, when? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Are you currently separated? YES NO

Approximate length you and your spouse: Dated: \_\_\_\_\_ Engaged: \_\_\_\_\_

Are you currently living with a person to whom you are not legally married? NO YES Who? \_\_\_\_\_

Education: ( highest level completed)  Elementary  Middle School  High School  Tech/Trade  
 Jr. College  College (BA, etc.)  Graduate (MA, PhD, etc.)

Career: Field in which you are currently working: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Specific Responsibilities: \_\_\_\_\_

How long you have worked here: \_\_\_\_\_ Are you happy working here? YES NO UNSURE

Family: Were you raised by anyone other than your natural parents? NO YES Who? \_\_\_\_\_

How many siblings do you have? \_\_\_\_\_ Older Brothers \_\_\_\_\_ Younger Brothers \_\_\_\_\_ Deceased

\_\_\_\_\_ Older Sisters \_\_\_\_\_ Younger Sisters \_\_\_\_\_ Deceased

Have you ever been arrested? NO YES Explain: \_\_\_\_\_

#### SPOUSE & FAMILY INFORMATION:

Spouse Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Home Work Gender: M F Age: \_\_\_\_\_

Address: (If different from above) \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Education: ( highest level completed)  Elementary  Middle School  High School  Tech./College

Career: Where spouse is currently working: \_\_\_\_\_

Is your spouse aware that you are applying for counseling? YES NO Does he/she approve? YES NO UNSURE

Is your spouse coming with you for counseling? YES NO If No, would he/she if asked? YES NO UNSURE

↓ CONTINUED ON BACK SIDE ↓

**Family:** Was your spouse raised by anyone other than his/her natural parents? NO YES Who? \_\_\_\_\_

How many siblings does your spouse have? \_\_\_\_\_ Older Siblings \_\_\_\_\_ Younger Siblings \_\_\_\_\_ Deceased \_\_\_\_\_

**Marital Status:** Was your spouse married prior to becoming married to you? NO YES How long? \_\_\_\_\_

Children: Name	Age Now	Circle Gender	<input checked="" type="checkbox"/> Living at Home	Grade in School	<input checked="" type="checkbox"/> Previous Marriage	<input checked="" type="checkbox"/> If Deceased	Marital Status
_____	_____	M F	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	S M D
_____	_____	M F	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	S M D
_____	_____	M F	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	S M D
_____	_____	M F	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	S M D
_____	_____	M F	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	S M D

**HEALTH INFORMATION:**

Rate your current health:  Excellent  Good  Average  Fair  Poor  Declining

Weight: \_\_\_\_\_ lbs. Last 2 months weight changes:  None  Lost  Gained \_\_\_\_\_ lbs.

List all current or past serious illnesses, injuries or handicaps: \_\_\_\_\_

Date of most recent: Full Medical Examination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hospitalization: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Explain any current or continuing consequences of the above dates: \_\_\_\_\_

List any prescription medications you are currently taking and what they are treating: (if needed use another sheet of paper)

Medication	Dosage	Treating
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever taken illegal drugs other than prescription drugs for enjoyment or treatment? NO YES

If Yes, explain what and when: \_\_\_\_\_

Have you ever suffered severe emotional upset(s)? NO YES Explain: \_\_\_\_\_

If you have been hospitalized or admitted to a treatment facility for psychotherapy or counseling, complete the following:

WHEN (Dates)	WHERE	WHAT PROBLEM(S)
_____	_____	_____
_____	_____	_____

If you are currently or have previously received outpatient psychotherapy or counseling, complete the following:

WHEN (Dates)	WHERE	WHAT PROBLEM(S)
_____	_____	_____
_____	_____	_____

**RELIGIOUS INFORMATION:** Church you identify with: \_\_\_\_\_

How often do you attend each month? 0 1 2 3 4+ Which Service(s)? \_\_\_\_\_

Does your spouse or family attend with you?  Spouse  Family  Often  Occasionally  Rarely  Never

How often do you: Pray?  Often  Occasionally  Rarely  Never Read the Bible?  Often  Occasionally  Rarely  Never

Do you believe in God? YES NO UNSURE Do you consider yourself to be a Christian? YES NO UNSURE



## Situation History Form

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Print

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

This form will give your counselor(s) an overall picture of the situation or problem you are facing so that your counselor(s) can adequately prepare for your first discipleship session. Please try to answer each question succinctly in the space provided. You may use the back side of the form if necessary but please identify additional remarks with an arrow on this side of the form and the appropriate question number on the back.

#1 - What is the main problem as you see it? What is it that brings you to New Path for counseling?

#2 - What have you previously done or tried in an attempt to resolve or fix the problem? Please be specific.

#3 - What do you want us to do for you? What are your expectations in coming to us for help?

#4 - How would you describe yourself? Briefly tell us what kind of a person you are. What are you like?

#5 - If there is another person involved in this problem how would you describe that person? What are they like?

#6 - Is there any other pertinent information that you think might be helpful to our understanding of your problem and situation?