

GraceLife Family Ministry

Discipleship Counseling Information

A. Counseling Philosophy – *GraceLife Family Ministry* relies upon Spiritual Therapy to reveal truth and resolve conflicts. The Bible is our primary source of instruction and the Holy Spirit guides the counseling relationship. The counselor and counselee are expected to cooperate with the Holy Spirit by applying biblical and practical truths in daily practice.

B. Discipleship Counseling Credentials - GFM's discipleship counselors have been trained in the Exchanged Life counseling process. GFM is a member of the *Association of Exchanged Life Ministries* (AELM) that sets the standards for training Exchanged Life counselors. Additional certification includes ordination or licensure as ministers in the state of Georgia. Please feel free to inquire about the training and background of your counselor.

C. Financial Policy - GFM staff counselors raise their own salaries from those who believe in their ministry to others, while the office expenses are paid from the financial contributions of counselees. Scripture affirms this method of supply when it says, "If we sowed spiritual things in you, is it too much if we should reap material things from you?" Therefore, counselees are asked to contribute financially for the counseling services they receive. Our suggested rate is \$70 per hour; however, if a counselee is unable to contribute \$70 per hour they should discuss with their counselor what they could contribute. It is to be noted that no one will be refused counseling for financial reasons. We only ask that when God does bless you financially, you remember GFM's ministry to you. As GFM is a non-profit Christian ministry, amounts donated above \$70 are tax-deductible and will be used to help others counselees who are unable contribute.

D. Appointments and Child Care - If the counselee has to reschedule an appointment, they should do so at least 24 hours in advance. Childcare is the responsibility of the parent or guardian and cannot be provided by GFM.

E. Confidentiality Commitment - All information disclosed to your counselor will be kept in strict confidence. However, persons receiving counseling can expect confidentiality to be modified in the following situations: 1. When the personal safety of the counselee or another person is an issue. 2. When any form of child abuse (physical or sexual) or child neglect is disclosed to or suspected by your counselor. 3. When and if disclosure is required by a court of law.

F. Group or Family Counseling – Confidentiality within group sessions remains a critical and essential aspect of a restorative environment. We ask that any and all communication that occurs in a counseling or training environment be considered confidential unless permission is given to share that information.

G. Consultation Consent - I do hereby give my consent for my counselor to consult with a Pastor, Medical Doctor, Psychiatrist, Social Worker, or other professional person, that my counselor may deem appropriate to consult with, in order to assist in the assessment of my counseling concerns, for the purpose of providing the best possible help, in making recommendations, formulating treatment strategies, or in considering an appropriate referral.

By my signature, I affirm that I have read and do understand the above statements.

Counselee's Name	Date
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Parent or Guardian's Name	Date
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CONSULTATION INFORMATION SHEET

Today's Date _____

Name _____ Age _____ Date of Birth _____

Spouse's Name (if married) _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

(e-mail) _____ Referred By _____

Occupation _____ Employer _____

Church/Religious Affiliation _____ Pastor's Name _____

Marital Status: Single __ Engaged (Wed. date) _____ Married (date) _____

Divorced (date) _____ Separated (How long?) _____ Widowed (date) _____

Spouse's Occupation _____ Spouse's Employer _____

Is your spouse aware of your desire for counseling? Yes ____ No ____

Previous Marriage(s) _____

Father's Name _____ Age _____

Mother's Name _____ Age _____

Children? Yes ____ No ____ If yes, please list below (designate step-children as "Step")

1. _____ Age _____ 4. _____ Age _____

2. _____ Age _____ 5. _____ Age _____

3. _____ Age _____ 5. _____ Age _____

Have you received counseling before? When? _____ with Whom? _____

Primary concern? _____ Date of Last Medical Exam _____

Please rate your health? Excellent ____ Good ____ Average ____ Poor ____ Are you on medication? If yes, what kind(s) _____

Do you have an addiction? Yes ____ No ____ Uncertain _____

Have you had any previous trauma? (Physical, emotional, or sexual abuse, abortion, etc.) Yes ____ No ____ Uncertain _____

In case of emergency, who should we notify?

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

Relation? _____

What concern has caused you to come for counseling at this time?

What has been done about your concern up to this present time?

What specifically do you expect your counselor to do to help you with your concern?

Please complete the following:

In order to understand me _____

What really hurts me _____

What I wish I could change _____

My childhood was _____

What I wish I could change about myself _____

My greatest regret is _____

My biggest hurt was _____

God is _____

Jesus Christ is _____

If you died today would you spend eternity in heaven? Yes ____ No ____ Uncertain ____

If you checked YES, please explain.

What other information should we know about your situation? (Please write on back of this sheet. Thank you.)
