

# **CONFIDENTIAL**

## **Counseling Form (Marriage)**

### **PASTOR/COUNSELOR INSTRUCTIONS:**

- Have Counselee fill out the form completely.
- Either during or after counseling the Counselor will fill out the “Counseling Record” sheet.
- Immediately after the session the Counselor needs to turn the form back into PC admin for processing.
- A folder with all forms will be returned to the Counselor after processing if more sessions are indicated.
- Upon completion of counseling the Counselor will return the folder to PC admin.

**BETHANY CHURCH**  
**BIBLICAL GUIDANCE COUNSELING FORM**

**Date:** \_\_\_\_\_

**Husband's Name:** \_\_\_\_\_ **Wife's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** his \_\_\_\_\_ hers \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Ages:** husband \_\_\_\_\_ wife \_\_\_\_\_ **Years Married:** \_\_\_\_\_

**Emails:** husband \_\_\_\_\_ wife \_\_\_\_\_

**Were you recommended?** \_\_\_ Yes \_\_\_ No **If so, by whom?** \_\_\_\_\_

**Do you and your spouse attend Bethany Church?** \_\_\_ Yes \_\_\_ No **Campus:** \_\_\_\_\_

**If not, what is the name of the Church you attend?** \_\_\_\_\_

**Have either of you been married before?** \_\_\_ Yes \_\_\_ No

**Number of Children and ages:** \_\_\_\_\_

**Are you currently separated?** \_\_\_ Yes \_\_\_ No **Have you ever separated?** \_\_\_ Yes \_\_\_ No

**Briefly describe the current problem.**

**What have you done about it?**

**Have you had counseling prior to this?** \_\_\_ Yes \_\_\_ No

**What was the outcome of that counseling?**

**What help are you seeking today?**

**BETHANY CHURCH**  
**BIBLICAL GUIDANCE COUNSELING**  
Ministry Agreement Form

Consideration for being permitted to participate in voluntary pastoral and religious counseling, herein referred to as biblical guidance counseling and referred to as “ministry”, the undersigned \_\_\_\_\_, herein referred to as “counselee,” agrees as follows: [Please print your name]

1. This is a church-based ministry of Bethany Church, providing biblical guidance counseling. Pastoral staff and lay leaders herein referred to as “counselors”, do our counseling. These individuals are not licensed as professional counselors, social workers or psychologists because they perform religious counseling and not secular or psychological counseling. If it becomes apparent that secular or psychological counseling may better address the counselee’s needs, the counselor will initiate a referral to a licensed professional counselor, social worker, or psychologist.
2. Under all circumstances, sexual contact between counselor and counselee is prohibited. If any counselor suggests or attempts sexual advances, the counselee shall terminate the session immediately and report the incident to the Executive Senior Pastor OR any other Pastor not involved in the counseling.
3. Under normal circumstances, your counselor will use their good faith efforts to keep your discussions in confidence. However, you should be aware there are some situations in which your counselor may be required by law to report information to the proper authorities without your permission or knowledge. These situations include, but may not be limited to: a counselee’s intent of harm to self or others, involvement in a felony, suicidal intentions, and/or reasonable expectation of child or elder abuse or neglect. Additionally, if you occupy a leadership or ministry position, your counselor may also disclose information to the person in spiritual authority over you, in the event he or she deems it relevant to your fitness or ability to fulfill your position.
4. Officially recognized church staff and lay leaders may also have limited access to your pastoral file. Any other person seeking access to your pastoral file may do so only with your written permission. While Bethany Church cannot guarantee complete confidentiality with regard to the information we receive from you, we will make every effort to do so.
5. Bethany Church requires that parent(s) must be actively involved in any counseling and/or ministry that is extended to a minor child as determined by the counselor. At the discretion of the counselor, parent(s) will be required to make themselves accountable for active participation in counseling and/or ministry offered by Bethany Church.
6. Counselees with any concerns or questions about this agreement agree to raise them with their counselor at the earliest possible time.
7. This agreement, herein referred to as the “ministry agreement,” will govern all relations involved during the term of the counseling process. If this ministry agreement is not satisfactory, then it is further agreed that disputes and disagreements will be taken to the Bethany Church Board of Elders for mediation.

I have read the above ministry agreement, understand it, and agree to the terms herein written.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# **COUNSELING RECORD**

*(For Counselor Only)*

- *Fill out this record immediately after first session and turn it into PC Admin*
- *If further sessions are recommended (see below) Admin will return this form/record to you in a folder*

## **THINGS DISCUSSED:**

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**Further sessions recommended:    Yes    No    Possibly**

## **Counsel Given:**

Session 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session 3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session 4: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COUNSELOR:** \_\_\_\_\_

**Counseling Complete Date:** \_\_\_\_\_