

BRAVE Church – Biblical Counseling Required Forms

It is both our privilege and goal to help you toward Christ-likeness during this time in your life. Once these forms are complete, we will contact you soon.

Your Name: * First _____ Last _____

Your Email * _____

Today's Date * _____ (MM/DD/YYYY)

Consent to Counsel & Authorization to Request/Release Information

Our Mission – Transforming lives by the Word of God, in the Spirit of God, and through the Community of God. We seek for the counseling care you will receive to be Christ centered (Col 1:15-20), Biblically Based with Truth and Grace (John 1:14), Spirit Led (John 6:63), Prayer Saturated (Col 4:2), Community Oriented (Heb 10:24-25). We desire to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life.

Biblical Basis – We believe that the Bible provides thorough guidance and instruction for a life that is pleasing to God. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. Although some of the pastoral or lay counselors of BRAVE Church may be trained or licensed in other fields, such as medicine or psychology, they will not practice in that capacity but only as Biblical counselors under the authority of the Elders of BRAVE Church.

Not Professional Advice – If you have significant legal, financial, medical or other technical questions, you should seek advice from an independent professional. Our ministry staff and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles. We are often asked about insurance as well. As we do not practice as licensed professionals, we do not make diagnoses nor do we submit insurance claims. There is no charge for counseling so there is no need to be reimbursed or cover a charge.

Resolution of Conflicts – On rare occasions, a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts are resolved in a biblical manner, we require all of our counselees to agree that any dispute that arises with a counselor or with BRAVE Church staff as a result of counseling will be settled by mediation under the leadership of BRAVE Church. We will make every effort to resolve conflict in a manner according to the principles of Scripture.

Communication and Community – At BRAVE Church we desire to grow in caring for those in our flock who are hurting. It is imperative to our mission and your long-term care that we stay in consistent and regular communication with the leadership of BRAVE Church (BRAVE Group & Coaches and pastoral staff) and/or the person you have designated/chosen as your advocate. This form gives us permission to discuss the

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necessary information in regard to your situation with the appropriate and concerned parties in accordance with the confidentiality guidelines explained below. Please read the included **Confidentiality and Privilege Waiver** carefully.

As part of our mission to train and equip others for soul care, we may have counselor(s)-in-training participate in the counseling with us. If that makes you uncomfortable, please let us know at the time you submit your application.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ. We desire to be used by God as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If these guidelines are acceptable to you, please sign below.

I have read and understood the information above entitled "Consent to Counsel & Authorization to Request/Release Information."

Signature: _____

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Advocacy

The next steps involve bringing in advocates to walk alongside of you during this time. Simply put, an advocate is someone who loves God, loves God's Word and loves and / or cares about you.

The addition of a trusted friend, BRAVE Group member, or mentor has shown to increase the effectiveness of counseling significantly. They will walk alongside you through the counseling process and continue to help you after the counseling is over. Ideally the person is part of your day-to-day community and attends church at BRAVE and can receive an endorsement from leaders at BRAVE.

Before giving us information below on who you will be contacting to serve as your advocate, please take some time to read through the following information to gain a better understanding of what we mean by advocacy.

The Vital Role of an Advocate

- It's a privilege to be an advocate and stand in the gap for your friend or loved one during their time of need (Pr 17:17).
- One does not need extensive counseling training or schooling to be an advocate (2 Cor 1:3-5).
- Mutual ministry encourages growth in everyone involved (Heb 3:12-13).
- It's God's design to counsel in community (Gal 6:1-2).

Responsibilities of an Advocate During Counseling

During the time as advocate, people will have a variety of opportunities to learn, grow and serve. Below are some specific ways in which we will ask the advocate to serve.

- Offer intercessory prayer (Romans 12:11-12, Jeremiah 33:3).
- Provides insights and perspective for the counselor (Pr 18:17).
- Witness to what God is doing (Mark 2:1-12, 2 Tim 2:24-26).
- Help the counselee apply what they are learning in-between sessions (Gal 6:1-2).
- Become a bridge for the counselee to get connected back into community (Hebrews 3:12-13).
- Decreases loneliness and isolation of the counselee (Pr 18:1, Heb 10:24-25).
- Stand as an ambassador for Biblical Soul Care (2 Cor 1:3-5 and 5:14-21).

Benefits to the Counselee

- Hope and help as a friend who walks through the valley.
- Continuity of counseling and help to the counselee throughout the weeks.
- Help communicating greater context, to bring to remembrance key issues and/or remind them of truth gained while in counseling.
- Freedom to be attentive without the need to capture every detail.

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Benefits to the Advocate

- Deeper insight into the life of the person they love.
- Weekly direction for conversation and accountability.
- An opportunity to ask questions and receive insight.
- An opportunity to fulfill the law of Christ (Gal 6:1-2).
- A practical way to apply the “one another’s” of Scripture.
- An opportunity for further training / equipping.
- Personal growth in closing the gaps between knowing Scripture and living it.

Benefits to the Counselor

- Another perspective into life of the counselee.
- Built-in accountability for homework and application.
- Validation or clarification of heart issues.
- Help assimilating into the regular flow of discipleship at BRAVE.

Benefits to the Local Church

- A person is trained to support a body member in a short period of time.
- Creates a support network for Pastors and ministry leaders.
- Built-in accountability for the church’s counseling ministry.
- A testimony of love and commitment to one another and a watching world.
- Creates a culture of obedience to the 40+ “one another’s” of Scripture.

For more information about advocacy, please request a copy of the Advocate Manual from your counselor.

I have read and understood the information above entitled "Advocacy."

Signature: _____

The person I will ask to serve as my advocate:

Advocate First Name: _____ Last Name: _____

Advocate Email: _____

Advocate Phone: _____

Thank you for diligently completing these forms and allowing the church to serve you during this difficult time.

Please fill out the Life Story form as your last step.

May our Lord do great things in your life as you draw closer to Him.

BRAVE Church - Biblical Soul Care Personal Data Inventory

This Personal Data Inventory is our way of getting to know you so we can best serve you. It is important to gather both past and present information. We want you to be as open and specific in your answers as possible. This will help us to be both prepared and effective in the counseling process. This information will be kept highly confidential.

PLEASE PRINT YOUR INFORMATION AND WRITE LEGIBLY

Personal Information:

1. Today's Date: _____
2. Your Name First: _____ Last: _____
3. If not for yourself, for whom are you filling out this form? _____
4. Your Gender (circle): male female
5. Your birth date: _____ 5. Your current age: _____
6. Email address: _____
7. Best contact phone number: ____ - ____ - _____
8. Alternate contact phone number: ____ - ____ - _____
9. Address: _____ 10. City: _____ 11. State: ____
12. Occupation: _____
13. You were referred to Biblical Soul Care by (circle one):
Pastor Elder Coach Brave Group Leader Other
14. Their Name (if previous answer was other, explain relationship):

15. Who will you be contacting to serve as your advocate (check advocate manual for more detailed info)? Name: _____

Advocate's contact information (email, Phone#): _____
16. Their relationship to you? _____
17. Your Church Status (circle one): Member Attender Other
17. If Church Status was "other", explain: _____

BRAVE Church - Biblical Soul Care
Personal Data Inventory

18. Current campus/church you are currently attending:

19. How long have you been coming to BRAVE? _____

20. Are you in a BRAVE Group? (circle): Yes No How Long?

21. Name of BRAVE Group Leader(s):

22. Is there a leadership role that you currently hold or are considered for at BRAVE Church?

Family Information:

22. Marital Status (circle): Single Engaged Married Divorced Separated Widowed

23. Date of Marriage: _____ 24. Spouse's Name: _____

25. Spouse's Phone number: ____ - ____ - _____

26. Have you ever been separated? (circle): Yes No

27. If "yes", how many times and how long? _____

28. Has either of you filed for divorce? (circle): Yes No

29. If "yes", who filed and when? _____

30. Have you been married previously? (circle): Yes No

31. If "yes", explain: _____

32. If you have children, please list their names, ages, and if applicable, their marital status:

Health Information:

33. General Health (circle one): Good Average Poor Other

BRAVE Church - Biblical Soul Care
Personal Data Inventory

34. Height _____ Weight _____

35. Have you experienced recent weight changes? (+/-) _____

36. List any illnesses (past or present), injuries, or handicaps

37. Date of last medical exam? _____

38. Do you exercise? (circle one): No Daily 4-5x/week 2-3x/week Once/week
2-3x/month less than once/month

35. Type of exercise? (circle one): Cardio Cardio/Weights Weights Team Sports Other

36. Do you have problems sleeping? (circle one): Yes No Just recently
Depends on my circumstances

37. Eating Habits – food choices (circle one): Very healthy Healthy Normal Mixed
Mostly “Junk Food”

38. Do you drink coffee or caffeinated beverages? (circle one): Yes No

39. Do you smoke? (circle one): Yes No

40. Would you like to add information to the previous questions?

41. Do you take prescription medication? (circle one): Yes No

42. If “yes”, please list name, reason for taking it, and dosage.

Example: Zoloft, Depression, 50mg once a day

43. Have you ever used drugs for non-medical purposes? (circle one): Yes No

44. Have you ever used or were addicted to drugs? (circle one): Yes No

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Personal Data Inventory

Background Information:

45. Other than your parent(s), was there any other significant role model growing up?
(circle one): Yes No

46. If "yes", explain: _____

47. Parenting is (was) (circle one):

- Authoritative - High control; rules without relationship
- Permissive - Low control; much freedom
- Disengaged - very little control of and relationship with kids
- Balanced - blend of both rules and freedom

48. Are (were) your parents divorced? (circle one): Yes No

49. Home atmosphere was (circle one): Affectionate Critical Outwardly religious
Perfectionistic Hostile Authentically Christian

50. Was there abuse in your past? (circle all that apply):

- Physical Sexual Emotional Spiritual All of the above No

51. If yes, explain: _____

52. Was there substance abuse in your family? (circle one): No Yes (explain) _____

53. Have you ever been arrested, in jail or in prison? (circle one): No Yes (explain)

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54. Have you recently had significant circumstances/events in your life (i.e. job loss, birth, death, etc.)? (circle one): No Yes (explain) _____

55. Did you have any significant traumatic events as a child or have you ever had an extreme emotional reaction to a situation in your life?

Personality:

56. Check each word that describes you:

Excitable	Moody	Anxious
Shy	Despairing	Self-conscious
Lonely	Sensitive	Depressed
Impatient	Angry	Serious
Impulsive	Rejected	Easy Going

57. Have you ever had any counseling or psychotherapy? (circle one): No Yes (explain)

Faith Background:

58. Have you put your faith in Jesus Christ as your Lord and Savior? (circle one):

No Yes (when?) _____

59. Have you been baptized? (circle one): No Yes (when?) _____

60. How often are you in God's Word? (circle one): Multiple times a day Daily
Several times a week At least a couple of times a week not at all

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Personal Data Inventory

61. How often do you pray? (circle one): Multiple times a day Daily
 Several times a week At least a couple of times a week not at all

62. Are you serving Christ at BRAVE Church? (circle one): No Yes (where?)

63. Has your spouse put his/her faith in Jesus Christ as their Lord and Savior? (circle one):
 N/A No Yes (when?)

Briefly answer the following questions:

64. From your perspective, what would you say is/are the problem(s) you want to address through counseling?

65. What have you done so far to address it/them?

66. How can we help? What are your expectations in coming to counseling?

BRAVE Church - Biblical Soul Care
Personal Data Inventory

67. What, if anything, do you fear? (Regarding the problem or consequences thereof, such as fear of rejection, fear of losing my family, etc.)

68. Is there any other information your counselor should know?

69. What days/ times would you be available for counseling?

BRAVE Church - Biblical Soul Care Life Story

For all entries, please be as specific and concise as possible.

Testimony - Your life before knowing Christ. When you accepted Christ and how things changed because of it.

Spiritual Journey - Since you've come to Christ, what has your life been like? How have you struggled in your walk with Christ and what victories have you seen?

Life Story - tell us what you can remember from your earliest memories. We are only looking for a synopsis so don't include every detail.

However, we do want to get to know you and what things have influenced, shaped, and grown you or what circumstances have been difficult for you – in other words, tell us the good AND the bad.

Please try to include your thoughts about your faith as much as possible throughout.

For example:

0-12(Tell us about your family of origin)::

- raised by single mother
- traumatic history of abuse
- loss of dear family member
- fond memories of vacations with family
- Grew up in a home that was religious by name only
- knew God but didn't live my faith

As with all the other forms, this information will be kept highly confidential.

First Name: _____ Last Name: _____

My Testimony:

My Spiritual Journey:

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Life Story

Years of Age: 0-12:

Years of Age: 13-18:

Years of Age: 19-22:

Years of Age: 23-25:

BRAVE Church - Biblical Soul Care
Life Story

After 25 yrs of age (5-10yr range):

Next 5-10 years:

Next 5-10 years:

Next 5-10 years:

CONFIDENTIALITY AND PRIVILEGE WAIVER

Information regarding a counselee will be handled with a high level of care. We will carefully protect information entrusted by a counselee to a counselor, through Biblical Soul Care. However, in certain cases it may be of the best interest of the counselee and in the protection of others for a counselor to share information with appropriate persons (such as other counselors, BRAVE group leaders, coaches, elders, and/or pastoral staff). Additionally, as members of the church, counsees have submitted to elder discipline, which may require, as a last resort, to bring disciplinary matters before the members of BRAVE Church, requiring limited disclosure of essential information for the purposes of church discipline. (*See* Matthew 18:15-20).

Certain situations may arise where it would be necessary to share information with others outside of the church, including but not limited to mental health professionals, such as but not limited to: when there is a clear indication of harm to self or someone else; or when there is evidence or reasonable suspicion of abuse against a minor child, elderly person, person of disability, or dependent adult. Counselors will use careful discernment in determining how and when to share the information exchanged during Biblical Soul Care.

Counselors will make every effort to be sensitive to your situation and protect your confidentiality. Counselors prefer not to disclose any personal information to others, and will do so only if necessity arises. We will strive to help you resolve the difficult situations you are experiencing as discretely as possible.

By signing below, you acknowledge that the counselor or counselors **may disclose information** you provide to other counselors, BRAVE group leaders, coaches, elders, pastoral staff, and/or appropriate governmental authorities as needed, including but not limited to responding to a legal summons and testifying in court proceedings.

By signing below, you acknowledge that BRAVE Church, counselors, staff, and elders **will not be held liable** for any disclosure of information.

Finally, by signing below, you acknowledge that you **waive any claim to privilege**, that based on this waiver the pastor/counselor has no legal grounds for withholding the information, and the pastoral staff and counselors must disclose information obtained during Biblical Soul Care upon proper request.

Printed Name: _____

Signature: _____

Date: _____

When you have completed these forms, you can either:

1. Scan & Email it to BC@BraveChurch.Co

or

2. Mail or drop of the application to either campus:

Barb Oliver
BRAVE Church
3651 S Colorado Blvd
Englewood, CO 80113

Garnet Ackerman
BRAVE Church
3400 Industrial Lane suite 3
Broomfield, CO 80020