

**Vineyard Church North Phoenix
Counseling Questionnaire**

Please complete this form and return it to the church office

Name _____ Date _____

Address _____ City _____

Zip Code _____ Phone (H) _____ (W) _____

E mail address: _____

Best time to be reached by phone (H) _____ (W) _____ Age _____

When are you available for counseling: M-F 9am-4pm Eves/weekends

Occupation _____ Employer _____

Marital Status Single Married Divorced Separated Widowed

Number of years married _____ Number of previous marriages _____

Are you saved Yes No How long _____ Where saved _____

Do you attend VCNP Regularly Yes No Which service(s) _____

Do you attend Small Group Yes No Which one _____

If so, have you discussed your situation with your Small Group Leader Yes No

May we discuss your situation with your Small Group Leader Yes No

If you're not currently attending a small group, are you willing to attend one? Please comment:

Spouse name _____ Age _____

Is your spouse aware of your situation, and know you are coming Yes No

Will your spouse be coming with you Yes No

Children's names:

1. _____ Age _____ 2. _____ Age _____

3. _____ Age _____ 4. _____ Age _____

How strongly do you want treatment for your problem _____

Have you had previous counseling for this situation Yes No When _____

Are you now receiving counseling Yes No From whom _____

Are you presently taking any medication Yes No Please explain _____

State in your own words the nature of your problem (Please be as specific as possible)

Check any of the following that apply to you or your immediate family:

Condition	Self	Family	Condition	Self	Family
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child Abuse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/>		<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Divorce	<input type="checkbox"/>		<input type="checkbox"/> Homosexuality	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Violence	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spiritual Problems	<input type="checkbox"/>		<input type="checkbox"/> Anger	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multiple Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Demonization	<input type="checkbox"/>				
<input type="checkbox"/> Unreasonable Fear	<input type="checkbox"/>				

Please explain _____

Counseling is done by the pastoral staff in the church office Tuesday through Friday, 9:00 am to 4:00 pm, or by appointment with lay counselors at a time and place to be determined. Counselor assignment will be made after assessing the questionnaire, and you will be notified by phone usually within 1 week.

Please read carefully before signing
Counseling Agreement and Informed Consent

Christian counseling is the discipline of one person assisting another person who is seeking God's grace, insight and intervention in life's difficulties. In order for therapy to be effective, the individual(s) involved in the issues needs to cooperate with the counselor.

Counselors do not possess the ability to change your life or fix your problems. Their main purpose is to provide you with biblical direction. Resolution will only come through consistent effort on your part.

You are invited at any time to ask questions about your counselor, his or her methods, and or the direction the counseling is headed. Sessions normally last about 50 minutes. This is a church based ministry providing pastoral and lay counseling. We offer counseling to individuals seeking to integrate their faith into the process of resolving issues.

Our counseling is done by pastoral staff and lay persons not licensed as professional counselors. Our counselors are unlicensed because Arizona does not require them to obtain such recognition. The counselors at VCNP are not specifically trained in counseling techniques, but rely on their knowledge of Scripture, and leading of the Holy Spirit in their counseling.

We usually meet with clients for a maximum of 6 sessions. Most people find therapy very helpful. However, depending on the nature of your difficulty, you might also experience uncomfortable emotions such as anger, fear, and frustration during the course of counseling. While your counselor cannot remove these feelings from you, they will help you work through them, or find an alternative counselor.

You are free to discontinue therapy at any time. Most people remain in therapy until they feel they have learned better methods of thinking, feeling, and/or acting regarding their difficulties.

Occasionally, therapists elect to discontinue therapy. This usually happens when they feel no substantial progress is being made or other factors are interfering with their ability to help you. If therapy ends prematurely, we will help you find qualified help elsewhere.

Under normal circumstances everything you discuss with your counselor will be held in strict confidence. However, you should be aware that 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 client's: indications of bodily harm to others, involvement in a felony, suicidal intentions, and reasonable evidence of child or elder abuse or neglect. Your counselor may also disclose information in response to a subpoena issued by a court of law.

**We believe that counseling alone will not bring about the changes you desire. Our program is designed to be augmented by your regular church attendance at VCNP, as well as consistent attendance in a small group (i.e. bible study). We believe much of your healing will come through support and encouragement from other Christians around you. Therefore, we reserve the right to discontinue counseling if these guidelines are not met.*

"I understand the above issues and agree to receive counseling services from Vineyard Church North Phoenix"

I fully understand that the counseling received at VCNP, whether from lay or paid staff, is not administered by licensed therapists, and therefore is not to be considered professional psychological counseling or therapy. I also understand that in some situations my case may be discussed with the VCNP pastoral staff and I authorize this limited disclosure.

We, the undersigned client(s) and counselor have discussed, understand and agree to abide by the above policies.

Signed _____ Date _____

Signed _____ Date _____

Counselor _____ Date _____