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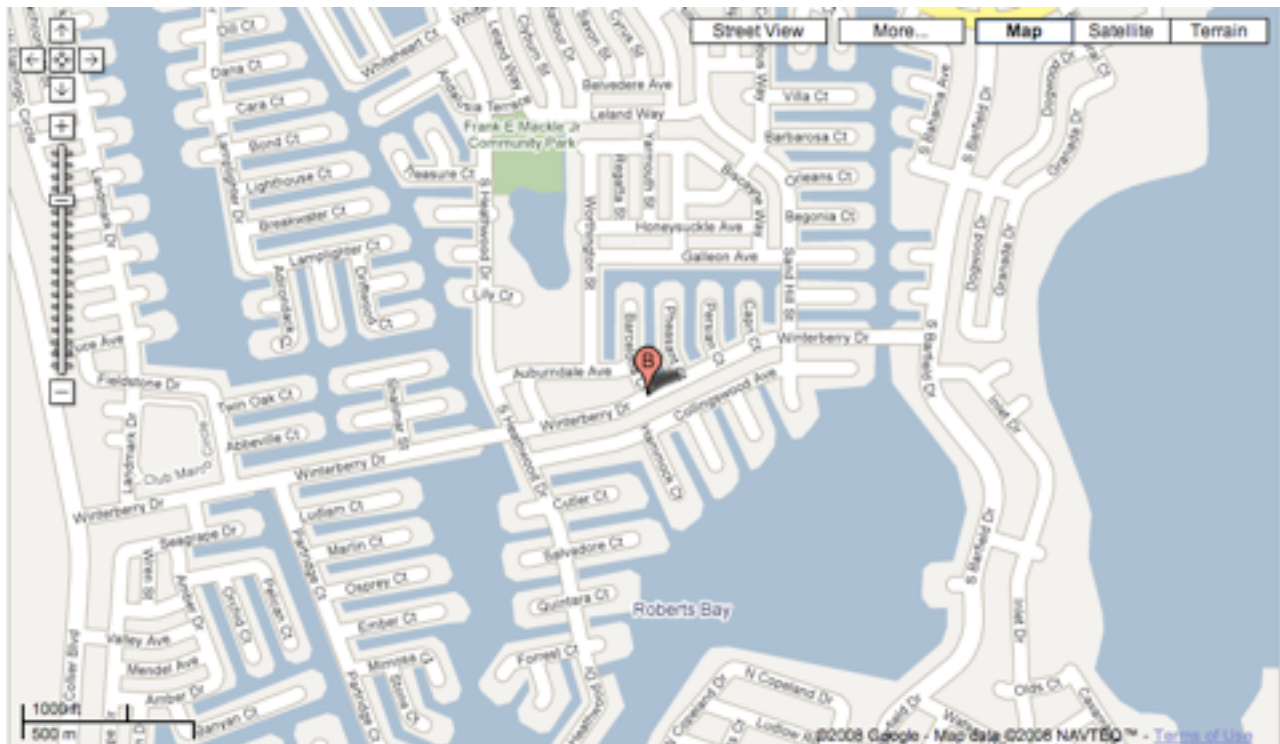
Dear Friend(s),

We at Oasis Counsel are excited to partner with you as you seek God’s direction for your life. It is important that read through this packet carefully, and answer all the information as accurately as possible. If you have questions, please feel free to ask.

Please return this document to Oasis Counsel prior to your first appointment. This will ensure that your counselor has thoroughly reviewed all your personal information, and will counsel according to your situations and issues presented to him/her. Also, bring your Bible because it will be the most used tool we will refer to in counseling. We are looking forward to meeting you soon!

Sincerely,
The Oasis Family

Location : 1450 Winterberry Dr. Oasis Counseling Center is located on the 2nd floor of The Family Church. The counseling offices are located at the top of the elevators.



COUNSELING INFORMATION

1. Biblical Counseling entails:

- a) Biblical counseling is directive in its approach. The counselor will listen, teach, encourage, prepare, comfort, warn, and admonish with Truth, love, and grace.
- b) The counselor will use Scripture as his/her authority and philosophy of counseling.
- c) The purpose of the counselor is to glorify God and to guide the counselee into a deeper relationship with Jesus Christ.
- d) Opportunity for change is fostered through the truths of Scripture being revealed and applied to various issues and situations. These truths need to be understood and taught in practical ways so that the counselee will be able to put them into practice.
- e) The change-agent is Holy Spirit who works on the heart of the counselee through conviction, encouragement, comfort, healing, etc for the purpose of reconciling individuals to Himself (God).
- f) A transformed life will reflect God's grace, glory, and the totality of God's Word in progressive sanctification.

2. Role of the Counselee

- a) Active Listening and Participation--Counselees will be encouraged to speak their mind/thoughts in an appropriate manner and discuss ideas, anxieties, worries, fears, anger etc so the counselor will clearly understand core/root issues.
- b) Assignments--Counselees progress more rapidly when they study or perform specific informational or behavioral assignments that are individually tailored to pertain to the problem.
- c) Accountability: We desire to maximize use of your time and of the counselor's time. One of our goals is to help believers learn how to glorify God, to have the outward life reflect the yielded, godly inward life, resulting in peace and joy. Therefore, it is important for each counselee to participate actively in the counseling sessions, in church, and in the homework between the sessions. As we are accountable to our God, to our Church, and to our fellow believers, so we ask you to submit yourselves to being accountable to the Lord and to the counselor for active participation and completing assignments. We also ask that you attend a Bible-believing Church service or study consistently.

3. Length of Counseling:

Biblical Counseling will vary in the amount of time required, according to the individual, his/her motivation, the amount of time spent on homework and the particular situation and/or problem. On average, Biblical Counseling requires less time than conventional, secular counseling. Simple problems may be solved in one session. Severe situations often require a longer period. When multiple people are involved in the counseling, as frequently happens in marriage counseling, 15 to 20 sessions or more may be required. Substance abuse and addiction problems may require many more sessions, with intensive accountability and follow-up. Often there are a mix of personal and marital issues that need to be dealt with, and that compounds the problems, and adds length onto the counseling sessions.

Fees for Counseling: Please make checks payable to: FBC Marco and write "Oasis Session" on the memo line

Session With	Fee
Director	\$110/session
Counselor	\$85/session

COUNSELING CONTRACT

I/We understand and agree to the conditions of this contract and agree to the following conditions:

1. I (We) understand that the counseling I (we), receive will be based on the bible.
2. I (We) will keep the appointment time or will call prior to 24 hours to cancel for a legitimate reason.
3. I (We) will fulfill the weekly assignments or the session might not be held.
4. I(We) understand that confidentiality is an important part of the counseling process and my counselor(s) is careful to protect confidentiality. However, there are times when my counselor must share certain information with others, such as when:
 - a. Counselors, your pastor, or the pastors of Oasis Counseling must be consulted for advice.
 - b. When there is proof indicating that someone may harm themselves or another.
 - c. A person persistently refuses to renounce a particular sin. In that case, it may become necessary to seek the assistance of others in the church to encourage repentance and reconciliation (Proverbs 15:22; 24:11; Matthew 18:15-20)

I understand my counselor(s) strongly prefer(s) to protect all personal information to others and desire(s) to help me find ways of resolving problems as privately as possible.

5. I (We) agree and understand that the counselors at Oasis Counseling Center is under the authority of The Family Church leadership, and may confer with them on certain subjects or situations.
6. I (We) agree and understand that every counseling session is recorded on video for the security of both the counselor(s) and counselee(s).
7. I(We) agree not to sue or engage in any type of legal action affecting Oasis, and/or The Family Church. I/we agree not to attempt to subpoena any counselor to appear in any legal proceeding related to any matters discussed during counseling, nor any notes or records related to this counseling.
8. Oasis Counsel will have a flat fee of \$110 to see the director and \$85 to see a counselor for each session. For the members of the Family Church the fee will be a flat rate of \$75 per session. We accept cash, check, or credit. Each session will consist of a one hour duration. Also, I/We will purchase any books or materials for homework assignments that my counselor deems necessary.
9. I/We understand that Oasis is a training center for counselors. We consent to the above and to team counseling and/or observation by counselors in training during our counseling sessions. We understand that they are under the same confidentiality guidelines as defined herein.

x _____ Witnessed: _____ Date: _____
Signature(s)

PRIVACY AGREEMENT

Please review the information carefully.

- Your personal information and other protected information may be released only after receiving a written consent by you.
- You may be contacted by Oasis by mail, email or phone to remind you of appointments, pre-schedule procedures, verify demographic information, or inform you of test results.
- You may be called, mailed or emailed by Oasis for the purposes of raising funds to support the operations of Oasis Counseling Center.
- You have the right to receive a copy of the Counseling and Privacy Agreement.

We at Oasis Counseling Center wants to keep all counselee(s) information protected and will adhere to the terms of this agreement.

You have the right to complain to Oasis if you believe your rights of privacy have been violated. All complaints will be examined.

By signing this form, I hereby acknowledge that:

Oasis Counseling Center has offered me a copy of the Privacy and Counseling Agreement.

Oasis Center has given me the opportunity to discuss my concerns and questions about my protected information.

Signature: _____ Date: _____

PERSONAL DATA INFORMATION FORM

Please fill in the following information and mail it back to me before the first counseling session or bring it with you to the first session.

IDENTIFICATION DATA

Date _____
Name _____
Phone(Home) _____ Fax _____
Cell Phone _____ Email Address _____
Address (Home) _____
City _____ State _____ Zip _____
Occupation _____
Name of Company and Work Address _____
Phone (Work) _____ Other _____
Sex: (M)____(F)____ Birthdate _____ Age _____
Referred here by _____
Education (last year you completed) _____ (grade, degree) _____
Other training (list type and years--include any degrees) _____

HEALTH INFORMATION

Rate your health (check): Very Good___ Good___ Average ___ Declining ___ Other___

Height_____ Approximate weight_____lbs. Weight changes recently: (+ -) _____

List all important present or past illnesses or injuries or handicaps:

Your physician _____ Address _____
Date of last medical examination _____ Report _____

Are you presently taking medication: Yes___ No___ List the medication and what it treats:
Medication: _____ What it treats: _____

Have you used drugs for other than medical purposes? Yes_____ No_____ What?

Have you ever had an abortion? Yes___ No___ When? _____

Have you ever thought of committing suicide? Yes___ No___ When? _____

Have you ever been arrested? Yes___ No___ When? _____

Have you recently suffered the loss of someone who was close to you? Yes___ No___

Explain: _____

Have you ever been sexually or physically abused? Yes___ No___

Please answer the following questions:

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful? _____

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal) thinking and memory, or work habits? _____

As you see yourself, what kind of person are you? (describe yourself)

State in your own words the nature of the main problem(s) that bring you for counseling:

When did your problems begin? Please specify a date if possible.

Please describe any significant events occurring at that time.

What have you done to try to resolve your problems(s)?

What would you like us to do for you? What kind of help do you want from us?

Is there any other information we should know?

MARRIAGE AND FAMILY INFORMATION

Marital Status: Single ___ Going Steady ___ Engaged ___ Married ___ Separated ___
 Divorced ___ Widowed ___

Give brief information about any previous marriages: _____

If you are presently married:

Name of Spouse _____

Address _____

Occupation (and name of company) _____

Phone (H) _____ (W) _____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes ___ No ___ Uncertain ___

Is your spouse in favor of your coming? _____ If no, explain _____

Have you ever been separated? Yes ___ No ___ When? from _____ to _____

Have either of you ever filed for divorce? Yes ___ No ___ When _____

Date of marriage _____ Your ages when married: Husband ___ Wife ___

How long did you know your spouse before marriage? _____

Did you have premarital counseling? Yes ___ No ___ If yes, how many sessions? ___

Information about children:

Name	Age	Sex	Education	Marital Status	Personality/character	Living?
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RELIGIOUS BACKGROUND

Denominational preference: _____

Member of _____ (church)

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

What church did you attend as a child? _____ Baptized? ___

Do you consider yourself a religious person? Yes ___ No ___ Uncertain ___

Do you believe in God? Yes ___ No ___ Uncertain ___

Do you believe Satan exists? Yes ___ No ___ Uncertain ___

Have you ever "dabbled" with the "Occult"? Yes ___ No ___ Uncertain ___

(Seances, devil worship, witchcraft, Ouija board, horoscopes, etc.)

Do you pray to God? Yes ___ No ___ Never ___ Occasionally ___

Would you say you are a Christian? Yes ___ No ___

or would you say you are still in the process of becoming a Christian? _____

If you are a Christian, describe briefly when, how, where, etc. you became a Christian:

Have you ever made a profession of faith in Jesus Christ (confessed you are a sinner and asked

Him to be your Lord/Savior)? Yes ___ No ___ Not certain what you mean ___

How often do you read the Bible? Never ___ Occasionally ___ Often ___

Do you have regular devotions? Yes ___ No ___ Not sure what you mean ___

Explain recent changes in your religious life, if any

PERSONALITY INFORMATION

Have you undergone any kind of counseling before? Yes _____ No _____
If yes, list counselor/psychologist/psychiatrist/ therapists and dates:

Was it beneficial? _____ What was the outcome? _____
What, if anything, do you fear? _____
Have you recently suffered a loss from serious social, business or other reversals, etc.?
Yes _____ No _____ Explain: _____

Circle any of the following words which best describe you now:

Godly	Ethical	Hypocritical	Strict	Angry	Unreasonable	Abusive
Irresponsible	Cruel	Uneducated	Proud	Embarrassing	Active	Ambitious
Self-confident	Persistent	Nervous	Hardworking	Impatient	Impulsive	Moody
Often-blue	Likable	Excitable	Imaginative	Calm	Serious	Sensitive
Easy-going	Shy	Good-natured	Introvert	Extrovert	Leader	Quiet
Hard-boiled	Submissive	Lonely	Self-conscious	Humorous	Sloppy	Whiner
Selfish	Lots of Friends	Failure	Success	Self-disciplined		

Are there other words that would help you to describe yourself? _____

Circle the words that describe **why you seek counseling**:

Grief	Suicidal thoughts	Relationship w/parents	Loss of self-respect	Fear
Loneliness	Anxiety	Relationship w/children	Loss of love	Nervousness
Depression	Marriage problems	Sexual concerns	Loss of faith in God	Anger with God
Nervousness	Homosexuality	Sexual coldness	Loss of faith in others	Self doubt
Guilt	Compulsive lust	Religious doubts/fears	Loss of hope	Substance abuse
Anger	Pre-marital counseling	Worry	Loss of meaning	

TELEVISION & ENTERTAINMENT

How much television do you watch each day? _____ hrs.

List your favorite programs: _____

What is your favorite type of music/entertainers? _____

BIO-PSYCHOLOGICAL INFORMATION

Have you ever felt people were watching you?	Yes _____ No _____
Do people's faces ever seem distorted?	Yes _____ No _____
Do you ever have difficulty distinguishing faces?	Yes _____ No _____
Do colors ever seem too bright?	Yes _____ No _____
Have you ever had hallucinations?	Yes _____ No _____
Are you plagued by fears?	Yes _____ No _____
Do you have problems sleeping?	Yes _____ No _____
Do you hear voices?	Yes _____ No _____

PERSONAL BEHAVIORAL HABITS

1. Do you drink coffee or other caffeinated drinks? Yes _____ No _____ How much/day? _____
2. Do you smoke? Yes _____ No _____ How much? _____
3. Do you explode when you get angry? Yes _____ No _____
4. Do you withdraw when you get angry or hurt? Yes _____ No _____
5. Do you frequently argue with other people? Yes _____ No _____
6. Do you drink alcohol? Yes _____ No _____ How much per day? _____
7. Do you use drugs? Yes _____ No _____ What kind and how much?

FAMILY AND CHILDHOOD INFORMATION

Circle the appropriate words:

Would you characterize your **Father** as: Godly Ethical Hypocritical Strict Angry Unreasonable
Abusive Irresponsible Cruel Uneducated Proud
Active Embarrassing Ambitious Self-confident Persistent
Nervous Hardworking Impatient Impulsive Moody
Often-blue Excitable Imaginative Calm Serious
Easy-going Lots of Friends Introvert Selfish Extrovert
Likable Leader Quiet Hard-boiled Submissive
Lonely Self-conscious Sensitive Humorous Sloppy
Whiner Self-disciplined Failure Successful Well-groomed
Shy Good-natured Other: _____

Would you characterize your **Mother** as: Godly Ethical Hypocritical Strict Angry Unreasonable
Abusive Irresponsible Cruel Uneducated Proud
Active Embarrassing Ambitious Self-confident Persistent
Nervous Hardworking Impatient Impulsive Moody
Often-blue Excitable Imaginative Calm Serious
Easy-going Lots of Friends Introvert Selfish Extrovert
Likable Leader Quiet Hard-boiled Submissive
Lonely Self-conscious Sensitive Humorous Sloppy
Whiner Self-disciplined Failure Successful Well-groomed
Shy Good-nature Other: _____

What was your happiest memory as a child?

What was your unhappiest memory as a child?

Did you experience a major trauma when you were a child? Detail:

At Home: _____

At School: _____

At Neighbor's Home: _____

At Relative's Home: _____

Other: _____

If you were reared by anyone other than your own parents, briefly explain:

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Are you a twin? _____ identical? _____

Are you on good terms with your Mother _____ Father _____ Brother _____ Sisters _____ ?

List the people that you hate or are extremely angry with, and the reasons:

What kind of home did you grow up in? (Check all that apply)

- Traditional (Father, Mother, Kids) Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions)
- Divorced (Who did you live with? Mom Dad Other _____)
- Alcoholic (Skid row Functional, but affected Dysfunctional effect on family)
- Drug Affected (Cocaine Heroin Marijuana Other _____)
- Perfectionist (Everything had to be done just right to please Mom Dad Both)
- Critical (One or both parents could only remark about the negatives. Little praise for good things).
- Affectionate (Demonstrative with hugs, kisses, etc. Affection there, but not openly shown).
- Emotional (Crying allowed, but controlled. Anger, screaming freely allowed).
- Repressed (Emotions not allowed to show. Parents showed emotion, but kids not allowed to do so).
- Religious (In name only Strict, negative Hypocritical Genuine Happy Experience).
- Step-family (Which of parents remarried? _____ Had to live with step-brothers or step-sisters)
- Abusive (In what way? Sexual Physical Beatings Emotional _____)

God bless you for taking the time to fill out this paper work as the first step in seeking counsel for your life. We are looking forward to meeting you and helping you grow through God's grace. Please feel free to contact our office at #239.389.2073 if you have any questions about your first session or for directions to our location. Please be sure to turn in this paper work at least 30 minutes before your first session to ensure a productive session. You may bring it to the office at any time our doors are open to the reception desk.

