

# C O U N S E L I N G M I N I S T R Y

Adult Personal Data Inventory and Consent

Lighthouse World Outreach Center  
609 Gene Bell Road  
PO Box 1596  
Monroe, Georgia 30655

Telephone 770-267-4365 X 2234  
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*Please print and fill out all sections completely.*

## Section 1 – Personal & Family Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Cell) \_\_\_\_\_

Marital Status (Check all that apply)

- Never Married     Divorced     Widowed  
 Married     Remarried     Separated     Living Together

Spouse's or Partner's Name if applicable \_\_\_\_\_

How long have you been married or living together if applicable? \_\_\_\_\_

Children/Stepchildren

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Name)	(Age)	(Bio)	(Step)	(Adopted)	(Live at home?)

Emergency Contact: \_\_\_\_\_  
(Name) (Phone)

Referred for counseling by \_\_\_\_\_

Section 2 – Counseling Need

What concerns do you want to address in counseling? \_\_\_\_\_

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What have you done to try to resolve your concerns? \_\_\_\_\_

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What do you hope this counseling will accomplish? \_\_\_\_\_

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Are you currently seeking any other counseling? \_\_\_\_\_

If yes, with whom? \_\_\_\_\_

Have you previously sought any other counseling? \_\_\_\_\_

If yes, with whom? \_\_\_\_\_

## Section 3 – Nouthetic Counseling Acknowledgment & Consent

**Our Goal:** Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and enable 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 faith and life. Therefore, our counseling is based on Scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors of Lighthouse World Outreach Center are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

**Confidentiality:** Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. There are situations, however, when it may be necessary for us to share certain information with others: when there is a clear indication that you or someone else may be harmed unless others intervene; if we reasonably suspect that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes; if we believe that a child is at risk of being abused, has already been abused, or that someone who previously abused children is still a threat; if we reasonably suspect of an elder person 65 years or older, or a dependent adult; if in the event of family, marital, or couples counseling, information shared with us in any individual meeting may be shared, at our discretion, with the other party, if we believe it to be in the best interest of the work we are doing together; if we deem that consultation is required in order to better serve you, we may disclose necessary information to our supervisor, peers, and/or ministers who may be directly involved in your situation; we may be ordered by a judge to release information if you are involved in a court case in which our professional relationship is deemed relevant. If you were to file a formal complaint your confidentiality would be waived. Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

**Agreement:** I voluntarily agree to the nouthetic counseling provided by the counseling staff of Lighthouse World Outreach Center. I understand and recognize that such nouthetic counsel consists of guidance pertaining to ideals, beliefs and Scripture as interpreted and ministered by the pastoral or the lay counselors of Lighthouse World Outreach Center.

I recognize and understand I am not receiving secular or psychiatric, psychometric, or psychological counseling. I understand and recognize that the pastoral or the lay counselors of Lighthouse World Outreach Center are not licensed mental health care providers, and are not representing themselves as “psychiatrists”, “psychometrists”, or “psychologists” nor is their guidance considered “psychiatry”, “psychometry”, “psychology”.

I acknowledge and understand that this acknowledgment and consent has the same force and effect regardless of whether the nouthetic counseling activities are free instead of a fee being charged for consultation.

I acknowledge and understand that the nouthetic counseling received from the pastoral or the lay counselors of Lighthouse World Outreach Center does not and will not assess, diagnosis, correct, treat or counsel in a professional relationship to assist in, among other things, the following: (a) alleviating mental or emotional illness, symptoms, conditions, or disorders, including alcohol or drug addiction; (b) understanding conscious or subconscious motivations; (c) resolving emotional, attitudinal, or relationship conflicts; or (d) modifying feelings, attitudes, or behaviors that interfere with effective emotional, social or intellectual functioning, and in the event such advice is given concerning these or problems of the like, such advice is not given in a professional capacity, but is given by the pastoral or the lay counselors of Lighthouse World Outreach Center only in their recognized capacity as biblically – based nouthetic counselors, without any further representation of professionalism.

I acknowledge and understand it is my obligation to inform the pastoral or the lay counselors of Lighthouse World Outreach Center, *prior to* a nouthetic counseling session, that I *do not* desire to participate in nouthetic counseling, but rather, I am seeking to establish a professional relationship with a mental health service provider.

I acknowledge and understand that I take full responsibility for decisions made by me after this nouthetic counseling session. I agree not to hold Lighthouse World Outreach Center, its staff, lay counselors, employees or members responsible for any injuries, expenses or damages, perceived or real, that result from the nouthetic counseling services provided.

I have been provided a copy of this Nouthetic Counseling Acknowledgement and Consent and have read it, understood it and have been given an opportunity to ask questions before signing it.

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

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