



Liberty Biblical Counseling Ministries Welcome Letter

Dear Potential Counselee,

I would like to take this opportunity to welcome you to the Liberty Biblical Counseling Ministry (LBCM) which is a ministry of Liberty Baptist Church, Clermont, FL. The purpose of this ministry is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ. We are confident that the Bible has all of the information necessary for life and godliness (2 Peter 1:3) and that there are no problems which the Bible fails to address either in general or in specific principles. Therefore, your counseling will be Biblical in which the Scriptures are the final authority in all cases (2 Timothy 3:16-17). In other words, there will be NO secular or psychological influences in our counseling. However, you are fully responsible for how you implement that advice.

Even though there is no mandatory charge for this ministry, we do ask for a \$25 administrative fee (to be paid during the first session) to cover the cost of reading materials and supplies that may be provided to you for your benefit. The counselor may also recommend that you purchase additional books to aid in your Christian growth. If you are unable to pay the \$25, it will be waived in good faith. Although this Biblical counseling service is provided without charge, Liberty Baptist Church accepts freewill offerings, which will be used to continue to provide excellent Biblical counseling and to expand this ministry.

We recognize and respect the authority and discipline of the local church. Therefore, it is important that Biblical counseling sessions be accompanied by church activities that encourage discipleship and fellowship (Hebrews 10:24-25). If you are a member of another church family, the assistance of your church's leadership may be requested. Your pastor, elder, or deacon may even become a part of your counseling team. If you are not a member of a church, we will expect you to attend Liberty Baptist Church during the period of counseling. We also ask that you attend at least one Bible Fellowship Group or Sunday School Class.

Our Biblical Counselor's time is limited and is in high demand by those requesting Biblical counseling. If you must cancel or reschedule a counseling session, please call (352)-394-0708, or your Biblical Counselor directly, at least 24 hours prior to your scheduled counseling session. Of course, in emergencies, exceptions are made. For scheduling purposes, please be advised that the counseling period lasts an average of between 8 to 12 sessions. Please allow at least 2 hours for the first session, and 1 hour for all subsequent sessions.

Since the Bible says that every believer needs to continually examine himself (1 Corinthians 11:28) and be an effectual doer of the Word (James 1:22-25), homework will be assigned during each session to assist you in implementing the Biblical principle learned during the counseling. It is important, therefore, that you bring writing paper, pen, and your Bible to ALL sessions. If you are unwilling to use the Bible as the final authority in counseling or unwilling to do the homework assigned, sessions will be terminated.

If you are interested in pursuing Biblical counseling through LBCM, kindly fill out the attached Request for Biblical Counseling Form and mail it to Liberty Baptist Church, 11043 True Life Way, ATTN: Biblical Counseling Ministry, Clermont, FL 34711 or email it to counseling@lbcclermont.org. Each person requesting counseling must fill out a form, so please feel free to copy the form as necessary. We ask that you complete these forms and submit them to us at least a week ahead of your scheduled first appointment. During the first session, you will be asked to sign an LBCM Consent to Biblical Counseling and Discipleship Form which further explains our Biblical counseling ministry.

We believe you will receive encouragement and hope from the Scriptures even during the first session (Romans 15:4). From then on, with your cooperation, we believe a trustworthy and Biblical answer to your difficulty will be found. In the meantime, I would like to leave you with this verse from Scripture, “And God is able to make all grace abound to you, that always having all sufficiency in everything, you may have an abundance for every good deed” (2 Corinthians 9:8). May God richly bless you!

Duane Watt
Lead Pastor/Elder
Liberty Baptist Church

Liberty Biblical Counseling Ministries (LCBM)
Request for Biblical Counseling
 (A Ministry of Liberty Baptist Church)

Instructions: Please print clearly. If necessary, please continue answer on a separate sheet of paper and attach to this form. Each counselee must complete one of these forms. Please bring your Bible, writing paper, and a pen to all sessions.

A. PERSONAL INFORMATION			
Name:		Date:	
Phone:	Birthdate:	Age:	Gender:
Email:			
Occupation:		Business Phone:	
Education	Last Grade Completed (prior to college):		
	Other Education:		

B. FAMILY INFORMATION			
Marital Status (circle one): Single Married Divorced Widowed			
Spouse's Info	Name:		Phone:
	Birthdate:		Age:
	Occupation:		
	Education:	Last Grade Completed (prior to college):	
		Other Education:	
Date of Marriage:		Your Ages When Married: Husband: ____ Wife: ____	
How long did you know your spouse before marriage?:		Length of Dating with Spouse:	
		Length of Engagement:	
Is your spouse willing to come for counseling?		Yes ____	No ____ Uncertain ____
Have either of you been married before?		Yes ____	No ____
Have you ever been separated or filed for divorce?		Yes ____	No ____
Do you currently have a restraining order against your spouse?		Yes ____	No ____
Have you ever struggled with same-sex attraction?		Yes ____	No ____
Have you ever been arrested?		Yes ____	No ____
If you answered yes to any of the above 5 questions, please explain:			

Children	Name	Age	Gender	Living (Yes/No)	From PM* (Yes/No)

*Previous Marriage

C. RELIGIOUS INFORMATION

Current Church Info	Church I Currently Attend:				
	Address:				
	Pastor's Name:			Pastor's Phone:	
	Are you a member at your church?			Yes ____	No ____
	May we contact your pastor for information/help?		Yes ____	No ____	Uncertain ____
	Church Attendance Per Month (Circle one):		0 1 2 3 4 5 6 7 8 9 10+		
Religious Background	Church Attended in Childhood:				
	Have you been baptized?		Yes ____ If yes, when _____	No ____	
	Denominational Preference:				
Religious Beliefs	Do you consider yourself a religious person?		Yes ____	No ____	Uncertain ____
	Do you believe in God?		Yes ____	No ____	Uncertain ____
	Have you received Jesus Christ as your personal savior?		Yes ____	No ____	Don't know ____
	If you answered yes to the last question, please answer the following:				
	How do you know that Jesus is your savior?				
What changes took place in your life when you became saved?					

	Are you at the place in your spiritual life where you know for certain that if you die tonight you would go to heaven? Yes ____ No ____ Uncertain ____ What is your basis for answering this question as you did?				
Spiritual Life	I read the Bible:	Daily ____	Often ____	Occasionally ____	Never ____
	I pray to God:	Daily ____	Often ____	Occasionally ____	Never ____
	I have family devotions:	Daily ____	Often ____	Occasionally ____	Never ____
	Explain your personal and/or family devotions:				
	Explain any recent changes in your spiritual life:				
	Do you believe Satan exists?	Yes ____	No ____	Uncertain ____	
	Have you ever dabbled with the "Occult" (e.g. Séances, devil worship, witchcraft, etc.)?	Yes ____	No ____	Uncertain ____	
Spouse's Religious Background	Church Name:				
	Frequency of Attendance Per Month:				

D. HEALTH INFORMATION

Current Health Information	My Health Is (circle one):	Very Good	Good	Average	Declining
	Height:	Weight: ____ lbs. (Explain any weight changes):			
	Date of Last Medical Exam:	Physician's Name & Phone:			
	Results of Last Medical Exam:				
	Each night, when do you:				
	Go to bed?	Fall asleep?	Wake up?	Get out of bed?	
	Describe any recent changes in sleep habits:				
	Do you drink alcoholic beverages?			Yes ____	No ____
	If yes, when?		How much?		

	Are you presently taking any medications?	Yes ____	No ____	
	If yes, list medication(s) and dosages:			
	Are you/have you used drugs for anything other than medical purposes?	Yes ____	No ____	
	If yes, list drugs used and when:			
Medical History	List major present/past illnesses, injuries or handicaps:			
	Have you recently suffered the loss of someone who was close to you? If yes, please explain.			
	Have you had any psychotherapy/counseling before? (If yes, complete the following)		Yes ____	No ____
	Counselor's Name	Dates (From/To)	Medication Prescribed	Outcome/diagnosis
	Are you willing to sign a release of information form so that we may obtain social, psychiatric, or medical reports?		Yes ____	No ____

E. BASIC PROBLEM INFORMATION

What is the major problem you are dealing with (what brings you here)?

In what ways have you contributed to the problem?
What actions have you taken to deal with the problem?
How do you think this counseling with help you?
How did you hear about us?

OFFICE USE ONLY		
25\$ Administration Fee (Cash only please)	Received _____	Waived _____
Counselor's Approval		Date: