



Firm Foundation Biblical Counseling Application

Directions for Application

1. Please take your time to prayerfully fill out this application completely and neatly.
2. On a separate sheet of paper please submit a brief (1-2 page) typed testimony:
 - a. Describe your life before you became a Christian.
 - b. Describe the events and that led to you giving your heart to the Lord (date and age at time if applicable).
 - c. Describe how your life has changed since becoming a Christian.
 - d. Describe what has led you to the point of seeking biblical counseling.

Personal Information

Full Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Spiritual Information

Church and Denomination: _____

Pastor's Name: _____ Does Pastor know about the problem? Yes No

How Many services do you attend per month? _____

Are you saved? Yes No Uncertain

How often do you read your bible? Daily Occasionally Rarely Never

Do you have a consistent daily prayer time? Yes No

If so when and how long do you spend in concentrated prayer: _____

Health Information

Rate your health [] Good [] Average [] Declining [] Poor

If yes, list and give reason(s) for taking medication: _____

Family Information

Do you work outside the home? [] Yes [] No

If yes, describe: _____

Are you in charge of your finance or if married is your spouse? _____

Do you watch TV? [] Yes [] No

Emotional & Personal Information

What prompted you to seek biblical counseling?

Do you have specific areas of struggle you would like to focus on and walk through with your biblical counselor?

What are your expectations of your biblical counselor?

List the three biggest problems you face in life and your three biggest fears

(1) _____

(1) _____

(2) _____

(2) _____

(3) _____

(3) _____

List 5 specific ways you want God to change you. Be concise.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

What does an intimate relationship with Jesus look like to you?

What do you say about Jesus Christ and your personal relationship with Him?

Are you on any medications? [] Yes [] No. If so, which ones and what do you use them for? List any side-effects affiliated with the medication.

Are you married? [] Yes [] No. If so, how long have you been married?

Have you been divorced? Yes No. If so, list all marriages and divorces.

If applicable, list how many children you have including ages and gender.

Have you had any abortions or miscarriages? Yes No. If so, please list how many of each and your age when you had them?

Have you been sexually abused? Yes No. If so, what age and how long did this continue?

Have you been in any homosexual relationships or had any homosexual experiences? Yes No. If so, please describe the nature of this.

Have you ever practiced any occult activities including, Ouija board, levitation, freemasonry, meeting with physics or mediums, crystals, sage, New Age, Universalism, Wicca, Fraternity, Sorority, etc. If so, list all you've experienced or participated in.

Have you used or do you use drugs? If so, list them whether prescription or illegal. Include how long you used them.

Have you or do you drink alcohol? If so, how many drinks per week and how often?

Please circle all ungodly beliefs you have about yourself or God: Rejection, Not belonging, Unworthiness, Guilt, Shame, Self-Worth, Recognition, Value, Control, Physical Appearance, Personality Traits, Identity, Safety, Protection, Retaliation, Victim, Hopelessness, Helplessness, Defective in Relationship, Anger, Bitterness, Resentment, God the Father, God the Son, God the Holy Spirit.

If you want to elaborate on any of the ungodly beliefs you've circled, please list below.

Have you experienced demonic activity or torment? If so, explain below.

Firm Foundation accepts donations through the ministry covering Disciple Nations and can be given to this link <https://disciplenations.net/missionaries/eskridge>

Suggested Donation 12-week Individual counseling \$800

Suggested Donation 12-week Marriage counselling \$1,200

FFBC also accepts payments through CashApp, Venmo, PayPal, or by credit card.

Please fill out and sign last page

Commitment, Referral, and waiver of liability and confidentiality

I understand that FFBC matches me up with a Certified Biblical Counselor or Biblical Counselor in training. I agree to participate for the entire period, minimum 3 months.

I commit to meeting whether in person, through zoom or by phone or text for the time frame my Biblical Counselor sets once I begin the counseling process. I am committed to creating space for daily prayer time and daily time to be in bible study.

I understand I do not have the answers to my problems, but the Word of God has the answers, and my discipleship coach will walk through struggles with me pointing me to God's Word.

I understand that FFBC requests and/or requires me to share with my pastor the situation to help further my healing process.

I agree to remain teachable and open to biblical reproof.

I agree to release Disciple Culture/ Firm Foundation Biblical Counseling LLC. in consideration for these counseling/discipleship services from all claims, demands, actions, or causes of actions, whatsoever, in law or equity which I may have.

I understand and acknowledge that no warranties or guarantees are made in connection with any of the Biblical Counselors with Firm Foundation Biblical Counseling LLC.

I understand that the Counselors of Firm Foundation Biblical Counseling are not accredited psychologists, and that I will be receiving spiritual guidance and discipleship as it pertains to different areas of my life.

I understand that any information I give to the counselors with Firm Foundation Biblical Counseling will remain confidential, except in the case of ongoing activity where safety of others is at stake or other legal mandate applies.

As a part of my biblical counseling with Firm Foundation Biblical Counseling LLC., I agree to the following terms. I agree that my major biblical counseling goal is to glorify God with my life. I understand that becoming suicidal keeps me from this. I refuse to act on suicidal urges or urges to injure myself. If at any time (7 days a week, 24 hours per day) I should begin to have suicidal thoughts or intents, I agree to the following: I will contact _____ at # _____ first, if not available, I will contact _____ at # _____, or call 911. I have stated and believe that my motive and means to harm myself is decreased to the point I am not in imminent danger to harm myself.

By my signature below, I acknowledge that I have read and understand the Waiver of Liability and Waiver of Confidentiality and that I accept the stated conditions and limits of confidentiality.

Signature: _____ Date: _____

Attach written Testimony. This should be a brief explanation of your life's story. Share what your life was like before you surrendered your life to Christ, what events led to your salvation, and what your life is like now as well as any concerns you want to focus on during counseling. Please share any major life events whether good or bad.