

**ABIDING WORD MINISTRIES, INC.**

Distinctively Biblical Counseling

Dear Friend:

I want to welcome you to Abiding Word Ministries! You are about to embark on a journey like you have never experienced before. Many of our counselees have tried various other forms of counseling. We are told by them that their lives have never been so impacted by a counseling ministry like Abiding Word Ministries.

Your counselor, Vic Smith, is an ordained minister of the gospel who will take you through God's Word directing you to Biblical answers to your problems. Vic has been a deacon, chairman of deacons, and a Sunday School teacher at First Baptist Church of Woodstock. Vic is also certified through and a member of the National Association of Nouthetic Counseling (NANC). He has been counseling for well over twelve years. Vic and his wife are native Atlantans who have been married for over thirty years with a son and daughter both in their twenties. To learn more about the ministry, please go to our website at [www.abidingwordonline.org](http://www.abidingwordonline.org). While on the website, be sure to click on Promotion Video and Changed Lives to view personal testimonies from some of our counselees.

To get started on your counseling, please complete the attached documents for each person who plans to attend the counseling session:

- 1) Personal Data Form
- 2) Ministry Policies and Procedures – Please sign
- 3) Client Agreement – Please sign last page

When the forms are filled out and signed, please return them by either:

- Mail:  
Abiding Word Ministries, Inc.  
P.O. Box 1563  
Marietta, GA 30061
- Fax: 770-590-7948
- Email: [info@abidingwordonline.org](mailto:info@abidingwordonline.org)

Once the forms are received, I will call to set up an appointment. If there is a waiting list, you will be contacted as soon as an appointment is available.

If you have any questions, or need assistance in any way, please do not hesitate to call our office, 770-427-5472.

In His Service,

Carmen Smith  
Ministry Administrator

**Personal Data Form**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Yrs. at this address: \_\_\_\_\_ Email: \_\_\_\_\_  
Sex:  M  F Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Education: \_\_\_\_\_ Other Training: \_\_\_\_\_  
Marital Status:  Single  Engaged  Married  Divorced  Widowed  
Spouse's name: \_\_\_\_\_ Age of Spouse: \_\_\_\_\_  
This is your \_\_\_\_\_ marriage. This is your spouse's \_\_\_\_\_ marriage.  
How long have you been married? \_\_\_\_\_ How long did you date before marriage? \_\_\_\_\_  
Did you have any pre-marital counseling?  Yes  No  
Names and ages of children (Indicate \* if from a previous marriage): \_\_\_\_\_

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**Health Data**

How do you rate your health?  Excellent  Good  Fair  Declining  Poor  
Are you presently under the care of any medical practitioner?  Yes  No  
If yes, please explain: \_\_\_\_\_  
Date of last physical: \_\_\_\_\_ Report: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Are you currently taking any prescription or non-prescription medications?  Yes  No  
If yes, please list: \_\_\_\_\_  
Please list all important present or past illnesses, injuries, or handicaps: \_\_\_\_\_  
\_\_\_\_\_  
Please list all important health conditions in your immediate family: \_\_\_\_\_  
\_\_\_\_\_  
Do you sleep well?  Yes  No Average number of hours sleep per night: \_\_\_\_\_  
Has your weight changed recently?  Yes  No If yes, gained \_\_\_\_\_ lbs./lost \_\_\_\_\_ lbs.  
Do you drink alcoholic beverages?  Yes  No If yes, how often? \_\_\_\_\_  
Have you ever been arrested or involved in a lawsuit?  Yes  No  
If yes, please explain: \_\_\_\_\_

**Religious Data**

What church do you currently attend? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May we contact your Pastor for information and assistance?  Yes  No

Church attendance per month: 0 1 2 3 4 5 6 7 8 9 10 11 12+

Describe your childhood church experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your spouse attend church with you?  Yes  No  Occasionally

What is your spouse's church background? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you believe in God?  Yes  No  Unsure

Do you pray?  Rarely  Occasionally  Often  Daily

Do you read the Bible?  Rarely  Occasionally  Often  Daily

Do you have personal devotions?  Rarely  Occasionally  Often  Daily

Do you have family devotions?  Rarely  Occasionally  Often  Daily

Is your relationship to God an important part of your life?  Yes  No  Unsure

Do you know for certain that you will spend eternity with God in heaven?  Yes  No  Unsure

Why? \_\_\_\_\_

Have you ever prayed to receive Jesus Christ as your Savior?  Yes  No  Unsure

If yes, please tell when and briefly describe your salvation experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please describe any changes since your salvation: \_\_\_\_\_

\_\_\_\_\_

Have there been any recent changes in your spiritual life? \_\_\_\_\_

**Basic Problem Identification**

What is the problem that brings you to us? \_\_\_\_\_

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What have you done about it? \_\_\_\_\_

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What do you want us to do? \_\_\_\_\_

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What circumstances led to your coming here at this time? \_\_\_\_\_

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Is there any other information that we should know? \_\_\_\_\_

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Referred by: \_\_\_\_\_

**ABIDING WORD MINISTRIES, INC.**

**Distinctively Biblical Counseling**  
**Ministry Policies and Procedures**

**APPOINTMENTS:**

There may be a waiting period for an appointment. We will contact you as soon as an appointment is available. Please schedule approximately one and a half hours for your first session. After that, each session will last just under one hour. **Please bring your Bible and a notebook to each appointment.** We request that if you must cancel an appointment, please let us know at least 24 hours before your scheduled time.

**MINISTRY COST:**

Abiding Word Ministry is a faith-based ministry, operating solely through the sacrificial ministry contributions of those who believe in and/or benefit from the ministry we offer. As such, you are expected and encouraged to share in the cost of the ministry you receive. **The suggested contribution is \$75.00 per appointment. *It is our desire that everyone receives the counseling they need. Therefore, if for any reason you are unable to contribute to the ministry at this time, partial or full scholarships may be available through our Ministry Administrator by calling 770-427-5472.*** Contributions should be made at the end of each appointment if possible, and **all contributions are tax deductible.** We accept cash, check, and debit card or all major credit cards by going to our website [www.abidingwordonline.org](http://www.abidingwordonline.org) and clicking "Give Online."

**HOMEWORK:**

You must complete all homework assignments. The time and effort required to complete these homework assignments are an essential part of this type of Biblical counseling. The continuation of your counseling will depend on your effort and commitment to complete the assigned work.

**LOCAL CHURCH INVOLVEMENT:**

For the duration of your counseling, you must be actively worshiping in a local congregation on a regular basis which includes, at a minimum, weekly attendance at public worship services. The continuation of your counseling will depend on your effort and commitment to regularly attend Sunday worship.

I understand and agree to the above Ministry Policies and Procedures.

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Signature

**ABIDING WORD MINISTRIES, INC.**

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**Client Agreement**

This Client Agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by and between \_\_\_\_\_ (Participant) and Abiding Word Ministries, Inc. (AWM).

**Purpose:** AWM exists for the purpose of helping fellow believers strengthen their relationships with God and with others, becoming more Christ-like as they grow and change in and through the circumstances of life.

**Disclaimer:** AWM is a Georgia nonprofit corporation. AWM, its ministers, representatives, or employees do not possess any professional licensing or certifications as issued by the State of Georgia for the practice of professional counseling, marriage or family counseling or therapy, or social work specialties, nor do they possess the required education, experience, or training for such licensing or certification. AWM does not meet any requirements for court, probation, or probation or parole mandated counseling. Finally, AWM does not render or offer any financial, legal, or medical opinions or advice whatsoever.

**Nature of Services:** AWM offers Biblical discipleship based on the principles found in Scripture. In this type of ministry, presuming cooperation from the Participant, it is the Holy Spirit, working through His Word, who is the agent of change and not the ministers of AWM. Our goal is to present a Biblical approach to the Participant's circumstances as revealed through Scripture that will lead to ultimate victory in living a life pleasing to God.

**Confidentiality:** It is understood and agreed that all statements, whether written or verbal, made to AWM will be held in the strictest confidence to the fullest extent permitted by law, with the following exceptions:

- AWM reserves the right, and/or may be required by law, to report child abuse or the suspicion of child abuse of any type to the proper authorities.
- AWM reserves the right, and/or may be required by law, to disclose to the appropriate person, agency, or civil authorities actual physical injury at the hand of another or imminent threats of physical injury that any person may reasonably attempt against one's self or another person.
- To ensure the highest level of effectiveness in the discipleship process, AWM reserves the right to consult with other appropriate ministers or church staff regarding Participant's situation. This consultation will be held in the same level of confidence as Participant's personal meetings.

**Dispute Resolutions:** The parties to this Agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with one another in private or within the church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this Agreement shall be settled by biblically-based mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemakers Ministries. Judgment upon an arbitration decision may be entered in any court in the State of Georgia otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this Agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

**Waiver:** In consideration of the services provided by AWM, the Participant does hereby waive, as to AWM its agents, employees and its successors and assigns, any and all claims for any injury, damage, loss or accident arising out of the services and discipleship provided to the Participant by AWM. Furthermore, Participant hereby acknowledges and agrees that this waiver shall remain in full force and effect even if Participant's relationship with AWM should discontinue.

**Governing Law and Severability:** This Agreement shall be construed in accordance with the laws of the State of Georgia without regard for conflicts of law principles. The terms and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

**Acknowledgments:**

Participant acknowledges and agrees that Participant is executing this Agreement voluntarily and without any duress or undue influence; the Participant has carefully read this Agreement and has asked any questions needed to understand the terms, consequences, and binding effect of this Agreement and fully understands them. Participant further affirms that all of the information provided on the Personal Data Form is true and complete to the best of Participant's knowledge.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant