



Port City Community Church

"...helping people walk with God"

Please retain this first page for your reference.

Our **MISSION** here at Port City Community Church is to “reach people and help them walk with God”. As part of that process, our Care Ministry is here to walk with individuals who are experiencing struggles in their daily lives by providing hope, encouragement and Biblical guidance.

Our **VISION** is to connect individuals with a Biblical counselor to meet, listen, clarify and teach Biblical truths and principles that apply to their specific situation. Our counselors are trained volunteers and staff members however, please note that we are not licensed therapists, psychologists or psychiatrists. If you are in need of a licensed counselor, we can recommend local organizations that provide care similar to ours.

Completing this form helps us to better understand your situation and assists us with providing next steps and to give you our best plan of care.

Our **BELIEF** is that lasting change begins with allowing the Holy Spirit to transform our hearts and minds and not just by us changing a specific behavior. We believe that as we learn and understand God’s Word and seek His presence in our lives, our walk with Christ begins to form and deepen into a greater understanding of God’s will for our lives. This understanding is the root of our belief system and changes our behaviors, attitudes, habits and actions.

Our **PROCESS** is simple. Once this form is completed, please retain this top page for your reference and seal the rest of this form in an envelope with *Attn: Care Ministry* written on the outside. Return by dropping off at Guest Services on Sundays or at the church office Monday – Friday from 9a-5p. You may also mail to Port City Community Church, Attn: Care Ministry, 250 Vision Drive, Wilmington, NC 28403.

Once we have received your completed form, you will be contacted by a Coordinator to discuss specifics and scheduling. In most cases, contact is made within 3 business days from receipt of your forms. If you have not heard back from us within 5 days, please feel free to follow-up by contacting us at 910-202-8800 and asking for the Care Team Coordinator.

Our **SCHEDULING** is streamlined to allow our team to meet with as many individuals as their case load allows. Please be prompt as appointments do not go past the allotted time due to other scheduling priorities.

We ask that you provide a 24-hour notice if you must cancel a scheduled appointment. We may be reached at the contact number at the bottom of this page. If you are unable to contact us and your appointment is a “No Show” please be respectful of your counselor’s time and contact us afterwards so we may notify them of your situation.

Port City Community Church ~ 250 Vision Dr. ~ Wilmington, NC ~ 28403 ~ 910-202-8800

INDIVIDUAL CARE FORM

Please check type of care: Marriage Family Men Women

PERSONAL INFORMATION

Name: _____ Today's Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Age: _____ Gender: Male Female
 Best Contact Phone Number: _____ May we leave a message? Yes No
 Email Address: _____ May we contact you by email? Yes No
 Occupation/Employer: _____ FT PT
 Education/Degree Earned: _____ Referred by: _____
 Marital Status: Single Engaged Married Separated Divorced Widowed
 With whom do you live? Alone Parent(s) Spouse Children Other _____
 Were you reared by someone other than your parents? Yes No If yes, whom? _____
 List your sibling(s) and their ages: _____

SCHEDULING

Please select all possible times below that you are available to meet with a Biblical counselor. Please note: Very restricted availability may result in longer wait times.

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Morning (9a-12)	<input type="checkbox"/> Morning (9a-12)	<input type="checkbox"/> Morning (9a-12)	<input type="checkbox"/> Morning (9a-12)	<input type="checkbox"/> Morning (9a-12)
<input type="checkbox"/> Afternoon (12-5p)	<input type="checkbox"/> Afternoon (12-5p)	<input type="checkbox"/> Afternoon (12-5p)	<input type="checkbox"/> Afternoon (12-5p)	<input type="checkbox"/> Afternoon (12-5p)
<input type="checkbox"/> Evening (5-8p)	<input type="checkbox"/> Evening (5-8p)	<input type="checkbox"/> Evening (5-8p)	<input type="checkbox"/> Evening (5-8p)	<input type="checkbox"/> Evening (5-8p)

RELIGIOUS INFORMATION

Is Port City Church your home church? Yes No If yes, how long? _____
 If not, where do you attend? _____ Denomination: _____
 How often do you attend church? Weekly Bi-Monthly Monthly Holidays
 Church attended in childhood: _____ Denomination: _____

Do you believe in God? Yes No Not Sure
 Do you pray? Frequently Sometimes Never
 Have you accepted Jesus Christ as your Personal Savior? Yes No Not sure what you mean
 Do you read the Bible? Frequently Sometimes Never
 Are you in a Small Group at PC3? Yes No If yes, who is your leader? _____
 May we contact them? Yes No

MARRIAGE & FAMILY INFORMATION

Spouse's Name: _____ Age: _____

Address: *(if not same as above)* _____ Contact Phone: _____

Email Address: _____ Occupation: _____ FT PT

Education/Degree Earned: _____ Religious Affiliation: _____

Date of Marriage: _____ Ages When Married: Yours: _____ Spouse's _____

Have you and your spouse ever been separated? Yes No Currently When? _____

Have you been married before? Yes No If yes, briefly explain situation and length of marriage _____

Is your spouse willing to come with you for counseling? Yes No

Note: *If yes, spouse must complete a separate form. Both forms must be submitted before processing.*

Please list any children below: *(use additional page if necessary)*

Child's Name	Age	Gender	Lives at Home?	Highest Education	Specifics:

Specifics = PM (previous marriage), A (adopted), MC (miscarriage), D (deceased)

HEALTH INFORMATION

Have you been counseled at PC3 before? Yes No If so, when/who? _____

Have you ever been seen by a psychiatrist? Yes No

Please give basic information on your previous counseling, if applicable: *(use additional page if necessary)*

Age	Counselor or Center	Duration	Situation & Diagnosis

Do you have difficulty sleeping at night? Yes No How many hours do you get? _____

Current state of health: Very Good Average Bad Other _____

Are you currently under a physician's care? Yes No If so, list current medical condition(s): _____

Please list current medications *(if applicable)*:

Name of Medication	Prescribed For:	Been taking since:

(Use additional page if necessary)

Have you used drugs for other than medical purposes? Yes No When? _____

Do you drink alcohol? Yes No How often? _____ How much? _____

Have you ever been addicted to any kind of drug or alcohol? Yes No If yes, please describe situation: _____

CURRENT SITUATION

Please describe your walk with Christ. _____

Please describe the current problem. What brings you here? _____

What have you done about this situation? _____

What are your goals for this Biblical counseling? _____

Please describe any family history or additional information that may be pertinent to this situation. _____

CONSENT TO COUNSEL

Your **BIBLICAL COUNSELOR** is a Christian with special training and experience in applying the truths the Bible presents. We believe that Scripture in its entirety originated with God and that it was given through the instrumentality of chosen men. They are the unique, full, and final authority on all matters of faith and practice, and there are no other writings similarly inspired by God. We **BELIEVE** the Bible points us to a person and a relationship – Jesus Christ as our Savior and Redeemer. We believe that lasting change comes when a person sees themselves through the lens of that relationship and allows the Holy Spirit to mold and transform their heart. We believe that our heart drives our thoughts, speech, behaviors and attitudes. Our aim is to help others see through that lens so they will see how their heart changes and becomes new and thus their thoughts, speech, attitudes and behaviors truly change as a natural by-product of that relationship. Your **CONFIDENTIALITY** is an area that we take very seriously. We will carefully guard the information you entrust to us to the fullest extent possible. There are times, however, when it may be necessary for us to share certain information with others.

Examples include, but are not limited to, the following: (1) Where a person refuses to renounce a particular sin, 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). In such cases, we will reveal only such information as is necessary for such purposes, and only to those Biblically required to be involved. (2) Where an individual is, or has, been involved in activity that threatens the safety, structure, or integrity of a ministry of the church; the Biblical counselor may disclose details necessary to the ministry director and/or Leadership staff. (3) Where a Biblical counselor is uncertain as to how to address a particular issue, he/she may seek counsel from a staff pastor or another Biblical counselor. (4) Where an individual threatens harm to himself or another person, it may be necessary to intervene in order to prevent such harm. The law may also require a counselor to reveal spousal or child abuse, or some other crime, to the appropriate authorities. (5) Observers may sit in on sessions, either to assist in the process or for training purposes.

I, _____ have read and understood Port City Community Church's (PC3) documentation regarding the provision of Biblical counseling. I grant permission for PC3 to render counseling services to me and the names listed below.

I also state that I am enrolling myself in PC3s Biblical counseling of my own will and furthermore understand the PC3 may terminate my counseling due to non-compliance of my plan of care, failure to keep or cancel appointments, displays of violent behavior, threats of violence, involvement in criminal behavior, arriving in an altered state of mind or other similar issues.

Participant's Signature _____

Date _____