

**REQUEST FOR COUNSELING**

**PERSONAL**

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Gender:  Male  Female      Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_ Work: \_\_\_\_\_

Marital Status:  Married  Separated  Divorced  Widowed  Single

Are you currently involved in a dating/romantic relationship?  Yes  No      If yes, how long? \_\_\_\_\_

If yes, do they have a personal relationship with the Lord Jesus?  Yes  No      Is this person at CLC?  Yes  No

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been fired from a job:  Yes  No      If yes, explain: \_\_\_\_\_

**HEALTH**

Rate your health:  Very good  Good  Average  Declining  Other      Your physician: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Medical Report: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Current medication:  Yes  No      What kind and for what purpose: \_\_\_\_\_

**RELIGIOUS BACKGROUND**

Church currently attending: \_\_\_\_\_ How long: \_\_\_\_\_ Attends how often: \_\_\_\_\_

Specify:  Partner of City Life Church      Date: \_\_\_\_\_

Conversion Date: \_\_\_\_\_  Baptism of the Holy Spirit  Attended the Life Track      Date: \_\_\_\_\_

Water Baptized  Do you speak in tongues  Attend a Life Group      Which one: \_\_\_\_\_

Do you pray to God?  Never  Occasionally  Often      Do you read your Bible?  Never  Occasionally  Often

Are you serving at City Life Church:  Yes  No      If yes, where? \_\_\_\_\_

Have you been asked to leave a church for any reason?  Yes  No      If yes, explain why? \_\_\_\_\_



**MARRIAGE AND FAMILY BACKGROUND**

Name of spouse: \_\_\_\_\_ Spouse's age: \_\_\_\_\_ Age when married: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_ Marriage date: \_\_\_\_\_

How long did you know your spouse before marriage: \_\_\_\_\_ How long did you date steadily: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

Ever been separated:  Yes  No If yes, when : \_\_\_\_\_ How Long : \_\_\_\_\_ Explain why? \_\_\_\_\_

Any previous Marriage/s:  Yes  No If yes, How many times: \_\_\_\_\_ When : \_\_\_\_\_ How Long : \_\_\_\_\_  
When : \_\_\_\_\_ How Long : \_\_\_\_\_

If yes, give a brief history of the circumstances : \_\_\_\_\_

	Name of Child	Age	Gender	Attend CLC	Marital Status
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	S / M / D
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	S / M / D
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	S / M / D
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	S / M / D
5.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	S / M / D

**INFORMATION RELATING TO YOUR PARENTS**

If you were reared by someone other than your biological parents, please briefly explain: \_\_\_\_\_

Relationship with parents:  Very good  Good  Average  Below average  Other  
If below average, explain why? \_\_\_\_\_

Relationship with in-laws:  Very good  Good  Average  Below average  Other  
If below average, explain why? \_\_\_\_\_

**Reason for Counseling**

Counseling is sought in many different realms of life and living, please tick where appropriate to your reason:

- Career Counseling     
  Relationship Counseling     
  Marriage Counseling     
  Family Counseling  
 Financial Counseling     
  Grief Counseling     
  Crisis Counseling     
  Behavioural Counseling

If behavioural, please explain: \_\_\_\_\_

If other, please explain: \_\_\_\_\_

How would you rate the urgency of the issue?     
  Not too urgent     
  Urgent     
  Very urgent     
  Emergency

Specify symptoms that are present:

- Anger     
  Depression     
  Loneliness     
  Bitterness     
  Resentment     
  Stress  
 Guilt     
  Conflict     
  Frustration     
  Fear     
  Worry     
  Addiction/s

If addiction/s, please explain: \_\_\_\_\_

If other, please explain: \_\_\_\_\_

How would you rate the seriousness of your problem?     
  Not too serious     
  Serious     
  Very serious     
  Chronic

Have you talked with a counsellor from City Life Church or any other church, or a licensed secular counsellor about the present difficulty:     
  Yes     
  No     
 If yes, when: \_\_\_\_\_     
 If so, with whom: \_\_\_\_\_

Have you ever been arrested for, charged with, convicted of or imprisoned for any crime:     
  Yes     
  No

If yes, please explain: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN**

The counselors at City Life Church operate under the pastoral department of the church and utilize the Bible as their guide for all counsel given. They are not licensed counselors. In serving those who need counsel they will maintain confidentiality regarding information disclosed by the counselee. However, there may be times when a counselor may feel that it is in the best interest of the counselee to discretely share some information with the pastoral staff of the church for the purpose of bringing a solution to the problem or resolving a particular conflict. In addition, there times when counsellors are legally bound to report certain crimes when they are disclosed (e.g. child abuse). If you have questions regarding confidentiality and the counseling process, please discuss it with your counselor.

Counselee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_