

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: _____