**CHURCH**

**LOGO**

# HERE

**CHURCH COUNSELING REQUEST**

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| --- | --- | --- | --- |
| **Last Name** | **First Name** | | **Date of Birth** |
| **Street Address** | | | |
| **City** | **State** | | **Zip Code** |
| **Phone: Work** | **Home** | | **Other** |
| **\_\_\_\_Male \_\_\_\_Female \_\_\_\_Single \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_Widowed \_\_\_\_Separated** | | | |
| **Home Church Name, Pastor’s Name, How long attended?** | | | |
| **Do you attend regularly? \_\_\_Yes \_\_\_No Have you had previous counseling? \_\_\_Yes \_\_\_No** | | | |
| **If you have had previous counseling, with whom?** | | | |
| **How long?** | | **Reason for termination:** | |
| **Please describe the reason you are seeking counseling? i.e. Financial, Marital, Pre-Marital, Other** | | | |
| **What goals do you hope to achieve through counseling?** | | | |
| **I do hereby release, forever discharge and hold harmless Church Name and the directors / pastors / and counselors thereof, from any and all liability, claims, or demands for personal injury, sickness or death. I understand that the counseling I receive is not from LICENSED PSYCHOLOGISTS, OR PSYCHIATRISTS. I simply will receive counseling based on the Word of God; and an opportunity for prayer led by the Holy Spirit.**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **OFFICE USE ONLY**  **Date: Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Request Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |