****

**CHURCH COUNSELING REQUEST**

|  |  |  |
| --- | --- | --- |
|  **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 The Sanctuary Christian Fellowship Church 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |