



SPIRITUAL GUIDANCE FORM

PERSONAL INFORMATION

Date ____/____/____

Last Name		First Name	
Address			Apt.#
City		State	Zip
Phone (Daytime):	Phone (Work):	Phone (Evening):	
Circle One: Male Female	Date of Birth: / /	Age:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly explain your reason for seeking counsel at this time.

How would you describe your current relationship with Jesus Christ?



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HEALTH INFORMATION

List all important present or past illnesses, injuries, handicaps or surgeries.

Are you presently taking medication? If yes, what?

Have you used drugs for non-medical purposes? Yes No

Have you ever had a severe emotional upset? Explain

Have you ever had any psychotherapy or counseling before? Yes No

If yes, are you currently receiving counseling? Yes No

AVAILABILITY (Please provide the hours available, i.e. 7:00 PM - 9:00 PM)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

My signature below indicates that I consent to allow note taking of any sessions conducted by Triumph Church on my behalf. I understand that my case may be discussed with other ministers at Triumph Church, and/or my church leadership, but only to the degree necessary to find further Biblical solutions to the problems presented. I understand that any outside consultation will be discussed with me and will be conducted in accordance with the highest standards of Biblical ethics. I further agree not to hold Triumph Church liable for any malady, illness, and/or death, the cause of which may be attributable to the side effects of any prescription or medications that I am currently taking.

Signature of applicant: _____ Date: _____

*** CONFIDENTIALITY IS RESPECTED ***