



CALVARY CHAPEL ST. PETERSBURG

Counseling Form

PLEASE FILL OUT FORM COMPLETELY
RETURN TO: COUNSELING@CALVARYSTP.ORG

Date: _____

☐ Marriage Counseling ☐ Personal Counseling

PERSONAL INFORMATION:

Name: _____ Age: _____ Sex: _____

Complete Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

FAMILY INFORMATION:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)

Spouse's Name (if applicable): _____

Spouse's Age: _____ Spouse's Sex: _____

Do you have children? If so, what are the ages:

EMPLOYMENT INFORMATION

Are you currently employed? ☐ Yes ☐ No

If **YES**, where? _____ How long? _____

If **NO**, how long have you been unemployed? _____

Is your spouse currently employed? ☐ Yes ☐ No

If **YES**, where? _____ How long? _____

If **NO**, how long has he/she been unemployed? _____

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SPIRITUAL INFORMATION:

Are you a follower of Jesus? ☐ Yes ☐ No ☐ Uncertain

Is your spouse a follower of Jesus? ☐ Yes ☐ No ☐ Uncertain

How often do you pray to God? _____

How often do you read the Bible? _____

Do you **regularly** attend Calvary Chapel church services? ☐ Yes ☐ No

If **YES**, how long? _____

Which service do you attend most often? _____

Have you been involved in any cults or occult practices? ☐ Yes ☐ No. If yes, when? _____

List any small group ministries you are involved with on a regular basis & the leader's name
(e.g. Life group, Bible study, accountability group, etc.):

Have you ever been counseled by anyone at Calvary Chapel? ☐ Yes ☐ No

When? _____

Who counseled you? _____

***For us to make a wise decision, it may be necessary for us to contact the person(s) listed above.
Do you agree to this?*** ☐ Yes ☐ No

If you **DO NOT** attend Calvary Chapel, what church do you regularly attend?

HEALTH INFORMATION:

Please list any significant illnesses, injuries, or handicaps: _____

Please list any medication(s) you are presently taking: _____

Have you ever, or do you now, use alcohol or drugs? ☐ Yes, currently ☐ Yes, in the past ☐ Never

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BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What are your main problems or areas of concern? _____

Spouse's Reply: _____

2. What have you done to try to resolve this problem? _____

Spouse's Reply: _____

3. Please describe what person(s), situation(s), or activities trigger this problem or make it worse:

Spouse's Reply: _____

4. Is there any other information we should know? _____

Spouse's Reply: _____

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BIBLICAL COUNSELING POLICY:

By accepting counseling by the Biblical Counseling ministry, the counselee agrees to commit themselves and be faithful to the purpose of the counseling and to be open and honest during the counseling sessions.

Certain communications made by a counselee may be required under applicable Florida law to be reported to the appropriate legal authorities.

I have read and understand Calvary Chapel's Biblical Counseling Policies and I agree to submit to them. I also understand that I am not seeking nor receiving professional paid counseling, but I am asking for Biblical Spiritual advice. I also understand that confidentiality of my disclosures will be maintained by the Counselor and the pastoral staff of Calvary Chapel within the guidelines listed in the Biblical Counseling ministry policies and pursuant to applicable Florida law.

Name – Please Print

Signature

Date

Spouse – Please Print

Signature

Date

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