



CALVARY CHAPEL RIALTO

COUNSELING APPLICATION

Please read the following before completing this application:

The counseling you receive from Calvary Chapel is from a biblical perspective. We do not provide psychotherapy or psychiatric treatment. All biblical counseling sessions are based on two premises:

- 1. God's Word, the Bible, has the answers for life's issues and problems.**
- 2. The person is attending each session by personal choice and not coercion.**

Adults: What is discussed in biblical counseling sessions is confidential unless you give consent to its release, with two exceptions: (1) I will need, and am compelled by law, to inform an appropriate other person(s) if I hear and believe that you are in danger of hurting yourself or someone else and (2) If there is reasonable suspicion that a child has been abused.

Children: Discussion held in biblical counseling sessions is strictly confidential, with three exceptions: (1) If I think you are going to hurt yourself; (2) If I think you are going to hurt someone else; (3) If I think someone, including your parents, is hurting you. If any of these things occur, I will need to try and get additional help for you.

Note: Under California State Law, Pastors of Calvary Chapel Rialto are considered mandatory reporters. Mandated reporters are legally required to follow state laws about reporting child abuse and/or neglect, elder and dependent adult abuse and/or neglect, domestic violence, suicide, threat of suicide, homicide and threat of homicide. Failing to make a report is a crime and is classed as a misdemeanor in most states, with specific penalties varying by jurisdiction. They must report even if they are uncertain about whether or not the allegation is true.

There is no childcare available during your counseling appointment(s) and no children are allowed in any area of the Church buildings, grounds or your vehicle without adult supervision. Please make the necessary arrangements to leave your children at home.

I have read the above statements. I understand and accept the counseling provisions:

Name _____ **Signature** _____ **Date** _____

PERSONAL INFORMATION

Name _____ Phone # _____

Address _____ City _____ Zip _____

Birth Date _____ Age _____ Gender: Male ☐ Female ☐

Occupation _____

Marital Status: Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Living Together ☐

Education (Last Grade Completed) _____ Other (List Type & Years) _____

HEALTH INFORMATION

Rate Your Health: Very Good ☐ Good ☐ Average ☐ Declining ☐ Other _____

Recent Weight Changes: Lost ☐ Gained ☐ None ☐

List All Important Present or Past Illnesses, Injuries or Handicaps _____

Date of Last Medical Exam _____ Condition _____

Physician's Name _____ Phone _____

Please List Any Medication You Take _____

RELIGIOUS BACKGROUND

Are You a Born Again Believer? Yes ☐ No ☐ Do You Believe in God? Yes ☐ No ☐ Uncertain ☐

Church Attendance per Month: (Circle One) 0 1 2 3 4 5 6 7 8 9 10+

Which Church Do You Attend? _____

What Church Did You Attend During Childhood? _____

Religious Background of Spouse (If Married) _____

Do You Read the Bible? Never ☐ Occasionally ☐ Often ☐

Have You Been Baptized? Yes ☐ No ☐ Do You Participate in Regular Family Devotions? Yes ☐ No ☐

Do You Pray to God? Never ☐ Occasionally ☐ Often ☐

Explain Recent Changes in Your Christian Walk, If Any _____

MARRIAGE AND FAMILY INFORMATION

Name of Spouse _____ Phone _____

Address _____ City _____ Zip _____

Occupation _____ Business Phone _____

Your Spouse's Birth Date _____ Education in Years _____ Religion _____

Is Spouse Willing to Come in to Meet Also? Yes ☐ No ☐ Uncertain ☐

Have You Ever Been Separated? No ☐ Yes ☐ When _____

Have Either of You Ever Filed for Divorce? No ☐ Yes ☐ When _____

Date of Marriage _____ Your Ages at Your Wedding Husband _____ Wife _____

How Long Did You Know Your Spouse Before Marriage? _____

Give Brief Information about any Previous Marriages _____

INFORMATION ABOUT CHILDREN

NAME	BIRTH DATE	GENDER	LIVING WITH YOU	EDUCATION	MARITAL STATUS	OF PREVIOUS MARRIAGE

If You Were Raised by Anyone other than Your Own Parents, Briefly Explain _____

How Many Siblings do You Have? Brothers _____ Sisters _____

Any Deaths in the Family During the Last Year? Yes ☐ No ☐ Who _____

PERSONALITY INFORMATION

Have You Ever Used Drugs Other than as Prescribed by a Doctor? No ☐ Yes ☐ What _____

Have You Ever had a Severe Emotional Upset? No ☐ Yes ☐ Explain _____

Have You Ever had any Psychotherapy or Counseling? No ☐ Yes ☐ If Yes, Please Fill Out the Chart Below

COUNSELOR OR THERAPIST	TYPE OF THERAPY	APPROXIMATE DATES LENGTH OF THERAPY

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What problems do you want to discuss?
2. What have you done about it?
3. What brings you here at this time?
4. What are your expectations in coming here?
5. Is there any other information we should be aware of?

