



# CALVARY CHAPEL RIALTO

## COUNSELING APPLICATION

### Please read the following before completing this application:

The counseling you receive from Calvary Chapel Rialto 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:** **Be aware that any information disclosed regarding child abuse, suicide, homicide and threat of homicide are matters that must be reported by law if they are suspected.**

***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?



Calvary Chapel

**R I A L T O**

**Pastor Terry Hlebo**

1391 W. Merrill Ave. Rialto, CA 92376 909-820-7300 [www.ccrialto.com](http://www.ccrialto.com)