



## Pastoral Counseling Ministry

In order to serve you we would like to advise you about the kind of counseling that you will receive from the staff of Calvary Chapel Old Bridge. It is our desire to help you apply the Bible and its principles to your life through prayer and the study of the Word of God. Our goal is to help you build a strong personal relationship with Jesus Christ, which ultimately is the best way we can help you solve your problems.

The members of the pastoral staff and other persons within the church that serve as lay counselors are not psychologists or licensed mental health professionals. We cannot provide you with assistance in the treatment of certain mental, emotional, or behavioral problems. If you believe that you require the assistance of a professional counseling service, or you are presently under the care of a psychologist, psychiatrist, or other licensed mental health professional we encourage you to seek such help. If you are seeing such a professional, we will nevertheless try to encourage you and offer supplemental biblical discipleship.

Any information that you reveal during counseling that you receive at the church is confidential, except in those areas where the disclosure of information is required by the laws of the State of New Jersey, or in those instances when the person counseling you at Calvary Chapel believes that there is a biblical reason to discuss your counseling with members of the pastoral staff.

Since the church does not offer professional counseling, we would appreciate it if you would read the following paragraph carefully. If you are in agreement, please print your name, sign the waiver form and return. In order to offer you distinctively bible-based counseling and to protect the ministry from unwarranted legal action, we ask persons seeking counseling to agree to the following:

*In consideration of the waiver of any fee for the counseling I receive, and with the intent to be legally bound, I waive and release any claim or case action against Calvary Chapel Old Bridge, its staff, or my counselor arising from anything whatsoever connected with the biblical instruction or counsel I am receiving without limiting the generality or the foregoing any claim for negligence or malpractice.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Pre-Counseling Information Summary

(NOTE: If you are requesting marital counseling, please complete two forms (one for each spouse.)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Parent's Name (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Education Completed: \_\_\_\_\_

Employer / Present Occupation: \_\_\_\_\_

Do you attend Calvary Chapel Old Bridge? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

1. Please describe the issue for which you would like to receive counseling. Please provide as much detail as possible. (Attach a separate sheet if necessary)
  
2. Have you ever received prior counseling here at Calvary Chapel Old Bridge? If so, who counseled you at that time?
  
3. Have you been or are you presently under the care of a physician, psychiatrist, psychologist, and/or another professional counselor for this or any other concern? If so, please provide the name of your previous and/or current counselor.

4. Briefly discuss your goals or expectations for the counseling you will receive at Calvary Chapel Old Bridge.

5. Please indicate the days and times of the week that you would be able to come to Calvary Chapel for a counseling appointment.

Morning: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ \*Sat \_\_\_\_\_  
Afternoon: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ \*Sat \_\_\_\_\_  
Evening: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ \*secondary option

6. If there is a pastor, staff member, or elder you would prefer to meet with, please provide us with his/her name: *(Please understand that your request does not guarantee a meeting with this leader)*

\_\_\_\_\_

7. Did you attend a church prior to coming to Calvary Chapel? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where did you attend? \_\_\_\_\_

For what reason did you leave that fellowship?

8. Do you consider yourself to be saved? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you sure you know what "being saved" means? Yes \_\_\_\_\_ No \_\_\_\_\_

9. If you were to die and stand before God, how would you respond if He asked, "Why should I allow you to enter Heaven?"

10. Have you ever used alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what did you use? \_\_\_\_\_

To what extend did you use? \_\_\_\_\_

Do you currently use alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

## Family History

Please provide the following information:

NAME	AGE	OCCUPATION	MARITAL STATUS
Spouse:			
Father:			
Mother:			
Sibling(s):			

## Marital History

Please provide the following information on your present marriage:

Spouse's Name: \_\_\_\_\_ Spouse's Age \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

How long have you been married? \_\_\_\_\_

Have you ever been separated from your present spouse? Yes \_\_\_ No \_\_\_

If yes, are you currently separated Yes \_\_\_ No \_\_\_

If yes, how long have you been separated? \_\_\_\_\_

If you are not currently separated, what were the dates of your prior separation?

\_\_\_\_\_ to \_\_\_\_\_

Have you been married before? Yes \_\_\_ No \_\_\_

If yes, what were the dates of your previous marriage(s)?

1. From \_\_\_\_\_ to \_\_\_\_\_

2. From \_\_\_\_\_ to \_\_\_\_\_

3. From \_\_\_\_\_ to \_\_\_\_\_

Has your present spouse been married before? Yes \_\_\_ No \_\_\_

Do you have any children? Yes \_\_\_ No \_\_\_ (If yes, please complete the following)

Name of Child(ren)	Age	Relation (son, stepson, etc)	Are they living w/ you?