Christian Counseling & Training Center, Inc.
Renewed living through Scripture

SUPPLEMENT 2.1

**** MAIL THIS FORM ****

FOR OFFICE USE

Date Recv'd. _____
Appl. Fee _____
Cnsl. Assist. Appl. _____
Ft. Sht. _____

3602 Floyd Avenue, Richmond, VA 23221

APPLICATION FOR BIBLICAL COUNSELING

PERSONAL INFORMATION *(Confidential)*

Name Marv Ellis Phone 123-4567
Address 102 Same Street ZIP 98765
Occupation ~~part-time~~ Business Phone ~~765-4321~~ Cell Phone: _____
Sex M Birth Date ~~7/8~~ Age ~~56~~ When is the best time to reach you by phone? anytime
Email address: mymail@kangaroo.com
Marital Status: Single _____ Married ~~X~~ Separated _____ Divorced _____ Widowed _____
Education: (last year completed) (grade) X Other training: (list type and years) _____

Referred here by ~~pastor~~
Present church attending various Pastor's name _____
Is your Pastor aware that you have contacted us for counseling? _____
Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+ Varies
Religious background of spouse (if married) recent conviction
Briefly explain ***your*** reason for seeking counsel at this time --- personal will discuss

HEALTH INFORMATION

List all important present or past illnesses or injuries or handicaps or surgeries _____
Date of Last medical examination _____ Report _____
Physician's Name Dr. Feelgood Address Michigan

Are you presently taking medication? Yes If yes, what? Allegra Paxill, Albuterol
Have you used drugs for other than medical purposes? yes What? not now
Have you ever had a severe emotional upset? yes Explain Various
Have you ever had any psychotherapy or counseling before? yes
If yes, list counselor or therapist and dates _____

What was the outcome? **No improvement**

Do you have problems sleeping? Yes How many hours of sleep do you average each night? Varies

AVAILABILITY (Please provide the hours available, i.e. 5:00 PM -9:00 PM)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Please note: ***Because CCTC is a training ministry most of our counseling is done on Monday evenings. If an appointment time other than Monday evening is necessary, the scheduling process may take longer.***

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MARRIAGE AND FAMILY INFORMATION

Name of spouse Fiona Address same

Phone 123-4567 Occupation Waitress Business phone best to reach at home

Spouse's age 53 Education (in years) 16 Religion Baptist

If spouse is involved in counseling, ***their*** reason for seeking counseling ***(To be filled out by spouse)***

don't want to write, it is very personal - will discuss

Rate Spouse's health (Good, fair, poor, other) and list any pertinent medical information

Have you ever been separated? no If so, when? From Jan 01 to March 01

Has either of you ever filed for divorce? If so, when? Thinking about it

Date of marriage 1985 Ages when married: Husband Wife

How long did you know your spouse before marriage? months

Length of dating with spouse Length of engagement

Give brief information about any previous marriages

INFORMATION ABOUT CHILDREN:

Names	Age	Sex	Living (Yes No)	Education in years	Marital status	Part of Counseling (Yes No)
Jesse			Yes	Highschool	N/A	

Have you, or your spouse, successfully completed *Biblical Problem Solving I* or *Building Biblical Relationships (BPS II)?* *No* Year completed Teacher

My signature below indicates that I consent to allow note taking and taping of any counseling sessions conducted by CCTC on my behalf. I understand that my case may be discussed with other counselors at CCTC, other professionals 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 CCTC liable for any malady, illness, and/or death, the cause of which may be attributable to the side effects of any prescription or medications which I am currently taking.

Signature of applicant (s): ***Date:***

COMPLETE THIS FORM AND MAIL IT,
ALONG WITH THE $50.00 * ADMINISTRATIVE/ASSESSMENT FEE TO:
CCTC, 3602 Floyd Avenue, Richmond, VA 23221
The Counseling Coordinator will then call to schedule your Assessment.

You may pay your administrative/assessment fee via credit card. If you chose to do so complete the following before mailing back.

MC/VS# EXP DATE

Print name of cardholder:

Cardholder address: State Zip code:

Signature of authorized user:

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