



FOR OFFICE USE

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

2510 Professional Road, North Chesterfield, VA 23235 * 804-358-1343

Application for Biblical Counseling

PERSONAL INFORMATION (Confidential)

Name _____ Phone _____
 Address _____ Zip Code _____
 Occupation _____ Business Phone _____ Cell Phone _____
 Sex _____ Birth Date _____ Age _____ When is the best time to reach you by phone? _____
 Email address _____
 Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
 Education: (last year completed) (grade) _____ Other training: (list type and years) _____

Referred here by _____
 Present church attending _____ 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+
 Religious background of spouse (if married) _____
 Briefly explain *your* reason for seeking counsel at this time _____

HEALTH INFORMATION

List all important present or past illnesses or injuries or handicaps or surgeries _____
 Date of Last medical examination _____ Report _____
 Physician's Name _____ Address _____
 Are you presently taking medication? _____ If yes, what? _____
 Have you used drugs for other than medical purposes? _____
 What? _____
 Have you ever had a severe emotional upset? _____ Explain _____
 Have you ever had any psychotherapy or counseling before? _____
 If yes, list counselor or therapist and dates _____

 What was the outcome? _____

AVAILABILITY (Please provide the hours available, i.e. 3:00 – 8:00 PM)

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------|-----------|----------|--------|
| | | | | |

MARRIAGE AND FAMILY INFORMATION

Name of spouse _____ Address _____
 Phone _____ Occupation _____ Business phone _____
 Spouse's age _____ Education (in years) _____ Religion _____
 If spouse is involved in counseling, *their* reason for seeking counseling (*To be filled out by spouse*)

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

Have you ever been separated? _____ If so, when? From _____ to _____
 Has either of you ever filed for divorce? _____ If so, when? _____
 Date of marriage _____ Ages when married: Husband _____ Wife _____
 How long did you know your spouse before marriage? _____
 Length of dating with spouse _____ Length of engagement _____
 Give brief information about any previous marriages _____

INFORMATION ABOUT CHILDREN: (Note: Each counselee is responsible for their own childcare)

| Names | Age | Sex | Living | Education | Marital | Part of |
|------------|-----|-----|--------|-----------|----------|----------|
| Counseling | | | | (Yes No) | (Yes No) | in years |
| (Yes No) | | | | | | status |

Have you, or your spouse, successfully completed *Biblical Problem Solving* or *Building Biblical Relationships*?

_____ Y/N _____ Year completed _____ Teacher _____

My signature below indicates that I consent to allow note taking 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 submit \$75.00* for Administrative Fee to:
CCTC, 2510 Professional Road, North Chesterfield, VA 23235 OR info@cctcinc.org
 *payments can be made by check, completing form below, or go to cctcinc.org and see donor button
The Counseling Coordinator will then contact you with your appointment.

You may pay your administrative/assessment fee via credit card, if you choose to do so complete the following:

MC/VS# _____ Exp. Date: _____ CardVV: _____
 Print name of cardholder: _____
 Cardholder address: _____ State: _____ Zip Code: _____
 Signature of authorized user: _____