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

2510 Professional Road
North Chesterfield, VA 23235-3236
804.358.1343

FOR OFFICE USE

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

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) _____
_____
How did you hear about CCTC?_____
Present church attending_____
_____
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 _____ __
_____
_____
_____
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 (Yes No)	Part of Counseling (Yes No)

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 the $75.00 administrative fee. Payment can be made by check, completing form below, or at https://give.cornerstone.cc/cctcinccctcinc.org. The Counseling Coordinator will contact you to confirm the 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:_____