

# Concinnity Counseling Center Counseling Questionnaire

Date of Initial Consultation: \_\_\_ / \_\_\_ / \_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

Marital Status:  Married  Single  Separated  Divorced Number of Children: \_\_\_\_\_

If married, date: \_\_\_\_\_ If divorced or separated, date: \_\_\_\_\_

Regularly attend a church or Study or Prayer group?  Yes  No How often do you attend? \_\_\_\_\_

If yes, church's/group's name? \_\_\_\_\_ Leader's Name: \_\_\_\_\_

Date Born Again? \_\_\_\_\_ Date Water-Baptized \_\_\_\_\_

Are you Spirit-Baptized with evidence of speaking in tongues?  Yes  No. If yes, when received? \_\_\_\_\_

Are you functioning in any form of ministry now?  Yes  No. If yes, what: \_\_\_\_\_

Have you received any kind of counseling before?  Yes  No. If yes, explain: \_\_\_\_\_

Are you presently under the care of a mental health professional?  Yes  No. If yes, explain: \_\_\_\_\_

How did you hear about our service?  Radio/TV  Friend/Relative  Print Ad  Other: \_\_\_\_\_

Reason you are seeking counseling? \_\_\_\_\_

Signature(s): \_\_\_\_\_

With your signature you are indicating that you understand and acknowledge that Concinnity Counseling Center is a Christian Ministry and that the counseling you will be receiving is Christian pastoral counseling.