



# SPIRITUAL GUIDANCE FORM

## PERSONAL INFORMATION

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name		First Name	
Address			Apt.#
City		State	Zip
Phone (Daytime):	Phone (Work):	Phone (Evening):	
Circle One:    Male        Female	Date of Birth:    /    /	Age:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly explain your reason for seeking counsel at this time.

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How would you describe your current relationship with Jesus Christ?

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## HEALTH INFORMATION

List all important present or past illnesses, injuries, handicaps or surgeries.

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Are you presently taking medication? If yes, what?

Have you used drugs for non-medical purposes?  Yes  No

Have you ever had a severe emotional upset? Explain

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Have you ever had any psychotherapy or counseling before?  Yes  No

If yes, are you currently receiving counseling?  Yes  No

AVAILABILITY (Please provide the hours available, i.e. 7:00 PM - 9:00 PM)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

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

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_