

| | | |
|-------|------------|-------------------|
| CODE: | COUNSELOR: | DATE OF 1ST APPT: |
|-------|------------|-------------------|

PASTORAL COUNSELLING APPLICATION FORM



Full Name: _____

Cell Phone: _____ Email: _____

Gender: _____ Marital Status: _____ Age: _____

No of Children: _____ Occupation: _____

Have you received Jesus as Saviour & Lord? _____ At what age: _____

Name of Church currently attending? _____

How long? _____ Describe your Attendance: Weekly _____ Monthly: _____ Ad hoc: _____

Are you currently on any prescription medication? _____

Have you been diagnosed by a professional for a mental health disorder? If yes, what is your last known diagnosis? _____

Name of Dr who diagnosed you? _____ Year? _____

Have you received pastoral counselling in the past? _____ Year? _____

Was it successful? _____ Reason for stopping? _____

What are your reasons for Counselling today? _____

Who referred you? _____

Which is best way to communicate with you? WhatsApp _____ Email _____ Phone call _____

Signature: _____ Date: _____

PLEASE COMPLETE ALL YOUR FORMS & SEND THEM TO ABUNDANT@LIFEHOUSECHURCH.CO.ZA TO BOOK YOUR COUNSELLING SESSION

IF I AM ABLE, I AM WILLING TO DONATE TOWARDS MY COUNSELLING SESSIONS TO SHOW MY COMMITMENT & OWNERSHIP TO THIS PROCESS. **FNB ACCOUNT HOLDER:** LIFEHOUSE CHURCH, **ACC NO:** 62287599686, **BRANCH CODE:** 251655 FOURWAYS, **REF:** ABUNDANT-LIFE