



**HDC care**  
**COUNSELING**

*"He who began a good work in you will carry it on to completion until the day of Christ Jesus.  
Philippians 1:6*

**HIGH DESERT CHURCH CARES FOR YOU!**

# PASTORAL COUNSELING REQUEST

## **PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ (First): \_\_\_\_\_ (Maiden): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ DL# \_\_\_\_\_

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

Phone: (Daytime): \_\_\_\_\_ (Work): \_\_\_\_\_ (Evening): \_\_\_\_\_

Circle One: Male Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Email: \_\_\_\_\_

Vocation: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_

## **Personal Experience with Jesus**

Are you a member of HDC? Yes No

How long have you been a member? \_\_\_\_\_

Where do you serve? \_\_\_\_\_

If you aren't a member here, describe your involvement with HDC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PASTORAL COUNSELING REQUEST

## **INFORMATION ON SPOUSE**

Marital Status: Single Engaged Married Separated Divorced Widowed

If separated, widowed, or divorced, how long? \_\_\_\_\_

Last Name: \_\_\_\_\_ (First): \_\_\_\_\_ (Maiden): \_\_\_\_\_

How long have you been married? \_\_\_\_\_

Have you received pre-marriage counseling? Yes No

Have you participated in a pre-marriage class? Yes No

Have you taken any classes on marriage? Yes No

If you've been married previously, how long? \_\_\_\_\_

If you have children, please complete this section:

Name	Gender	Age

# PASTORAL COUNSELING REQUEST

## **EMOTIONAL STATUS**

Emotionally, I often do you struggle with:

- Anger   Depression   Fear   Suicide   Mood Swings   Anxiety Attacks   Breakdowns  
Confusion   Other emotional issues:

Have you had any previous, or present, counseling?   Yes   No

If yes, what was the counsel given? \_\_\_\_\_

Are you in a doctor's care for any physical or emotional issues?   Yes   No

With whom and for what?

Do you take any medications?   Yes   No

If so, please list: \_\_\_\_\_

Have you ever been in a mental or psychiatric facility?   Yes   No

If yes, for what reason(s): \_\_\_\_\_

## **FAMILY HISTORY**

Who parented you during your early childhood and adolescent years? \_\_\_\_\_

Describe the emotional climate of your family life: \_\_\_\_\_  
\_\_\_\_\_

Do you have blank/gap periods in your memories growing up?   Yes   No

Describe any family alcohol and/or drug use: \_\_\_\_\_  
\_\_\_\_\_

Parents:   Married   Divorced   Separated

If applicable, how did the divorce/separation happen and what age were you? \_\_\_\_\_  
\_\_\_\_\_

# PASTORAL COUNSELING REQUEST

## **LEGAL/SOCIAL**

Have you ever been arrested, charged, or convicted for any criminal offense? Yes No

If yes, what? \_\_\_\_\_

Have you ever been refused entrance into a group or organization? Yes No

If yes, why? \_\_\_\_\_

Have you ever (or currently) used alcohol? Yes No

If yes, frequency & amount? \_\_\_\_\_

## **AREAS OF PAST AND PRESENT STRUGGLE**

Check if you have experienced these even once:

Pornography via Media, Phone or Internet Self-Injury/Abuse

Anorexia/Bulimia/Compulsive Over-Eating Co-Dependency

Compulsive Sexual Behavior/Promiscuity Confusion/Insecurity in Gender

Emotional Dependency Sexual Addiction Unwanted Fantasies History of Verbal Abuse

Occult Affiliations Prescription Drug Abuse Illegal Drug Abuse

History of Sexual Abuse – By whom (relationship)? \_\_\_\_\_

What ages? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Please give a brief explanation as to why you are requesting counseling today: \_\_\_\_\_

\_\_\_\_\_

What do you wish to gain from this counseling session? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PASTORAL COUNSELING REQUEST

We look forward to giving you counsel using God's Word. In order to be as clear as possible about pastoral counseling please read the following information. Indicate your agreement to it by putting your signature and the date at the bottom of this sheet. This signed form must accompany the personal information forms before we can confirm a scheduled appointment with you.

## **ARE COUNSELING SESSIONS KEPT CONFIDENTIAL?**

Pastors will not release information about particular counselees except in the few situations required by the Bible or the laws of the State. Those situations are: 1) when someone is in danger of being harmed 2) when a child is physically or sexually abused or 3) when a church member persistently refuses to stop a sinful pattern, and it is necessary to seek assistance from the church to encourage proper change (Matthew 18: 15-20).

## **WHAT IF I MISS AN APPOINTMENT?**

Counselees are asked to cancel appointments at least 24 hours prior to the appointment. Given the limited amount of time available for counseling and the need for it, please show respect for the time and needs of others by communicating as soon as possible the need to cancel an appointment. If no cancellation is made, or less than 24 hours notice is received, except for absolute emergencies, you will risk your counseling case being inactivated.

## **HOW MANY COUNSELING SESSIONS CAN I RECEIVE?**

Counselees can have 3 one hour sessions after their initial meeting, which is limited to 2 hours.

I affirm the accuracy of the personal information provided, have read the information above and agree to the following conditions:

1. I am committed to seeking new insights into my relationship with Jesus Christ, which may involve new understandings from God's Word, and pursuing a transformed life that reflects God's love and truth to my oikos.
2. I will fulfill assignments given.
3. I will consistently attend church every week while I am in counseling.
4. I will keep the appointment time, or will call to cancel 24 hours in advance. (Except for absolute emergencies)

I have read and understood the policies stated above, and I consent to abide by them.

Print your name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_