

EBENEZER BAPTIST CHURCH

Counseling Request Form (CRF)

Name (LAST) _____ (FIRST) _____ (MI) _____

Phone# (DAY) _____ (EVENING) _____

Marital Status Unmarried Married Separated Divorced Widow(er)

Children NO YES (if YES - no. of Boys _____ no. of Girls _____)

Type of Counseling Sought (check all that apply)

- Individual Marital Pre-Marital Crisis Conflict Resolution
 Guidance Family Dependency Other _____

Description of Complaint (please give a brief but detailed explanation of your current problem)

Complexity of Complaint Life-Threatening Severe Mild Normal

Counseling Goal Sought (briefly explain what you hope to achieve through this counseling effort)

Counselor Preference Pastor Only Pastor or Available Counselor
 Special Preference _____

Preferred Appointment Day Monday Tuesday Wednesday Thursday

Preferred Appointment Time Early AM Late AM Early PM Mid PM Late PM

Person to Call In Case Of Emergency (name/relation/phone number) _____

OFFICE USE ONLY

SESSION DATE(S)/TIME(S) _____

COUNSELOR(S) _____