



COUNSELING INFORMATION FORM

YOUR INFORMATION

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Spouse		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Address		State	Zip
Cell Phone	Home Phone	Work Phone	
Email		Spouse Email	
Employer		Spouse Employer	
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Engaged (Wedding Date: _____)			

CHILDREN

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age

PLEASE DESCRIBE IN DETAIL THE AREAS OF CONCERN

**Please note next to the item how long these problems have occurred.*

MORE DETAILS

Have you previously accepted Jesus Christ as your Lord and Savior?

Him Yes, how long ago? _____ No Not sure **Her** Yes, how long ago? _____ No Not sure

Have you been water baptized?

Him Yes, when? _____ No **Her** Yes, when? _____ No

Have you been filled with the Holy Spirit? With the evidence of speaking in tongues.

Him Yes No Not sure **Her** Yes No Not sure

Have you ever received counseling prior to this time?

Him Yes No Not sure **Her** Yes No Not sure

If yes, for what reason and where?

MORE DETAILS

Are you taking any medications or supplements?

Him Yes No

Her Yes No

If yes, what?

Do I have your authorization to speak with your previous counselor(s) and receive information from your file as it pertains to your current status and progress? Yes No

Are you willing to take personal responsibility for the solution to this problem?

Him Yes No

Her Yes No

Should it become necessary to refer you to another counselor, do I have your permission to release information from your file that is strictly relevant to that referral? Yes No

Do you attend church? Yes No

DISCLAIMER

Safe Haven Ministry NW LLC Counseling sessions are conducted by Pastor's Lynn and Luci Brown who are NOT Licensed Health Care Professionals, therapists, psychiatrists or psychologists. The aforementioned counselors are not trained or licensed by any government approved agency or institution. Pastor's Lynn & Luci Brown are Ordained and Licensed Pastor's through Overcomer Covenant Church, Auburn, Washington.

RELEASE AND WAIVER, DISCHARGE AND COVENANT NOT TO SUE

In consideration for being permitted to participate in the Spiritual Counseling offered, the Participant, his or her personal representatives, assignees, heirs, executors, administrators and next of kin, hereby releases, waives, discharges and covenants not to sue Safe Haven Ministry NW LLC, Overcomer Covenant Church, Churches in Covenant International, their affiliated organizations and respective officers, directors, Pastors, Lay Counselors, agents, employees, heirs, successors and assigns, and releases, waves and/or discharges all of the aforementioned from any and all liability to its assigns, insurers, heirs, executors, administrators, spouses and next of kin for any and all losses, claims or damages that may result, whether caused by negligence, or otherwise, while Participant is participating in the Counseling Sessions.

Counselors Signature

Date

Participant Signature

Participant Signature