SOLIDROCK
BIBLICAL COUNSELING

Date _____

Referred by _____

Name _____

Address _____

Phone (Home) _____ (Work) _____ (Cell) _____

Employer _____Position _____

Gender: Male _____ Female _____ Age _____ DOB _____

Relationship Status:

Single ____ Married ____ Separated ____ Divorced _____ Widowed _____

Religious Preference: _____ Church you belong to _____

Name and telephone number of significant other (or person to contact in case of emergency)

_____ Relationship to you _____ Phone_____

Children's names and ages:

Name _____ AGE _____ Name _____ AGE _____

Name _____ AGE _____ Name _____ AGE _____

I am seeking counseling and discipleship services for:

Individual _____ Couple _____ Family _____ Group _____

Have you received counseling previously? No ___ Yes ___When _____ Name of your counselor? _____

State in your own words why you are seeking counseling at this time:

_____

_____

_____

We do not give medical advice or recommendations about medications.
We are trained to use the Scriptures to address difficulties for those who seek help.