## Spiritual/Pastoral Counseling Consultation Request Form

Please complete the form below to request a consultation for spiritual or pastoral counseling. All information will be kept confidential. A chaplain will follow up with you to schedule an appointment.

### Personal Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Preferred Method of Contact: □ Phone □ Email □ Text

Address (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Counseling Needs

Please check the area(s) where you are seeking support:

□ Grief or Loss Counseling  
□ Marriage or Relationship Counseling  
□ Premarital or Post-marital Counseling  
□ Spiritual Growth and Guidance  
□ Stress, Anxiety, or Burnout  
□ Life Transition or Decision-Making  
□ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Brief Description of Concern

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### Preferred Days/Times for Consultation

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### Consent and Agreement

I understand that this service is pastoral in nature and is not a substitute for licensed mental health therapy. I agree to be contacted by a representative from Christian Therapeutic Ministry to arrange a consultation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_