

CALVARY CHAPEL SANTA FE SPRINGS
MARRIAGE COUNSELING

12227 FLORENCE AVENUE, SANTA FE SPRINGS, CA 90670 | (562) 906-0697

CALVARY CHAPEL SANTA FE SPRINGS

MARRIAGE COUNSELING

PLEASE FILL OUT ONE FORM PER PERSON

TODAY'S DATE: / /

PERSONAL HISTORY

NAME:

PHONE:

ADDRESS:

OCCUPATION:

GENDER:

DATE OF BIRTH: / /

AGE:

EDUCATION: LAST GRADE COMPLETED:

OTHER EDUCATION (LIST TYPE AND YEARS)

REFERRED BY:

MARRIAGE AND FAMILY INFORMATION

NAME OF SPOUSE:

PHONE:

ADDRESS: (IF DIFFERENT FROM ABOVE)

OCCUPATION:

SPOUSE'S AGE:

EDUCATION (IN YEARS):

HOW LONG DID YOU KNOW YOUR SPOUSE BEFORE MARRIAGE?

HOW LONG WAS YOUR ENGAGEMENT?

HOW LONG HAVE YOU BEEN MARRIED?

HAVE YOU EVER BEEN SEPARATED? NO YES

IF YES, WHY?

ARE YOU SEPARATED NOW? YES NO

IS YOUR SPOUSE WILLING TO COME IN FOR COUNSELING? YES NO

WERE YOU PREVIOUSLY MARRIED? YES NO

IF YES, PLEASE GIVE BRIEF INFORMATION REGARDING THE MARRIAGE(S):

CHILDREN'S NAME	AGE	GENDER	LIVING W/ YOU?	MARITAL STATUS	PREVIOUS MARRIAGE

RELIGIOUS BACKGROUND

CHURCH ATTENDED IN CHILDHOOD:

CURRENT CHURCH:

DO YOU BELIEVE IN GOD? YES NO UNCERTAIN

HAVE YOU COME TO THE PLACE IN YOUR SPIRITUAL LIFE WHERE YOU CAN SAY THAT YOU KNOW FOR CERTAIN THAT IF YOU DIED TONIGHT YOU WOULD GO TO HEAVEN?

YES NO UNCERTAIN

WHAT IS THE BASIS FOR ANSWERING THE ABOVE QUESTION AS YOU DID?

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR? YES NO UNCERTAIN

HOW DO YOU KNOW THAT JESUS CHRIST IS YOUR SAVIOR?

IF YOU RECEIVED CHRIST AS SAVIOR, WHAT CHANGES TOOK PLACE IN YOUR LIFE WHEN YOU BECAME SAVED?

HAVE YOU BEEN BAPTIZED? YES NO WHEN? _____

HOW OFTEN DO YOU PRAY? NEVER OCCASIONALLY OFTEN DAILY

HOW OFTEN DO YOU READ YOUR BIBLE? NEVER OCCASIONALLY OFTEN DAILY

HOW OFTEN DO YOU HAVE PERSONAL DEVOS? NEVER OCCASIONALLY OFTEN DAILY

WHAT SERVICES ARE YOU ATTENDING AT CALVARY CHAPEL SANTA FE SPRINGS?

SUNDAY MORNING WEDNESDAY EVENING OTHER: _____

SUNDAY EVENING PRAYER MEETING _____

LIST ANY MINISTRIES IN WHICH YOU ARE CURRENTLY INVOLVED:

PERSONALITY / HEALTH INFORMATION

DO YOU OR YOUR SPOUSE HAVE A HISTORY OF DRUG OR ALCHOL USE? YES NO

HOW RECENT?

WHAT STEPS DID YOU TAKE TOWARD SOBRIETY?

HAVE YOU OR YOUR SPOUSE HAD ANY CRIMINAL CONVICTIONS? YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU AND YOUR SPOUSE CURRENTLY IN COUNSELING?

YES NO

IF YES, BRIEFLY DESCRIBE THE REASON (INCLUDE ANY CURRENT MEDICATION)

CHECK ANY OF THE FOLLOWING WORDS THAT YOU BELIEVE BEST DESCRIBE YOU:

- | | | |
|--|--|---|
| <input type="checkbox"/> ACTIVE | <input type="checkbox"/> EXCITABLE | <input type="checkbox"/> LEADER |
| <input type="checkbox"/> AMBITIOUS | <input type="checkbox"/> IMAGINATIVE | <input type="checkbox"/> HARD-BOILED |
| <input type="checkbox"/> SELF CONFIDENT | <input type="checkbox"/> CALM | <input type="checkbox"/> SUBMISSIVE |
| <input type="checkbox"/> PERSISTENT | <input type="checkbox"/> SERIOUS | <input type="checkbox"/> SENSITIVE |
| <input type="checkbox"/> NERVOUS | <input type="checkbox"/> EASY-GOING | <input type="checkbox"/> SELF-CONSCIOUS |
| <input type="checkbox"/> HARDWORKING | <input type="checkbox"/> SHY | <input type="checkbox"/> LONELY |
| <input type="checkbox"/> IMPATIENT | <input type="checkbox"/> GOOD-NATURED | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> IMPULSIVE | <input type="checkbox"/> INTROVERT/EXTROVERT | _____ |
| <input type="checkbox"/> MOODY | <input type="checkbox"/> LIKEABLE | _____ |
| <input type="checkbox"/> OFTEN DEPRESSED | <input type="checkbox"/> QUIET | _____ |

RATE YOUR HEALTH: VERY GOOD GOOD AVERAGE DECLINING OTHER

HAVE YOU HAD A SEVERE EMOTIONALLY TRAUMATIC EXPERIENCE? YES NO

HAVE YOU RECENTLY EXPERIENCED ANY MAJOR HEALTH CONCERNS OR EMOTIONAL LOSS?

YES NO

IF YES, PLEASE EXPLAIN (INCLUDE HOW THAT MAY BE AFFECTING YOUR MARRIAGE):

IDENTIFICATION OF MARRIAGE CONCERNS

PLEASE CHECK ANY OF THE FOLLOWING PROBLEM AREAS IN YOUR MARRIAGE:

- | | |
|--|--|
| <input type="checkbox"/> NOT RESOLVING CONFLICT | <input type="checkbox"/> STRUGGLING IN YOUR CHRISTIAN WALK |
| <input type="checkbox"/> CREDIT/DEBT PROBLEMS | <input type="checkbox"/> CONFLICTS OVER DECISION MAKING |
| <input type="checkbox"/> INTERFERENCE FROM THE IN-LAWS | <input type="checkbox"/> JEALOUSY OR POSSESSIVENESS |
| <input type="checkbox"/> DRUG OR ALCOHOL ABUSE | <input type="checkbox"/> SEXUAL FRUSTRATION |
| <input type="checkbox"/> DEPRESSION | <input type="checkbox"/> ANGER |
| <input type="checkbox"/> LACK OF COMMUNICATION | <input type="checkbox"/> ADULTERY |
| <input type="checkbox"/> SELFISHNESS | <input type="checkbox"/> OVERCOMMITMENT OUTSIDE THE HOME
(JOBS, SPORTS, ETC.) |
| <input type="checkbox"/> UNREALISTIC EXPECTATIONS | <input type="checkbox"/> LACK OF INVOLVEMENT WITH THE CHILDREN |
| <input type="checkbox"/> PORNOGRAPHY OR GAMBLING | |
| <input type="checkbox"/> UNFORGIVENESS | |

PLEASE SPECIFY (IN THE ORDER OF SEVERITY) THE SPECIFIC PROBLEMS YOU ARE EXPERIENCING IN YOUR MARRIAGE:

1. _____
2. _____
3. _____
4. _____
5. _____

WHAT HAVE YOU DONE TO TRY TO RESOLVE THESE PROBLEMS?

ARE YOU CURRENTLY RECEIVING MARRIAGE COUNSELING FOR THESE PROBLEMS? YES NO

IF YES, PLEASE GIVE THE NAME OF THE COUNSELOR AND HOW OFTEN YOU MEET WITH THEM:

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

WHAT IS THE MAIN CONCERN WHICH HAS MOTIVATED YOU TO SEEK COUNSELING AT THIS TIME?

WHAT ARE YOU EXPECTING TO RECEIVE FROM THIS COUNSELING?

IS THERE ANY OTHER INFORMATION YOU THINK WE SHOULD KNOW?

ON A SCALE OF 1 TO 10, HOW DO YOU RATE YOUR MARRIAGE?
(10 MEANING YOU ARE VERY SATISFIED WITH YOUR RELATIONSHIP WITH YOUR SPOUSE)?

1 2 3 4 5 6 7 8 9 10

OUR GOAL

Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy His love and plan for your life.

BIBLICAL BASIS

We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral staff nor the lay counselors of this church are trained or licensed as marriage/family therapists or mental health professionals.

CONFIDENTIALITY

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, there are five situations where it may be necessary for us to share certain information with others (See Proverbs 15:22; Proverbs 24:11; Matthew 18:15-10; Deut. 13:6-8):

- When a counselor is uncertain on how to address a particular problem and needs to seek advice from another pastor or elder in this church.
- When a counselee attends another church and it is necessary to talk with his/her pastor or elders
- When there is clear indication that someone is being/may be harmed unless others intervene (i.e. threatening suicide, child abuse, spousal abuse)
- When a person persistently refuses to renounce a particular sin, and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation
- When a crime has been committed

Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you to resolve the problem as privately as possible.

RESOLUTION OF CONFLICTS

On rare occasions a conflict may develop between a counselor and counselee. To ensure any conflicts are resolved in a biblical and faithful manner, we require all counsees to agree that any dispute that arises with a counselor or this church, as a result of counseling, will be settled by mediation and, if necessary, legally binding arbitration.

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ, and to be used by Him as He helps you to grow in spiritual maturity and usefulness in His body.

If you have any questions regarding these guidelines, please speak with a pastor or counselor before your counseling appointment. If these guidelines are acceptable, please sign below:

SIGNED:

DATE: / /
