



CONFIDENTIAL

Pastoral Ministries Counseling Request Form

This form must be completed fully. If it is not, it will be returned to you for completion. This form may be turned in at the **FLF Administrative Office, 339 N. Williams, Moberly, MO** or mailed to **FLF Pastoral Ministries (CONFIDENTIAL), P.O. Box 716, Moberly, MO 65270** or by fax to (660) 263-0133.

This form will be reviewed before an appointment will be approved or scheduled. You will be contacted by our office to set up an appointment.

Name _____ Spouse's Name _____

Will your spouse be joining? ___ Yes ___ No If not, why? _____

Address _____ City _____ State _____ Zip _____

Phone () _____ - _____ Second Phone () _____ - _____ Email _____

Questions:

1) How often do you attend Family Life Fellowship services?

___ every week ___ three times a month ___ twice a month

___ once a month ___ occasionally

2) Do you faithfully serve as a volunteer at FLF? ___ Yes ___ No

3) Do you faithfully tithe 10% of your income to FLF? ___ Yes ___ No

4) Please check the appropriate area for which you desire Biblical Counseling:

___ Marriage ___ Children ___ Finances ___ Other _____

5) Please provide three (3) specific details regarding the reason for which you are requesting counseling.

(This information will aid the pastoral staff in preparing for your session.)

- _____
- _____
- _____

6) What is your purpose for this counseling session?

7) Have you received counsel for this before? ___ yes ___ no If "yes", who did you

see? _____

8) When? _____ What was the result? _____

{Please bring your Bible, a pen, and a notepad with you to your counseling session}

FOR OFFICE USE ONLY:

Date: ___/___/___ Time: ___:___ Pastor/Staff: _____

___ No appointment, ___ Referral provided: _____