



**Application for  
Counseling**  
603 Stallings Rd  
Taylors, SC 29687  
864.268.3195

**Date** \_\_\_\_\_

**Husband's Name** \_\_\_\_\_ **Wife's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Numbers**

Day \_\_\_\_\_ Evening \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

**Email address** \_\_\_\_\_

**Husband's Date of Birth** \_\_\_\_\_ **Wife's Date of Birth** \_\_\_\_\_

**How did you learn of our ministry?** \_\_\_\_\_

**Marriage status:**  Single  Engaged  Married  Separated  
 Divorced  Widowed  Remarried \_\_\_\_\_ **Times**

**Years Married** \_\_\_\_ **# Children** \_\_\_\_ **# Children living at home** \_\_\_\_

**Have you received counseling for your current problem?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, from whom?** \_\_\_\_\_

Name

Full Address

City, State Zip

Church Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**How long did the counseling continue?** \_\_\_\_\_

**Would you allow us to contact your previous counselor for input?** \_\_\_\_ Y \_\_\_\_ N

(If yes, please complete the attached "Consent for Release of Information" form)

**Questions for those in full-time ministry.**

(This would mean your full salary comes from your church or mission board.  
i.e. Pastors, Missionaries, Evangelists, etc.)

**What is your ministry position?**

**Name and address of church or board.**

**Phone # of church or board**

**Questions for those who are not in full-time ministry.**

**Occupation:**

**Name and address of church you attend:**

**Church phone:**

**Name of pastor:**

**Guidelines for your visit:**

- Dress is casual.
- Bring athletic clothing for daily walks (weather permitting).
- Bring a Bible, pen and notebook for counseling sessions.
- Pastors, please do not plan to preach on the Sunday following your week with us. This is to insure that no distractions or pressures hinder the counseling process. We recommend pulpit supply be prearranged.

# Wife's Explanation

Please describe the reason you need counseling.

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What steps have you taken to resolve the burden you carry?

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Describe your desire for counseling?

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Please share anything you feel would be helpful for us to know.

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What do you feel it would take to resolve this issue?

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## Husband's Explanation

Please describe the reason you need counseling.

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What steps have you taken to resolve the burden you carry?

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Describe your desire for counseling?

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Please share anything you feel would be helpful for us to know.

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What do you feel it would take to resolve this issue?

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# L.E.A.D. Ministries

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## *Consent for the Release of Information*

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I, the undersigned, do hereby consent and authorize L.E.A.D. Ministries, Inc. to (check one):

- Obtain all records of my (or my dependent's) counseling or other work done by \_\_\_\_\_ . These records are to be sent to L.E.A.D. Ministries, Inc.
- Exchange all records (except for the records of \_\_\_\_\_) as may be necessary between L.E.A.D. Ministries, Inc., and \_\_\_\_\_ for the best interest of my (or my dependent's) goals in counseling or other work.

This consent is valid and is to be acted on upon receipt of this form regarding the records of:

\_\_\_\_\_ .

This consent will terminate without express written revocation by the client named herein on (date) \_\_\_\_\_ .

Client/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Client address \_\_\_\_\_

\_\_\_\_\_

Client birth date \_\_\_\_\_

Client social security \_\_\_\_\_

Records released by: \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Federal regulations require all blanks to be filled in, including date, event, or condition that terminates consent for release of confidential client information.