

# FINDING JOY MINISTRIES

## INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Education Completed \_\_\_\_\_

Marital Status:      Single \_\_\_\_\_      Separated \_\_\_\_\_  
                             Engaged \_\_\_\_\_      Divorced \_\_\_\_\_  
                             Widowed \_\_\_\_\_      Married \_\_\_\_\_      How Long \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Email \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Occupation \_\_\_\_\_

Names and Ages of Children

\_\_\_\_\_

\_\_\_\_\_

Have you had any previous counseling? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, when and where \_\_\_\_\_

Are you currently on medication? No \_\_\_\_\_ Yes \_\_\_\_\_ Specify \_\_\_\_\_

\_\_\_\_\_

Referred by \_\_\_\_\_

As you see it, what is the specific reason you want counseling?

\_\_\_\_\_

Preferred method of payment \_\_\_\_\_

