

Date _____

OPEN DOOR FELLOWSHIP
COUNSELING REFERRAL FORM

To enable the first session with your counselor to more effective, you are asked to complete the following form. Be assured this information will be kept confidential.

Name _____ Birthdate _____

Address _____ City _____ Zip _____ Phone _____

Employment _____

Referred to us by _____

Status (circle): Single Married Separated Divorced Remarried Widow(er)

Years Married _____ Years Divorced _____

Spouse's Name _____ Birthdate _____

Children's Names and Ages _____

A. Reason for Seeking Counseling

1. What specific reason or problem motivated you to seek counseling? _____

2. When did the problem begin? _____

3. What action have you taken to deal with the above situation? _____

4. What kind of counseling are you seeking? Individual _____ Marital _____ Family _____

5. What times and days would you be available for counseling? (General availability of our lay counselors is weekday hours.)

B. Previous Counseling

1. Dates? _____

2. With Whom? _____

3. Reason? _____

C. Church Involvement

1. Do you attend Open Door Fellowship? _____ How long? _____ How often? _____

2. Are you involved in any kind of support group? _____

D. Relationship with God

1. Briefly describe your relationship with God. _____

E. Other

1. Family Physician _____

2. Medication used in the last 6 months _____

F. Additional information

1. What additional information would you like to share? (use bottom of page if necessary)

* Please bring or mail this completed form:

Open Door Fellowship, 8301 N. 19th Avenue, Phoenix, AZ 85021, (602) 242-4414