



Inviting the lost and broken into our Christ centered journey from empty religion to generational life change.

Dear Counselee:

Welcome to the Cielo Vista Church (CVC) Counseling Ministry.

The CVC Counseling Ministry was established by inspiration from God (2 Corinthians 5:18) in order to assist the body by bearing one another's burdens (Galatians 6:20). By Him, we were given the ministry of reconciliation (2 Corinthians 5:18) appointing us as Ambassadors for Christ (2 Corinthians 5:20). Not that we are sufficient in ourselves to claim anything as coming from us, but our sufficiency comes from God, who has made us sufficient to be ministers of the new covenant (2 Corinthians 3:5).

Our counselors are not psychologists or psychiatrists but have received formal training in biblical counseling by The Association of Certified Biblical Counselors, a nationally recognized organization committed to the quality of biblical counseling.

Scripture tells us that in life there will be tribulation and distress for every human being (Romans 2:9) and that the trials and temptations we experience are not uncommon to man; and that God is faithful, promising us that He will give us a way of escape, so that we may be able to endure it. (1 Corinthians 10:13).

God tells us that He has said these things so that we may have peace. He reminds us that in this world we will have tribulation; but to take heart, because God has overcome the world. (John 16:33). God has given us everything for life and godliness (2 Peter 1:3) and that can be found in the very Word of God, His bible. God tells us that it is profitable for teaching, reproof, correction, and for training in righteousness so that the man of God may be complete, equipped for every good work. (1 Timothy 3:16-17). Our team of counselors are trained to lead you to scriptures that deal directly with the issues you're facing.

The CVC counseling ministry adheres strictly to the Word of God. God's Word promises that when we seek Him/call Him with all our heart that we will find Him (Jeremiah 29:13) and that He will answer us and show us great and mighty things which we never knew (Jeremiah 33:3).

In order to best assist you, we will encourage you to adopt a new lifestyle by seeking God through scripture daily. You will be assigned required reading and homework that you will be expected to complete **before** your next scheduled appointment.

It is important to know that due to the demand of the many seeking biblical counseling, there may be an extended wait period before you are scheduled an appointment.

Depending on the gravity of your situation, you may choose to wait for the next scheduled appointment; or if your state of affliction requires immediate attention and you cannot wait on the Cielo Vista Church Counseling Ministry, upon request we can provide you with a list of non-affiliated resources within our area, who may be available to come alongside you. These resources may or not share the same Biblical doctrine that Cielo Vista Church stands on. These resources may or may not provide the Biblical Counseling Cielo Vista Counseling Center submits to and some may require an additional monetary fee.

CVC counseling Ministry does not charge for counseling, however, there is a \$25 materials fee per person (\$50 per couple). This one-time fee covers the cost of the various resources you will be given while in the counseling process.

CVC counseling Ministry will not release any personal information except in situations where the Bible or the laws of our state mandate. Such situations may include (1) child endangerment or (2) when physical or sexual abuse is reported; specifically, child and or elderly (3) when someone refuses to stop a sinful behavior (repent) and it becomes necessary to seek assistance from CVC church leadership; better known as church discipline. (Matt 18:15-20).

Childcare **is not** provided. Children **are not** allowed in the counseling sessions. Counseling children 16 years old or younger **must be** accompanied by one or both parents.

CVC Counseling Ministry operating hours are Sunday 9-3 p.m. and Monday through Thursday 9 a.m. until 6 p.m.

Your completed application can be hand delivered to the CVC Counseling Office during operating hours or emailed to Miriam Cordero at mcordero@cielovista.org. She can also be contacted at (915) 594-4651.

I have read and understood the policies and procedures stated above and I consent to abide by them.

Print Name: _____

Signed: _____ **Date:** _____

Guardian: _____ **Date:** _____
(Applicable to Minor Only)

Signed: _____ **Date:** _____

BASIC INFORMATION

NAME: _____

ADDRESS: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

Gender: _____ Birth date: _____ Age: _____

Occupation: _____

Education: *(last grade completed prior to college)* _____

Other Education: *(list type and years)* _____

Marital Status: *(please circle)*

Single Engaged Married Separated Divorced Widowed

How did you find out about our counseling ministry? _____ Referred by? _____

Church attendance: Attend CVC CVC Member Do Not Attend Church Other
(please circle)

Attend Thrive? Yes No _____
(please circle) Date (if known)

Attend Biblical Truth? Yes No

Have you been Baptized? Yes No _____
(please circle) Church Name Date (if known)

Have you attended Link-Up? Yes No _____
(please circle) Date (if known)

Are you in a Community Group? Yes No _____
(please circle) Leaders Name

Attend Men's Gathering? Yes No
(please circle)

Attend Sisterhood? Yes No
(please circle)

Attend EP United? Yes No
(please circle)

Have you been Disciplined? Yes No _____
(please circle) Discipler's Name

What days/times are you available for counseling? _____

THE BASIC PROBLEM AS YOU UNDERSTAND IT

(Briefly complete the following.)

What is the main problem, as you see it?

What brings you here?

What have you done about it?

What can we do?

What expectations do you have in coming here?

Is there anything else we should know?

INFORMATION ABOUT YOUR SPIRITUAL LIFE

Church Name: _____ Pastor's Name: _____

Church Address: _____

Frequency of attendance per month: _____

What are you learning through the sermons / messages / bible studies at your church?

Please list ministry involvement: _____

Church attended in childhood: _____

Have you been baptized? Yes No When? _____

Do you pray to God? Never Occasionally Often How often? _____

What do you pray about? _____

Have you come to the place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven?

Yes No Uncertain

If yes, what is your basis for answering the above question as you did?

Have you received Jesus Christ personally as your Savior?

Yes No Uncertain Don't Know What You Mean

If yes, how do you know that Jesus Christ is your Savior?

If you have received Christ as your Savior, what changes took place in your life when you became a believer?

If you have received Christ as your Savior, have you told your family/household member about receiving Jesus as your Savior? (circle) Yes No

If yes, whom have you told? _____

Do you read your bible? Yes No How often? _____

Do you have personal devotions? Never Occasionally Often How often? _____

Describe your personal devotions: _____

Do you have family devotions? Never Occasionally Often How often? _____

Describe your family devotions: _____

Explain any recent changes in your spiritual life: _____

SPOUSE'S CHURCH ATTENDANCE (*Only if applicable*)

If married, religious background of spouse: _____

Spouse's church name: _____

Frequency of attendance per month: _____

INFORMATION ABOUT PERSONAL HABITS AND HEALTH

Approximately how many hours of sleep do you get each night? _____

When do you normally: (*at what time*)

Go to bed? Fall asleep? Wake up? Get out of bed?

If there is a length of time between your going to bed and falling asleep, what do you do during that time?

Describe any recent changes in sleep habits:

State of Health: (*circle one*)

Very good Good Average Declining Other

Date of last medical examination:

Results:

Are you presently taking medication? Yes No Drug Name: _____

Dosage: _____

For what reason do you take this medication? _____

Have you used drugs for other than medical purposes? _____

Yes No When? _____ What? _____ Amounts/Dosages? _____

Do you drink alcoholic beverages? Yes No When? _____ How Much? _____

INFORMATION ABOUT PRIOR COUNSELING

Have you had any counseling before? Yes No

COUNSELOR (Name)	DATES (From / To)	MEDICATION (Prescribed)	OUTCOME (How was your problem resolved?)
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MARRIAGE AND FAMILY INFORMATION *(Applicable only if seeking Marriage Counseling)*

Name of Spouse: _____

Spouse's Address: _____

Spouse's Personal Phone: _____ Work Phone: _____

Spouse's Occupation: _____

Spouse Education: _____ Spouse's Age: _____

Spouse's Religion: _____

Date of marriage: _____ Your ages when married? Husband: _____ Wife: _____

How long did you know your spouse before marriage? _____

Length of steady dating with your spouse? _____

Length of engagement? _____

Is your spouse willing to come with you to counseling: (circle one) Yes No Have not asked yet Not certain

Are you currently separated? Yes No Since when? _____

Have you ever been separated in your current marriage? Yes No Number of times? _____

Has either of you ever filed for divorce? Yes No When? _____ Who? _____

INFORMATION ON YOUR PREVIOUS MARRIAGE(S) (if applicable):

Have you ever been married before? Yes No If yes, how many times? _____ For how long? _____

Length of steady dating with the previous spouse(s)? _____

Length of engagement(s)? _____

If you are divorced, on what grounds did you get divorced? _____

INFORMATION ON YOUR CHILDREN:

<u>Names</u>	<u>Ages</u>	<u>Living?</u>	<u>Education In years</u>	<u>Marital Status</u>	<u>From Previous Marriage?</u>
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PERSONAL FAMILY HISTORY:

If you were raised by anyone other than your parents, please briefly explain:

How many **older** siblings do you have? Brothers: Sisters:

How many **younger** siblings do you have? Brothers: Sisters: