



churchonthemove

CONFIDENTIAL

Pastoral Ministries Counseling Request Form

This form must be completed fully. If it is not, we will return it to you for completion. This request form can be turned in at the **Guest Services Desk** or mailed to: **COTM Pastoral Ministries CONFIDENTIAL, PO Box 770, Tulsa, OK 74101** or faxed to **(918) 439-8319**.

The Pastoral Ministries Department will review this form before an appointment will be approved or scheduled. You will be contacted by our office to set up an appointment. **All counseling sessions are audio & video recorded for security purposes.**

***Biblical Counseling is only available for Tithing Partners of Church On The Move.**

Name _____ Spouse's Name _____

Will your spouse be joining you? Yes No If not, Why? _____

Address _____ City _____ State _____ Zip _____

Phone () _____ - _____ Second Phone () _____ - _____ E-mail _____

Questions:

1) *Have you completed Partnership classes 101, 201, & 301 for partnership at Church On The Move?

Yes No Date Completed 301 _____

2) Do you faithfully tithe 10% of your income to Church On The Move? Yes No

3) Do you faithfully serve as a volunteer here at Church On The Move? Yes No

If yes, in which ministry do you serve? _____

4) How often do you attend Church On The Move services?

every week three times a month twice a month once a month occasionally

5) Please check the appropriate box for the area in which you desire Biblical Counseling.

marriage children finances other _____

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

(This information will aid our pastors in preparation for your session.)

1) _____

2) _____

3) _____

7) What is your purpose for this counseling session? _____

8) Have you received counsel for this before? yes no If Yes, Who did you see? _____

When? _____ What was the results? _____

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

FOR OFFICE USE ONLY:

Date: ____/____/____ **Time:** ____:____ **Pastor:** _____

No appointment, Referral provided: _____