



APPLICATION FOR GATE TO FREEDOM COUNSELING

Name: _____ Date: _____

Church: _____

Newborn _____ Baptized with the Holy Spirit _____

PERSONAL INFORMATION

Name: _____ Address: _____

City/State/Zip: _____ Phones: _____

Date of Birth: _____ E-mail: _____ Web site: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried

Presently living with: ___ Parents ___ Spouse ___ Alone ___ Other: _____

Describe your Personal Purpose in Life:

Why do you need GATE TO FREEDOM COUNSELING? Describe your expectations:

DESCRIPTION OF YOUR CURRENT ISSUE

1. Describe the issue that prompted you to seek counseling at this time.

2. How is your life affected by this issue?

3. How do you feel about yourself because of this issue?

4. What is the most painful or difficult thing about this issue?

5. On a scale of 1-10, how painful is this issue? (10 being very painful)

6. How others that you love being affected by this issue?

7. How is your relationship with God being affected by this issue?

8. When did this issue begin? (progressive)

9. What will happen if this issue is not resolved? _____

10. What ways have you already tried to resolve this issue?
