

# IOM AMERICA

## COUNSELING/DISCIPLESHIP APPLICATION FORM

(Please Print)

Today's Date:		<b>Suggested Donation: \$80 per hour/\$50 per 1/2 hr.</b>		Counselor:	
<b>CLIENT INFORMATION</b>					
Last name:		First:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
Spouses name:		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Marital status:	
		Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/>			
Is this your legal name?		If not, what is your legal name?		Times married:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No			Wife _____ Husband _____	
Street address:		E-mail address:		Home phone :	
				( )	
P.O. box:		City:		State:	
				ZIP Code:	
Occupation/Employer:				Primary Cell Phone:	
Wife _____ Husband _____				( )	
Sources of Referral (Please check one box):				<input type="checkbox"/> Friend	<input type="checkbox"/> Internet
<input type="checkbox"/> Family	<input type="checkbox"/> Publication Ad	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Church/Ministry	<input type="checkbox"/> Professional
Other family/friends members seen here:					
<b>Names and ages of children:</b>					
<b>APPLICANT REQUEST</b>					
<b>Reason for request for Counseling/Discipleship: (Be specific)</b>					
<b>Counseling History:</b>					
Counselor/Therapist:		Date:		Type of Counseling:	
<b>IN CASE OF EMERGENCY</b>					
Name of local friend or relative (not living at same address):		Relationship to patient:		Home phone no.:	
				( )	
				( )	
<p>IOM AMERICA is a Christian Biblically based counseling/discipleship service provider. Their method and model of counseling is based upon the Bible as its foundation. Even though your counseling will be assisting you psychologically, by signing this form, you are stating that you understand that your counseling, discipleship and/or training are based on a Spiritual approach. Due to the Christ-centered nature of their model, it is important that you understand that Dr. Phinney and/or his associates are typically not accepted by insurance companies for financial payment. Your signature gives your counselor permission to assist you in the seven areas of life – spiritual, psychological, physical, parental, marital, social and financial. Your signature states agreement to this model of counseling.</p>					
_____ <i>Client/Guardian signature</i>				_____ <i>Date</i>	

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