



# VICTORY REINS

A Ministry of



Date \_\_\_\_\_

Referred by \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Relationship Status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Church you belong to \_\_\_\_\_

Name and telephone number of significant other (or person to contact in case of emergency)

\_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Children's names and ages:

Name \_\_\_\_\_ AGE \_\_\_\_\_ Name \_\_\_\_\_ AGE \_\_\_\_\_

Name \_\_\_\_\_ AGE \_\_\_\_\_ Name \_\_\_\_\_ AGE \_\_\_\_\_

I am seeking counseling and discipleship services for:

Individual \_\_\_\_\_ Couple \_\_\_\_\_ Family \_\_\_\_\_ Group \_\_\_\_\_

Have you received counseling previously? No \_\_\_ Yes \_\_\_ When \_\_\_\_\_ Name of your counselor? \_\_\_\_\_

State in your own words why you are seeking counseling at this time:

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We do not give medical advice or recommendations about medications.  
We are trained to use the Scriptures to address difficulties for those who seek help.  
(Recommended reading materials will cost retail prices).

