

## Pre-Pastoral Counseling Form

The information requested on this form is intended to be helpful to you and Imam Azfar in the provision of the best possible service to you. If there is any question that you would prefer not to answer, please feel free to leave blank and discuss in session.

Points to keep in mind

1. Imam Azfar is not a licensed mental health provider
2. Imam Azfar does not diagnose mental health issues
3. Imam Azfar performs spiritually oriented strategies informed by the Qur'ān, Sunnah and Prophetic models.
4. Imam Azfar does not perform exorcism

FULL NAME \_\_\_\_\_

Name you prefer to be called \_\_\_\_\_

What is/are the reason(s) you are seeking pastoral counseling?

Did a specific event lead to this request for service? Please describe

Please describe what you hope to accomplish in this pastoral counseling session or what you hope will be different in your life as a result of attending this pastoral counseling session.

How long has this problem been present?

What solutions have you tried? What were the results?

How does this problem affect your life? (0-10)

Personally

Family Life

Socially

Work wise

How were you referred to Imam Azfar?

Are you involved with any community based support groups? If yes, please specify

Do you have any involvement with the following people or services?

Country social worker    Probation officer            Adult/child protection            Guardian Ad Litem

Worker's Compensation

. Do any of the following concerns contribute to your symptom(s)? (Check all that apply)

- Family move to a new home
- Birth of child or sibling
- Fighting with spouse
- Post-divorce adjustment
- Financial stress
- Marital unfaithfulness
- Parenting problems
- Spiritual problems
- Death of a family member
- Adjustment to new job
- Adjustment to school
- Law violations
- Dishonesty
- Career concerns/unemployment
- Empty nest
- Previous therapy
- Developmental problems
- Suspect physical/sexual abuse
- Known physical/sexual abuse
- Alcohol/Substance abuse

Compulsive gambling/spending  Pornography use  Anger/Violence  
 Other: \_\_\_\_\_

What has helped you manage or endure your current problem?

Please describe the people in your life that currently play a supportive, influential, or friendship role.

What interests or passions give meaning to your life?

Do you have any spiritual beliefs or practices that are important to you? Yes No If yes, please explain:

What aspects of your culture, heritage, or ethnicity would you like Imam Azfar to be aware of?

Please list those who you consider part of your immediate family and/or your current household.

Name  
Age  
Relation to you  
Living with you?

Is there anything else that you would like Imam Azfar to know and that you have not written about on any of these forms?

Yes No

If yes, please tell me about it here or on another paper:

Signature and Date

I acknowledge that the information on this form is accurate to the best of my knowledge, and that I will inform Imam Azfar Uddin of any changes in my personal circumstances including address, symptoms experienced, suicidal thoughts and substance use.

Client Signature

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Date