



## Royalhouse Chapel International, Maryland COUNSELING FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

How long have you been a member of Royalhouse Chapel \_\_\_\_\_

Do you pray to God?      Yes \_\_\_\_\_      No \_\_\_\_\_

Do you read your bible?      Yes \_\_\_\_\_      No \_\_\_\_\_

Describe the nature of your counseling request.

\_\_\_\_\_

\_\_\_\_\_