Faith-Based Counseling Consent Form

Client Information

Full Name	
Date	
Email	
Purpose	
Nature of Faith-Based Counseling	I
Confidentiality	
Risks and Benefits	
Voluntary Participation	
Fees and Appointments	
Consent	
☐ I have read and understand the information above.	☐ I consent to receive faith-based counseling.
Signature	
Client Signature	
Dato	