

PASTORAL COUNSELOR QUESTIONNAIRE

1. Are you an Ordained Minister?

2. What religion are you practicing? (ex. Catholic, Lutheran, etc.)

3. Where are you practicing? List all areas and specify if it is in the auspices of a church, etc.

4. What type of counseling do you practice and for what type of clientele? _____

5. How do you title yourself? I practice as a _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____