



Tallahassee Biblical Counseling
Ministries

PASTOR RECOMMENDATION FORM (To be completed by a Pastor or Elder)

Person(s) Seeking Counseling: _____

Name of Church: _____

Name of Church Leader and Role/Office: _____

The following must be completed by the individual's Pastor or Elder

Is this person/couple a member of your congregation? How long have you known this member?

Please describe the person/couple's church commitment:

Are you supportive of this person/couple receiving biblical counseling from Tallahassee Biblical Counseling Ministries? Do you have any concerns?

Below is the person (or couple) that your church member is recommending to attend counseling with them as an advocate. Please indicate if you are in agreement with this person (or couple) to attend counseling with this particular member: _____ Yes _____ No

If "**No**" is indicated, please recommend someone (of the same gender) from your church to attend each session with the person seeking counseling (named above). This person should be willing to continue caring for him/her after formal counseling is complete. If it is a couple requesting counseling, please recommend a couple from your church who would be willing to attend each session with this couple and care for them once formal counseling is complete.

Name of Person(s): _____

Person's Email: _____

If no one is available to care in this way, a staff member with Tallahassee Biblical Counseling Ministries will contact you to discuss caring of this member.