

IDENTIFICATION DATA

Name: _____ Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Business Phone: _____

Occupation: _____ Sex _____ Date of Birth _____

Age _____ Height _____ Nationality or Ethnic Background _____

Marital Status: Single _____ Separated _____ Widowed _____ Divorced _____ Married _____

Education (circle last year completed)

Grade School 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 5 6+

Other training (list type and years) _____

Referred here by (name) _____ (Address) _____

HEALTH INFORMATION

Rate your physical health: Very Good _____ Good _____ Average _____ Declining _____ Other _____

Recent weight changes: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination: _____ Report: _____

Physician _____ Address _____

Have you used drugs for other than medical purposes? Yes _____ No _____ What drug(s)? _____

Are you presently taking medication? Yes _____ No _____ What? _____

Prescribing physician _____ Address _____

Have you ever had a severe emotional upset? Yes _____ No _____

Have you ever had any psychotherapy or counseling? Yes _____ No _____ If yes, list name(s) of counselor(s) and dates: _____

THIS INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE ACCORDING TO BIBLICAL GUIDELINES

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes_____ No_____

Have you ever been arrested? Yes_____ No_____

RELIGIOUS BACKGROUND

Denominational preference:_____

Name of the church currently attending: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attendance in childhood: _____

Have you ever been baptized: Yes ____ No_____

Religious background of spouse (if married): _____

Do you consider yourself a religious person? Yes ____ No_____ Uncertain_____

Do you believe in God? Yes _____ No_____ Uncertain_____

Do you pray to God? Never _____ Occasionally _____ Often_____

Are you saved? Yes _____ No _____ Not sure what you mean_____

How much do you read the Bible? Never _____ Occasionally_____ Often_____

Explain recent changes in your religious life, if any: _____

PERSONALITY INFORMATION

Circle any of the following words which best describe you now:

Active Ambitious Self-Confident Persistent Submissive Lonely
Nervous Hardworking Impatient Impulsive Leader Quiet Hard-Boiled
Moody Often-blue Excitable Imaginative Likeable Good-natured Shy
Calm Serious Easy-going Introvert Extrovert Sensitive Self-conscious

MARRIAGE INFORMATION (OMIT THIS SECTION IF NEVER MARRIED)

Name of spouse _____ Address: _____

Home phone: _____ Business Phone: _____

Occupation: _____ Is spouse willing to come for counseling? ____

Have you ever been separated? _____

Have either of you ever filed for divorce? _____ If so, when? _____

Date of this marriage? _____ Your ages when married: Husband: ___ Wife: ___

How long did you know your spouse? _____ Length of engagement? _____

Give brief information about any previous marriages? _____

Broken by divorce? _____ Death? _____

INFORMATION ABOUT CHILDREN

PM* NAME AGE SEX LIVING EDUCATION-YEARS MARRIED (Y/N)

*Check this column if child is by previous marriage

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PARENTAL FAMILY HISTORY

If you were reared by anyone other than your own parents, briefly explain:

Answer this section describing your own parents or parent substitute:

Still living? (yes/no) Father _____ Mother _____

Religious affiliation: Father _____ Mother _____

Church attendance per month: Father: 1 2 3 4+ Mother: 1 2 3 4+

Occupation: Father: _____ Mother: _____

Are your parents still living together? Yes ___ No ___

If not, cause of separation: _____

When separated: _____

Rate your parents' marriage:

Unhappy: ___ Average: ___ Happy: ___ Very Happy: ___

As a child, did you feel closest to your: Father _____ Mother _____ Another _____

Rate your childhood life:

Unhappy: ___ Average: ___ Happy: ___ Very Happy: ___

How many brothers and sisters do you have? _____

How many older brothers and sisters do you have? Brothers _____ Sisters _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? (What is your situation?)
2. What have you done about it?
3. What are your expectations in pursuing biblical counseling?
4. As you see yourself, what kind of person are you? Describe yourself.