

Biblical Counseling Request Form

Personal Identification

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Sex: _____ Referred By: _____

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

Education (last year completed): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Position: _____

Years: _____ Email address: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Age: _____ Occupation: _____ How Long Employed: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: _____ To Whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Information about Children:

Name: _____ Age: _____ Sex: _____ Living: _____ Year Ed.: _____ Step-Child: _____

Describe relationship to your father: _____

Describe relationship to your mother: _____

Number of sibling(s): _____ Your sibling order: _____

Did you live with anyone other than parents: _____

Are your parents living: _____ Do they live locally: _____

Health

Describe your health:

Do you have any chronic conditions: _____ What: _____

List important illnesses and injuries or handicaps: _____

Date of last medical exam: _____ Report: _____

Physician's name and address: _____

Current medication(s) and dosage: _____

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain: _____

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

_____ How much: _____

Do you smoke: _____ What: _____ Frequency: _____

Have you ever had interpersonal problems on the job: _____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Are you willing to sign a release of information form so that your counselor may write for social,
psychiatric, or other medical records: _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

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

Do you believe in God: _____ Do you pray: _____ Would you say that you are a Christian: _____,

Or still in the process of becoming a Christian: _____

Have you ever been baptized: _____

How often do you read the Bible: Never: _____ Occasionally: _____ Often: _____ Daily: _____

Explain any recent changes in your religious life: _____

Women Only

Have you had any menstrual difficulties: _____ If you experience tension, tendency to cry, other
symptoms prior to your cycle, please explain: _____

Is your husband willing to come for counseling: _____

Is he in favor of your coming: _____ If no, please explain: _____
