



Biblical Counseling Intake Information

Please complete this form and return it to your biblical counselor. This completed form helps the biblical counselor observe a temporary life framework

Identification Data

This information is confidential

Name: _____ email: _____ Date: _____
 Address: _____
 City: _____ Zip Code: _____
 Telephone Number Where You Can Be Reached: _____
 Age: _____ Gender: _____ Education in Years: _____ Religion: _____

Marriage Data

_____ Single; _____ Married; _____ Separated; _____ Divorced; _____ Widowed
 How long? _____
 If divorced, please give date and how the marriage was dissolved: _____

Describe your relationship with our spouse or ex-spouse. (If you are not married, please describe your relationship with your parents): _____

Family Data

Do you have children? _____ How many? _____ How many living at home? _____

Child's Name	Age	Gender	Living / Deceased	Education in years	Check if from Previous Marriage

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

Did you have a good/bad relationship with your: Father: _____
 Mother: _____ Brother(s): _____
 Sister(s): _____ Explain: _____

Religious Data

Denominational preference: _____

What church are you currently attending? _____

Have you come to the place in your life where you can say that you know for certain that you would go to be with God if you died? ____ Yes; ____ No Explain: _____

Have you received Jesus Christ as your Savior? ____ Yes; ____ No Explain: _____

Do you read the Bible? ____ Never; ____ Occasionally; ____ Regularly

Do you have personal devotions? ____ Never; ____ Occasionally; ____ Regularly

Average number of times you attend church each month (circle one) 0 1 2 3 4 5 6 7 8 9 10+

Religious Background: _____

Health Data

Rate your health: ____ Very Good; ____ Good; ____ Average; Other: _____

Circle any of the following words you believe describe you:

Active	Ambitious	Self-Confident	Persistent
Nervous	Hardworking	Impatient	Moody
Often Blue	Excitable	Imaginative	Calm
Serious	Easy Going	Shy	Good Natured
Introvert	Extrovert	Likeable	Leader
Quiet	Hard-Boiled	Submissive	Sensitive
Self-Conscious	Lonely	Bereaved	Fearful
Self-doubt	Guilt	Adultery	Frigid
Homosexual	Angry	Loss of Love	Suicidal
Loss of Hope	Loss of Faith	Loss of Meaning	Marriage Problems
Sexual Concerns	Loss of Respect	Relationship with Parents	Relationship with Children

Religious Doubts and Fears

Rate your health: ____ Very Good; ____ Good; ____ Average; Other: _____

Have you ever thought about suicide? ____ Yes; ____ No; If yes, explain: _____

Do you ever simply want to run away? ____ Yes; ____ No; If yes, explain: _____

Basic Problem Identification

1. What is the problem that brings you here? _____

2. What have you done about it in the past? _____

3. What do you seek from this counseling? _____

4. What circumstances led you to coming here at this point in time? _____

5. Is there any other information you think we should know? _____

I understand that I alone am responsible for any decision I make regarding my life and that the biblical counselor I see at this biblical counseling ministry cannot and will not make my decisions for me.

Counselee's Signature

Date

Counselee's Name Printed

Statement of Understanding

I understand that the staff and biblical counselors of the biblical counseling ministry of _____ and those associated with them are not State licensed counselors, therapists, medical, or psychological practitioners.

I further understand that everything I state during these biblical counseling sessions will be kept in confidence with the exception of the two issues listed below and that I alone hold the right to release any information that comes from these sessions.

1. I understand that biblical counseling is not to be thought of as a confidential confession whereby I can confess illegal activity. I understand that the biblical counseling team members are not ecclesiastical priests and are bound by law to report illegal activity on my part. I understand that if I am breaking the civil law I am under the authority of the state (Romans 13:1-7) and it is my Christian duty to reconcile with the state.

2. I am aware that _____ is mandated by law to intervene if he/she suspects that a child (under the age of 18 years), or an elder (over the age of 65 years), or a vulnerable adult is currently endangered by abuse or if I am a danger to myself or others.

I understand that I am free to leave at any time and that I am here voluntarily and under no financial obligation (except for the cost of personality inventories which will be agreed upon by me and my assigned biblical counselor prior to such personality inventories being administered).

I deem the person(s) leading these biblical counseling sessions to be disciples in the Christian faith, who is/are helping me assume my responsibilities in finding freedom in Jesus Christ.

Counselee's Signature

Date

Print Your Name

Signature of Biblical Counselor