



## Biblical Counseling Ministry

### *Intake Form*

Date: \_\_\_\_\_

#### Personal Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### Marital Status:

☐ Single   ☐ Engaged   ☐ Married   ☐ Separated   ☐ Divorced   ☐ Widowed

#### Education:

Last Grade Completed (Prior to college) \_\_\_\_\_ Other Education (List type and years) \_\_\_\_\_

Referred By: \_\_\_\_\_ Best time to reach me is: \_\_\_\_\_

#### Employment:

Are you currently employed?   ☐ Yes   ☐ No   If yes,

Name of Employer: \_\_\_\_\_ How long at current job? \_\_\_\_\_

## Describe The Problem As You Understand It

*Briefly complete the following (please use another sheet of paper if necessary):*

1. Please describe the current problem.
2. What have you done about it?
3. What are your expectations in coming to see a CFBC counselor?
4. Why are you seeking help now?
5. As you see yourself, what kind of person are you? Describe yourself.
6. Is there any other info we should know?

## SPIRITUAL LIFE QUESTIONNAIRE

Denominational Preference:\_\_\_\_\_ Church Name:\_\_\_\_\_

Church Address:\_\_\_\_\_ Pastor's Name: \_\_\_\_\_

May we contact your Pastor(s)?\_\_\_\_\_ **Please Initial**\_\_\_\_\_

Church Attendance: Frequency of attendance\_\_\_\_\_ Times per month

Name of your current church \_\_\_\_\_ are you a member ☐No ☐Yes

How long?\_\_\_\_\_

Church attended in childhood \_\_\_\_\_.

What are you learning through the sermons/messages/bible studies at your church?

\_\_\_\_\_

\_\_\_\_\_

Please list ministry involvement:\_\_\_\_\_

\_\_\_\_\_

Have you been baptized? ☐No ☐Yes When?\_\_\_\_\_

If married, religious background of spouse:\_\_\_\_\_

(Only if applicable) Spouse's church attendance:

Spouse's church name\_\_\_\_\_ Frequency of attendance\_\_\_\_\_ Times per month

Do you pray to God? ☐Never ☐Occasionally ☐Often How often?\_\_\_\_\_

What do you pray about?\_\_\_\_\_

\_\_\_\_\_

Have you come to a place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven?

☐Yes ☐No ☐Uncertain

If yes, what is your basis for answering the above question? \_\_\_\_\_

\_\_\_\_\_

Have you received Jesus Christ personally as your Savior?

☐Yes -- When?\_\_\_\_\_ ☐No ☐Uncertain ☐Don't know what you mean

**If yes, please answer questions 1-3:**

1. How do you know that Jesus Christ is your Savior?

\_\_\_\_\_

\_\_\_\_\_

2.What changes took place in your life when you became a believer?\_\_\_\_\_

\_\_\_\_\_

3. Have you told household/family members about receiving Jesus as Savior? ☐Yes ☐No

If yes, who have you told?\_\_\_\_\_

Do you read the Bible? ☐Never ☐Occasionally ☐Often How often?\_\_\_\_\_

Do you have personal devotions? ☐Never ☐Occasionally ☐Often How often?\_\_\_\_\_

Describe your personal devotions:\_\_\_\_\_

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Do you have family devotions? ☐Never ☐Occasionally ☐Often How often?\_\_\_\_\_

Explain any recent changes in your spiritual life:\_\_\_\_\_

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## PRIOR COUNSELING EXPERIENCE

Have you had counseling before? ☐Yes ☐No

Counselor Name (s)	Dates: To-From Diagnosis Prescribed	Medication	Outcome and
_____			
_____			
_____			
_____			

May we contact your counselor (s)? \_\_\_\_\_ Please initial \_\_\_\_\_

## INFORMATION ABOUT PERSONAL HABITS AND HEALTH

Approximately how many hours of sleep to you get each night? \_\_\_\_\_

When do you normally: Go to bed? \_\_\_\_\_ Fall asleep? \_\_\_\_\_ Wake up? \_\_\_\_\_ Get out of bed? \_\_\_\_\_

If there is a length of time between going to bed and falling asleep, what do you do during that time?

If there is a length of time between waking up and getting out of bed, what do you during that time?

Describe any recent changes in sleep habits? \_\_\_\_\_

State of health: ☐Very Good ☐Good ☐Average ☐Declining ☐Other

Date of last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Address: \_\_\_\_\_

Are you presently taking medications? ☐No ☐Yes What? \_\_\_\_\_

Dosage? \_\_\_\_\_

For what reason do you take this medication? \_\_\_\_\_

Have you used drugs for other than medical purposes? ☐No ☐Yes When? \_\_\_\_\_

What? \_\_\_\_\_ Amount/Dosages? \_\_\_\_\_

Do you drink alcoholic beverages? ☐No ☐Yes How often? \_\_\_\_\_

How much? \_\_\_\_\_

Have you ever been arrested? ☐No ☐Yes

What was the outcome? \_\_\_\_\_

Have you ever had a severe emotional upset?\_\_\_\_\_

List all important present or past illnesses, injuries or handicaps\_\_\_\_\_

Approximate weight\_\_\_\_\_Weight changes recently: Lost\_\_\_\_\_Gained\_\_\_\_\_

Consent for release of Medical Records (*please initial here*)\_\_\_\_\_

## MARRIAGE AND FAMILY INFORMATION

Name of spouse: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Your spouses age: \_\_\_\_\_ Education: (In years): \_\_\_\_\_

Religion: \_\_\_\_\_

Is spouse willing to come with you? ☐ No ☐ Yes ☐ Have not asked yet? ☐ Not certain

Are you currently separated? ☐ No ☐ Yes Since when? \_\_\_\_\_

Have you ever been separated in the current marriage? ☐ No ☐ Yes No. of times \_\_\_\_\_

Has either of you ever filed for divorce? ☐ No ☐ Yes When? \_\_\_\_\_

Who? \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating with spouse: \_\_\_\_\_

Length of engagement: \_\_\_\_\_

Have you been married before? ☐ No ☐ Yes

If yes, how many times? Husband \_\_\_\_\_ Wife \_\_\_\_\_

If you or your spouse were married before, how did the marriage(s) end? \_\_\_\_\_

\_\_\_\_\_

Children's			Living?	Education	Marital	**PM
Names	Ages	Gender	Yes	No	In years	Status

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**\*\*Check this column if child is by previous marriage**

If you were raised by anyone other than your parents, briefly explain: \_\_\_\_\_

\_\_\_\_\_

No. of older: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

No. of younger: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_



## Biblical Counseling Ministry

### Consent to Counseling Form

**Our Goal** — Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to fully enjoy his love for you and his plans for your life.

**Biblical Basis** — We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, Our counseling approach is based on scriptural principles rather than those of secular psychology or psychiatry.

**Confidentiality** — Confidentiality is an important aspect of the counseling process, and I will carefully guard the information you entrust to me. There are five situations, however, when it may be necessary for me to share certain information with others: if I am uncertain of how to address a particular problem and need to seek advice from another pastor or elder in Our church, when a counselee attends another church and it is necessary to talk with his or her pastor or elders, when there is a clear indication that someone may be harmed unless others intervene, or when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20), or if the counselee makes it clear that he or she intends to do harm to another or to him/herself. Please be assured that we strongly prefer not to disclose personal information to others, and we will make every effort to help you find ways to resolve a problem as privately as possible.

**Termination of Counseling** — Although we discourage premature termination of counseling, we do acknowledge that it is the right of a person obtaining counseling to terminate the counseling relationship at anytime. The counselor also reserves the right to terminate the counseling relationship if the client consistently does not comply with the process, by being absent excessively, by consistently not carrying out exercises given by the counselor as part of the therapeutic process.

Having clearly stated the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by him as he helps you to grow in spiritual maturity and prepares you for usefulness in his body. If you have any questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

Name: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**For children or adolescent clients, a parent/guardian must give permission for counseling to take place.**

Parent/guardian Name: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_