

Biblical Counseling Personal Information Form

Identification Information

Name: _____ Home Phone: _____ Cell: _____

Address: _____

E-mail: _____ Birth Date: _____ Gender: _____

Education in Years: _____ Occupation: _____ Work Phone: _____

Marital Status: Single: _____ Married: _____ Separated: _____

Divorced: _____ Widowed: _____ Engaged: _____

Referred Here By: _____

Reason for Seeking Biblical Counseling

Why do you desire to meet with a biblical counselor? _____

How long has this issue existed? _____

Were there any significant events occurring in your life/family's life when this issue began?

What have you done about this issue? _____

How would things be different for you if the issue were remedied? _____

What results are you expecting in coming here for biblical counseling? _____

Marriage and Family Information

Spouse's Name: _____ Home Phone: _____ Cell: _____

Spouse's Address: _____

Spouse's E-mail: _____ Birth Date: _____ Gender: _____

Spouse's Education in Years: _____ Occupation: _____ Work Phone: _____

Date of Marriage: _____ Age When Married: Husband: _____ Wife: _____

Is your spouse willing to come for counseling? Yes: _____ No: _____ Uncertain: _____

Give brief information about any previous marriages: _____

Information About Children

PM*	Name	Age	Sex	Education (Grade)	Marital Status
-----	------	-----	-----	-------------------	----------------

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

*Check this column if child is by previous marriage.

What type of instruction in Christian living is given in your home and by whom? _____

Who does the disciplining in your home? _____

For what behaviors are your children disciplined? _____

What methods of discipline are currently being used? _____

How do you and your family members communicate that you love each other? _____

How much time do you spend with your family members each week?

Spouse: _____

Children: _____

Personality Data

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

Active	Shy	Hardworking	Leader	Compulsive
Nervous	Likeable	Impulsive	Follower	Excitable
Impatient	Self-conscious	Often-blue	Sarcastic	Serious
Moody	Jealous	Calm	Self-confident	Easy-going
Imaginative	Ambitious	Good-natured	Persistent	Quiet
Introverted	Extroverted	Fearful	Loner	Stubborn

Others: _____

Complete the following sentences:

People that know me think that I am: _____

If they knew the “real me” they would know that I am: _____

What I desire more than anything else in life is: _____

What I fear most in life is: _____

The person I admire most in life is: _____

Because: _____

Is there any other information that you would like us to know? _____

Health Information

Rate your health: Very Good: ____ Good: ____ Average: ____ Poor: ____

Weight changes recently: None: ____ Lost: ____ Gained: ____

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

Date of last medical exam: _____ Report: _____

Physician's name: _____ Address: _____

Are you presently taking medication? Yes: ____ No: ____ Type: _____

Have you used drugs for other than medical purposes? Yes: ____ No: ____

If yes, explain: _____

Have you ever had any counseling before? Yes: ____ No: ____ When: _____

For: _____

Are you willing to sign a release so that your counselor may write for medical or counseling reports?

Yes: ____ No: ____

Religious Background

What church do you attend? _____

How often do you attend church? _____

Are you saved? Yes: ____ No: ____ Not sure what you mean: ____

What ministries/activities are you involved in at church? _____

How often do you read the Bible? _____

Describe your prayer life: _____

Describe your relationship with Christ: _____