

Date: _____

PERSONAL INFORMATION

Name _____ E-mail _____

Street Address _____

City _____ State _____ Zip _____

Sex _____ Birth Date _____ Age _____ Weight _____ Height _____

Cell Phone _____ Emergency Contact/Relationship _____ Phone _____

Occupation _____ Place of Employment _____

Marital Status (v) Single Going Steady Married Separated Divorced Widowed

Education (v) GED HS COLLEGE GRAD SCHOOL POST GRAD SCHOOL

Previous marriages (Husband): (How many/years? Former spouse's name?)

Previous marriages (Wife): (How many/years? Former spouse's name?)

I/We was/were referred to Albany Biblical Counseling by: _____

MARRIAGE AND FAMILY INFORMATION

Spouse Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Occupation: _____

Spouse's Age _____ Birth Date _____ Weight _____ Height _____

Education (in years) _____ E-mail _____

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

Have you ever been separated? Yes No; If "yes", when? _____

Has either of you filed for divorce? Yes No; if "yes", who filed? _____

Date of Marriage _____ your ages when married? Husband _____ Wife _____

How long did you know your spouse before marriage? _____ Length of steady dating with spouse _____

Did you live together before getting married? _____ Length of engagement _____

Children's Names	Age	Gender	Living (yes or no)	Education (in years)	Marital Status	From a previous marriage? (v)

Were you raised by anyone other than your own parents? Yes; No; If "yes," please explain:

Give number of **older siblings?** _____ **Brothers?** _____ **Sisters?** _____

Give number of **younger siblings?** _____ **Brothers?** _____ **Sisters?** _____

RELIGIOUS BACKGROUND

What church (list the city) do you currently attend?

Are you a member? Yes No Denominational Preference _____

Church Address _____

Pastor's Name _____ Pastor's Phone _____

May we contact your pastor for information and help? Yes No

Are you currently serving in your church? Yes No Where? _____

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

Church attended in childhood _____

Have you been baptized? Yes No When?

Do you consider yourself to be a religious person? Yes No

Do you believe in God? Yes No Uncertain

Do you pray to God? Yes No Uncertain

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? Yes No Uncertain

If "yes," what is the basis of your certainty? _____

How do you characterize your relationship to Jesus? None Struggling Growing Strong

How often do you read the Bible? Never Seldom Often

Describe any recent changes in your spiritual life. _____

Religious background of spouse (**if married**) _____

What church does your spouse currently attend? _____

Spouse's church attendance per month: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩+

Please describe your perception of your spouse's spiritual walk with God. _____

PERSONALITY INFORMATION

- *Have you had any psychotherapy before? Yes No
- *Have you had any secular counseling before? Yes No
- *Have you had any biblical counseling before? Yes No

***If you answered yes to any of the above, please fill out the following information:**

Counselor's Name	Dates (Month & Year)	Medication Prescribed	Diagnosis Outcome
	From To		
	From To		
	From To		

***Please check any of the following words that would describe you:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Ambivalent |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Easy-going | <input type="checkbox"/> Excitable |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Good-natured | <input type="checkbox"/> Hard-boiled |
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Hypersensitive | <input type="checkbox"/> Imaginative |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Introvert |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Likeable | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Nervous | <input type="checkbox"/> Often-blue |
| <input type="checkbox"/> Persistent | <input type="checkbox"/> Quiet | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Self-conscious | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Serious |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Submissive | <input type="checkbox"/> Suspicious |

***Please check the appropriate response:**

- Have you ever felt people were watching you? Yes No
- Have you ever had hallucinations? Yes No
- Are you sometimes unable to judge distances? Yes No
- Are you afraid of being in a car or airplane? Yes No
- Is your hearing exceptionally good? Yes No

*Approximately how many hours of sleep do you get each night? _____

*When you do usually: Go to sleep? _____ Fall asleep? _____ Get out of bed? _____

*How would people characterize the kind of person you are? _____

HEALTH INFORMATION

Rate your health: Excellent Good Average Declining Other _____

Describe any recent weight changes. _____

List all important present or past illnesses, injuries and handicaps. _____

Do the above limit you in any way? Yes No; If "Yes," how? _____

Date of last medical exam: _____ Report: _____

Your physician _____ Address _____

If you drink alcoholic beverages: How often? _____ How much? _____

Are you presently taking medication? Yes No; If "yes," please list.

Have you used drugs for other than medical purposes? Yes No; If "yes," when and what did you use?

Do you struggle with smoking? Yes No; if "yes," how long have you been smoking?

Have you ever had a severe emotional upset? Yes No; if "yes," please briefly describe.

Have you ever been arrested? Yes No; if "yes," please briefly describe the outcome.

*Is self, wife and /or girlfriend pregnant? Yes No NA; **if "yes,"** please briefly describe how far along. _____

*Has self, wife and /or girlfriend ever had an abortion? Yes No NA; **if "yes,"** please briefly describe the circumstances. _____

*Does self, wife and /or girlfriend have an STD? Yes No NA; **if "yes,"** please give approximate time-line of contraction. _____

*Has self, wife and /or girlfriend ever been sexually molested? Yes No NA; **if "yes,"** please give approximate time-line of incident(s). _____

*Any other health issues we need to know? _____

*Are you willing to sign a release of information form so that your counselor may write for psychiatric or medical reports if deemed necessary? Yes No

BASIC ISSUES IDENTIFICATION

(Briefly answer the following questions. Use back if necessary.)

1. What do you feel is the issue that brings you here?

2. What have you done about it?

3. What are you seeking (and expecting) from biblical counseling?

4. Who do you consider a friend who has talked with you about what you are going through?

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