

Albany Biblical Counseling Center

ADULT INTAKE FORM

PERSONAL INFORMATION

Name _____ E-mail _____
 Street Address _____
 City _____ State _____ Zip _____
 Sex _____ Birth Date _____ Age _____ Weight _____ Height _____
 Home Phone _____ Cell Phone _____ Business Phone _____
 Occupation _____ Place of Employment _____
 Marital Status (✓) Single Going Steady Married Separated Divorced Widowed
 Education: Last completed grade (prior to college) _____
 Other Education: (List type and years) _____

I was referred to The Biblical Counseling Center by _____

MARRIAGE AND FAMILY INFORMATION

Name of Spouse: _____ Address: _____
 Home Phone: _____ Cell Phone: _____ Occupation: _____
 Spouse's Age _____ Birth Date _____ Weight _____ Height _____
 Education (in years) _____ Occupation: _____ 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? _____ Did you live together before getting married? _____
 Length of steady dating with spouse _____ Length of engagement _____
 List brief information about any previous marriages: (How many/years? – use back if necessary)
 Husband _____
 Wife _____

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

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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

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. _____

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

***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 _____

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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, what? _____

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: _____

OTHER HEALTH RELATED QUESTIONS

(If these questions do not apply to you, leave them blank)

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

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

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

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*Has self, wife and /or girlfriend ever been sexually molested? Yes; No; 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?