

# Biblical Counseling Intake Form



Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

## PERSONAL HISTORY

Parents: Name & Age

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Siblings: Name Age

\_\_\_\_\_  
\_\_\_\_\_

Indicate which might have applied during your childhood and/or adolescence:

School problems \_\_\_\_\_ Family problems \_\_\_\_\_ Medical problems \_\_\_\_\_

Drug/Alcohol abuse problems \_\_\_\_\_ Social problems \_\_\_\_\_ Legal problems \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

## RELIGIOUS BACKGROUND

Church presently attending: \_\_\_\_\_

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_

Do you consider yourself "Saved"? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MARITAL HISTORY

Marital Status (circle): Single Engaged Married Remarried Separated Divorced Widowed

Your Present Marriage (if applicable)

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Have you ever been separated from your present spouse?

If yes, please specify when: 1) \_\_\_\_\_ to \_\_\_\_\_ 2) \_\_\_\_\_ to \_\_\_\_\_

Children Living at Home: Age, Marital Status, Occupation (son, step-daughter, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OCCUPATIONAL HISTORY

Current Job: \_\_\_\_\_

Previous Jobs: \_\_\_\_\_

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Take a minute and explain your situation. What brings you here?

Is there any significant event(s) that you feel contributed to creating this problem?

How have you tried to resolve the problems you're facing?

As you see yourself, what kind of person are you? (describe yourself)

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