



Counselor: _____
 Date: _____

Biblical Counseling Ministry

PERSONAL INFORMATION:

Name _____ Age _____ Sex _____
 Address _____ City: _____ Zip: _____
 Phone: Home _____ Work _____ Cellular _____
 E-mail _____

FAMILY INFORMATION:

Single Married Separated Divorced Widow
 Name of spouse: _____ Date Married _____
 Have you been married previously? Yes No
 Names and ages of children: _____
 Have there been any deaths in the family in the past two years? _____

EMPLOYMENT INFORMATION:

Are you employed? _____ Where: _____
 How long have you been at this position? _____
 How many hours do you work a week? _____
 Is your spouse employed? _____ Where: _____
 How long has he/she been at this position? _____
 How many hours does your spouse work? _____

SPIRITUAL INFORMATION:

What is your religious affiliation? _____
 Do you believe in God? Yes No Uncertain
 Do you pray to God? Regularly Occasionally Never
 How many times a year do you fast? Be specific _____
 Do you read the Bible? Regularly Occasionally Never
 Is Buenas Noticias de Fe your home church? Yes How Long? _____
 If not, where do you attend church? _____
 How many times per month do you attend church? _____
 Have you received Jesus Christ as your Savior: Yes No If yes, when? _____
 Have you been baptized in water since you received Christ? Yes No
 If yes, when? _____
 Have you been involved in any cults or occult practices? Yes No
 If yes, explain: _____

HEALTH INFORMATION:

Rate your health: Very Good Good Average Poor
 Please list any significant illnesses, injuries, or disabilities: _____
 Describe any disease that runs in your family _____
 Please list any medication(s) you are presently taking: _____
 Have you had a medical exam in the last year? _____

Have you had any professional counseling before? _____

Has your weight changed significantly in the past year? _____

Have you ever or do you now use alcohol or drugs? _____

MINISTRY INFORMATION:

Do you currently serve as a volunteer in any area of ministry? Yes No

If yes, which ministry? _____

How long have you been at this ministry? _____

How do you assist in this ministry? What do you do? _____

Who is your ministry overseer? _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What are your main problems or areas of concern?

2. What have you done to resolve this problem?

3. Please describe what person(s), situation(s) or activities that seem to trigger this problem or make it worse.

4. Is there any other information we should know?

5. How can we help you in this matter?

