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:**

☐ Ambitious	☐ Self-confident	☐ Persistent
☐ Nervous	☐ Hardworking	☐ Impatient
☐ Impulsive	☐ Moody	☐ Active
☐ Often-blue	☐ Excitable	☐ Imaginative
☐ Calm	☐ Ambivalent	☐ Serious
☐ Easy-going	☐ Shy	☐ Good-natured
☐ Introvert	☐ Extrovert	☐ Likeable
☐ Leader	☐ Quiet	☐ Hard-boiled
☐ Submissive	☐ Sensitive	☐ Hypersensitive
☐ Suspicious	☐ Self-conscious	☐ 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?