

Orangeville Biblical Counseling Solutions

Personal Information Form

Identification Information

Name: _____ Home Phone: _____ Cell: _____

Address: _____

E-mail: _____ Birth Date: _____ Gender: _____

Education in Years: _____ Occupation: _____ Work Phone: _____

Marital Status: Single: _____ Married: _____ Separated: _____ Divorced: _____
 Widowed: _____ Engaged: _____

Referred Here By: _____

Reason for Seeking Biblical Counseling

Why do you desire to meet with a biblical counselor?

How long has this issue existed? _____

Were there any significant events occurring in your life/family's life when this issue began?

What have you done about this issue?

How would things be different for you if the issue were remedied?

What results are you expecting in coming here for biblical counseling?

While our preference is always face to face, we understand that sometimes individuals are unable to do so. Do you desire online video counseling? Yes/No. If Yes, please indicate why: _____

Marriage and Family Information

Spouse's Name: _____ Home Phone: _____ Cell: _____

Spouse's Address: _____

Spouse's E-mail: _____ Birth Date: _____ Gender: _____

Spouse's Education in Years: _____ Occupation: _____ Work Phone: _____

Date of Marriage: _____ Age When Married: Husband _____ Wife: _____

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

Give brief information about any previous marriages:

Information About Children

PM*	Name	Age	Sex	Grade	Marital Status

*Check this column if child is by previous marriage

What type of instruction in Christian living is given in your home and by whom?

Who does the disciplining in your home? _____

For what behaviors are your children disciplined? _____

What methods of discipline are currently being used?

How do you and your family members communicate that you love each other?

How much time do you spend with your family members each week?

Spouse: _____

Children: _____

Personality Data

Circle any of the following words that best describe you now:

- | | | | | |
|-------------|----------------|--------------|----------------|------------|
| Active | Shy | Hardworking | Leader | Compulsive |
| Nervous | Likeable | Impulsive | Follower | Excitable |
| Impatient | Self-conscious | Often-blue | Sarcastic | Serious |
| Moody | Jealous | Calm | Self-confident | Easy-going |
| Imaginative | Ambitious | Good-Natured | Persistent | Quiet |
| Introverted | Extroverted | Fearful | Loner | Stubborn |

Other: _____

Complete the following sentences:

People that know me think I am: _____

If they knew the “real me” they would know that I am: _____

What I desire more than anything else in life is: _____

The person I admire most in life is: _____

Is there any other information that you would like us to know:

Health Information

Rate your health: Very Good: _____ Good: _____ Average: _____ Poor: _____

Weight changes recently: None: _____ Lost: _____ Gained: _____

List all important present or past illnesses, injuries, or disabilities:

Date of last medical exam: _____ Report: _____

Physician’s name: _____

Are you presently taking medication? Yes: _____ No: _____ Type: _____

Have you used drugs for other than medical purposes? Yes: _____ No: _____ If yes, please explain: _____

Have you ever had counseling before? Yes: _____ No: _____ If yes, when and what for: _____

Spiritual Background

What church do you attend? _____

How often do you attend church? _____

Would you consider yourself a Christian? Yes: _____ No: _____ Not sure what you mean: _____

When and how did you become a Christian? _____

If you have received Christ as your Lord and Savior, how has your life been different? _____

Who is God to you? _____

Who is Jesus to you? _____

What ministries/activities are you involved in at church?

How often do you read the Bible? _____

Describe your prayer life: _____

Describe your relationship with Jesus Christ: _____