# **PERSONAL DATA INFORMATION FORM**

# **Tabernacle Baptist Church Counseling and Discipleship Ministry**

# This form must be completed in full before the first counseling session. All information is confidential.

Referred here by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **PERSONAL INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (C)\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_

Sex: (M)\_\_\_(F)\_\_ Birthdate\_\_\_\_\_\_\_\_\_ Age\_\_\_

### MARRIAGE AND FAMILY INFORMATION

Marital Status: Single\_\_ In a relationship \_\_ Engaged \_\_ Married\_\_\_

Separated\_\_ Divorced\_\_ Widowed \_\_\_

Name of Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your spouse’s age \_\_\_\_\_\_

##### RELIGIOUS BACKGROUND

Denominational preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(church)

How often do you attend per month?

Religious background of spouse (if married) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you say you are a Christian? Yes\_\_ No\_\_\_; or would you say you are still in the process of becoming a Christian? \_\_\_\_\_\_\_\_

How does someone become a Christian?

How and when did you become a Christian?

How often do you spend time reading and meditating upon the Word of God?

Never\_\_ Occasionally\_\_\_\_ Often\_\_

**CURRENT CIRCUMSTANCES**

Are you currently dealing with any of the following personal issues?

Health Yes No

Financial Yes No

Legal Troubles Yes No

Family Issues Yes No

Drug or Alcohol Yes No

Have you ever had any counseling or therapy before? Yes\_\_\_No\_\_\_

If yes, list counselor/therapists and dates

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

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What was the outcome?

Why are you seeking Biblical Counseling at this time?