

Personal Information Form*

(Confidential)

Counseling Ministry of Trinity Baptist Church

Personal Information

Date: _____

Name _____

Cell Phone () _____ Home Phone () _____

Email address _____

Address _____

Place of employment _____

Work Phone () _____ Sex _____ Birth Date _____ Age _____

Marital Status: Single Married Going Steady Separated Widowed Divorced

Education (last year completed): _____ Degrees or certificates: _____

Other training: _____

Referred here by: _____

HEALTH INFORMATION:

Rate your health (check): Very good ___ Good ___ Average ___ Declining ___ Poor ___

Weight changes recently: Lost _____ Gained _____ (number of pounds)

List all important present or past illnesses or injuries or handicaps:

Date of last medical examination: _____

Report: _____

Primary Care Physician's name: _____

Are you presently taking medication? Yes ___ No ___ If yes, list _____

RELIGIOUS BACKGROUND:

Denominational preference: _____

Are you currently a member of a church? : _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Religious background of spouse (if married) _____

Are you a Christian? Yes ___ No ___ Unsure _____

What makes a person a Christian? _____

Do you believe in God? Yes ___ No ___ Uncertain _____

Do you pray to God? Never ___ Occasionally ___ Often _____

Have you been baptized? Yes ___ No ___ At what age? _____

How often do you read the Bible? _____

Explain any recent changes in your religious life: _____

PASTORAL INFORMATION:

Pastor's Name _____ Phone _____

Church Name _____ Phone _____

Permission to consult with pastor as deemed helpful by counselor: Yes ___ No ___

MARRIAGE AND FAMILY INFORMATION:

Name of spouse: _____

Address (if different) _____

Phone _____ Occupation _____ Religion _____

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

Does your spouse know that you are seeking pastoral counseling? Yes ___ No _____

Have you ever been separated? Yes ___ No ___ When? _____

Has either of you ever filed for divorce? Yes ___ No ___ When? _____

Date of marriage _____ Your ages when married: Husband _____ Wife _____

Give brief information about any previous marriages: _____

Information about children:

Name	Age	Sex	Previous Marriage?

PERSONALITY INFORMATION:

Have you ever used drugs for other than medical purposes? Yes__ No__

Explain: _____

Have you ever had any psychotherapy or counseling before? Yes__ No__

If yes, list dates:

What was the outcome?

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

- active ambitious self-confident persistent nervous hardworking impatient
- impulsive moody often-blue excitable imaginative calm serious easy-going
- shy good-natured introvert extrovert likable leader quiet hard-boiled
- submissive self-conscious lonely sensitive other_____

Have you ever had hallucinations? Yes__ No__

Do you have problems sleeping? Yes__ No__

How many hours of sleep do you average each night?_____

COUNSELING AVAILABILITY:

What days/times are you available for ongoing counseling? (Note: Nathan has the most availability for counseling Sunday - Thursdays during regular business hours.)

PLEASE ANSWER THE FOLLOWING QUESTIONS

Please provide as much detail as necessary possible. Use additional sheets if necessary. Incomplete submissions will be returned.

1. What brings you here? (What is your problem?)

2. What have you done about it?

3. What do you want us to do? (What are your expectations for counseling?)

4. What brings you here at this time? (Why seek counseling now?)

5. Is there any other information we should know?

** All information provided on this form will be kept confidential in the same manner as that disclosed during counseling sessions. Please see our Confidentiality Policy in the Trinity Counseling Agreement.*