

COUNSELING REQUEST FORM
(Please complete this inventory carefully)

Date _____

PERSONAL IDENTIFICATION:

Name _____ Age _____ Gender _____ Birth Date _____

Address _____ City _____ Zip _____

Contact Phone _____ Email _____

In case of emergency, please contact (*name & number*) _____

Referred By (*How did you hear about us?*) _____

MARRIAGE AND FAMILY:

Marital Status: ***Single Engaged Married Separated Divorced Widowed*** For how long? _____

Spouse/Fiancé _____ Age of Spouse/Fiancé _____

Have either of you been previously married? **Y N** Have either of you ever filed for divorce? **Y N**

Have you ever been separated? **Y N** If so, for how long? _____

Child's Name (list below) Age Gender Lives w/ You? (note if step-child)

CHURCH:

Church attending? _____ No. of times/month? **1 2 3 4 5 6 7 8+**

Do any of your church leaders know you are seeking counsel here (i.e. pastor, elder, etc.)? **Y N**

Is there a reason why you aren't you seeking counsel from them? _____

Does your spouse know you are seeking counsel? **Y N** If not, why? _____

EDUCATION AND CAREER:

Education _____ School _____

Employer _____ For how long? _____ Position _____

FAMILY OF ORIGIN:

Describe relationship to your father in one word: _____ Mother? _____

If someone other than your parents raised you, please list here _____

HEALTH

Describe your health _____

List important illnesses, injuries, limitations, etc. _____

Current medication(s) and dosage _____

Have you ever used drugs for other than medical purposes? If yes, please explain:

Have you ever been arrested? **Y N** If yes, for what? _____

Do you drink alcoholic beverages? **Y N** If so, how frequently & how much? _____

Have you ever had a severe emotional upset? **Y N** If yes, explain _____

Have you ever seen a psychiatrist or counselor? **Y N** If yes, for how long and what was the outcome?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the problem or concern that brings you here today?

2. What attempts have you made to resolve this problem?

3. What are your expectations from counseling?

WHICH OF THESE BEST DESCRIBES WHY YOU ARE SEEKING COUNSELING?

- | | | |
|--|---|---|
| <input type="checkbox"/> Abandonment (Divorce/Sep.) | <input type="checkbox"/> Finances | <input type="checkbox"/> Parenting/Family |
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Grief | <input type="checkbox"/> Postpartum Depression |
| <input type="checkbox"/> Bodily Harm (cutting, etc.) | <input type="checkbox"/> Health | <input type="checkbox"/> Pre-diagnosed Psy. Disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Infertility | <input type="checkbox"/> Unfaithfulness (by you) |
| <input type="checkbox"/> Discouragement | <input type="checkbox"/> LGBT | <input type="checkbox"/> Unfaithfulness (your spouse) |
| <input type="checkbox"/> Disordered Eating | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Worry, Anxiety, Fear, etc. |
| <input type="checkbox"/> Drugs and Alcohol | <input type="checkbox"/> Marital Conflict | <input type="checkbox"/> Other |

SPIRITUAL:

Do you believe in God? **Y N Maybe** Do you pray? *never seldom sometimes often*

How often do you read the Bible? *never rarely weekly daily*

1. Any recent changes in your religious life?

2. The gospel is:

3. I know that I am (or am not) a Christian because:

4. What is the definition of a Christian?

5. What do you believe about the Bible (Its authority, inerrancy, and sufficiency)?

6. What is your definition of sin?

7. What sins do you struggle with the most?

8. How do you handle sin in your life?

9. I am promoting my spiritual growth by:

10. The changes I would like my spouse or boyfriend/girlfriend to make are:

11. What do you tend to pray the most about?

12. Is there anything else that we should know?

**Please return to the Biblical Counseling Office in one of the following ways:
Scan and email (cdudziak@northcreek.org), drop off, or snail-mail to: NorthCreek
Church, Attn: BCM, 2303B Ygnacio Valley Rd, Walnut Creek, CA 94598**
