

Northshore Biblical Counseling and Training Center
Personal Information Form

** 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.*

Today's Date _____
Name _____
Cell Phone () _____ Home Phone () _____
Email address _____
Address _____

Place _____ of
employment _____
Sex _____ Birth Date _____ Age _____
Marital Status: Single _____ Married _____ Separated _____ Widowed _____ Divorced _____

HEALTH INFORMATION:

Rate your health (check): Very good _____ Good _____ Average _____ Declining _____
Poor _____
List all important present or past illnesses or injuries or handicaps:

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

RELIGIOUS BACKGROUND:

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+
Are you saved? Yes _____ No _____ Not sure what you mean _____
Have you been baptized? Yes _____ No _____ At what age? _____
How frequently do you read the Bible? Never _____ Occasionally _____ Often _____
Do you have regular family devotions? Yes _____ No _____
Explain any recent changes in your religious
life: _____

Pastor's Name _____ Phone

Church Name _____ Phone

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

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What brings you here?
2. What have you done about it?
3. What do you want us to do? (What are your expectations in coming here?)
4. What brings you here **at this time**?
5. Is there any other information we should know?