

FIRST BAPTIST CHURCH



INTAKE FORM

Please complete this form. We have designed these questions for the counseling process to begin smoothly, get to know you, and to help guide us to the resources best for you.

Date: _____

Name: _____ Birth Date: _____

Address: _____

Age: _____ Sex: _____ Phone Number: _____ Email: _____

Married Status (circle): Single____ Married ____How many years ____ Separated____ Divorced ____time (s) Widowed____

Spiritual Background:

Current Church you attend, if any: _____ Member: Yes____ No____

How often do you currently attend Sunday Church Service?

- ☐ Weekly
- ☐ Monthly
- ☐ Occasionally

Did you attend church as a child? _____

Do you believe in God? _____

Do you consider yourself a Christian? _____

Prior Counseling Background:

Have you ever seen a secular or biblical counselor before? When? _____

How would you describe your experience?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

How would you personally describe what is biblical counseling? And why choose biblical counseling to help you?

Describe the current struggle for which you are seeking counseling.

How have you currently attempted to resolve this problem or issue?

What are your hopes and expectations for biblical counseling?

Is there any other information we should know?