BIBLICAL COUNSELING FORM

Name: _____

Address: _____

Phone (daytime): _____ Phone (evening): _____

Phone (mobile): _____ Occupation: _____

☐ Male ☐ Female Birth Date: _____ Age: _____

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Education: Last grade completed prior to college _____ List other education (type and years) _____

_____

Who referred you to Otterbein's Counseling Ministry? _____

MARRIAGE/FAMILY INFORMATION

Name of spouse: _____

Spouse address: _____

Spouse phone (daytime) : _____ Spouse phone (evening): _____

Spouse phone (mobile): _____ Occupation: _____

Birth date: _____ Age: _____ Is spouse willing to come for counseling? ☐ Yes ☐ No ☐ Uncertain

Have you ever been separated? ☐ Yes ☐ No If yes, when? From _____ To _____

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

Date of marriage: _____ Ages when married: Husband _____ Wife_____

How long did you know your spouse before marriage? _____ Length of steady dating: _____ Length of engagement: _____

Give brief information about previous marriages:

Husband _____

Wife _____

Children's Names	Ages	Birth Dates	Gender	Living	Education In Years	Marital Status	Previous Marriage
			☐ Male ☐ Female	☐ Yes ☐ No			☐ Yes ☐ No
			☐ Male ☐ Female	☐ Yes ☐ No			☐ Yes ☐ No
			☐ Male ☐ Female	☐ Yes ☐ No			☐ Yes ☐ No
			☐ Male ☐ Female	☐ Yes ☐ No			☐ Yes ☐ No
			☐ Male ☐ Female	☐ Yes ☐ No			☐ Yes ☐ No

Were you raised by someone other than your biological parents? ☐ Yes ☐ No If yes, who? _____

Parents are ☐ living ☐ deceased Number of: older brothers _____ sisters _____ younger brothers _____ sisters _____

OTTERBEIN CHURCH WAYNESBORO

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PERSONAL EVALUATION

Have you had any psychotherapy or counseling before? ☐ Yes ☐ No

Counselor/Therapist Name	Dates	Medication Prescribed	Outcome/Diagnosis
	From: To:		
	From: To:		
	From: To:		
	From: To:		

What changes took place in your life as a result of this counseling? _____

_____

Please check the appropriate response:

Have you ever had hallucinations? ☐ Yes ☐ No When? _____

Approximately how many hours of sleep do you get each night? _____

Each night, what time do you go to bed? _____ fall asleep? _____ wake up? _____ get out of bed? _____

Describe any recent changes in sleep habits: _____

Do you have problems fulfilling your responsibilities? If so, list them _____

_____

HEALTH INFORMATION

Rate your health: ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other

Your approximate weight: _____lbs. Recent weight changes: _____

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

_____

Do the above limit you in any way? ☐ Yes ☐ No If yes, please describe: _____

Date of last medical exam: _____ Report: _____

Your Physician: _____ Address: _____

Are you presently taking medication? ☐ Yes ☐ No What? _____ Dosage? _____

Have you used drugs for other than medical purposes? ☐ Yes ☐ No Please describe: _____

_____

Do you drink alcoholic beverages? ☐ Yes ☐ No When? _____ How much? _____

Have you ever had a severe emotional upset? ☐ Yes ☐ No When? _____

If yes, please describe briefly: _____

Have you ever been arrested? ☐ Yes ☐ No Outcome: _____

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BASIC PROBLEM IDENTIFICATION

Briefly Answer The Following

DESCRIBE THE PROBLEM THAT BRINGS YOU HERE
WHAT HAVE YOU DONE ABOUT IT?
WHAT DO YOU SEEK FROM THIS COUNSELING?

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WHAT CIRCUMSTANCES HAVE LED TO YOUR COMING HERE NOW?

IS THERE ANY OTHER INFORMATION THAT YOU THINK WE SHOULD KNOW?

RELIGIOUS BACKGROUND

Denominational preference: _____

What church do you currently attend? _____

Church address: _____

Pastor's name: _____ Pastor's phone: _____

May we contact your pastor for information and help? ☐ Yes ☐ No ☐ Uncertain

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

Church attended in childhood? _____

Have you been baptized? ☐ Yes ☐ No When? _____

If married, religious background of spouse: _____

Name of spouse's church: _____ Frequency of attendance (times per month) : _____

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Do you consider yourself a religious person? ☐ Yes ☐ No ☐ Uncertain

Do you believe in God? ☐ Yes ☐ No ☐ Uncertain

Do you pray to God? ☐ Never ☐ Occasionally ☐ Often

Do you read the Bible? ☐ Never ☐ Occasionally ☐ Often

Do you have family devotions? ☐ Never ☐ Occasionally ☐ Regularly

Describe your family devotions: _____

_____

Do you have personal devotions? ☐ Never ☐ Occasionally ☐ Regularly

Describe your personal devotions: _____

List any church or ministry activities: _____

_____

Explain any recent changes in your spiritual life: _____

_____

Have you received Jesus Christ personally as your Savior? ☐ Yes ☐ No ☐ Don't know what you mean

How do you know that Jesus is your Savior? _____

If you have received Jesus as Savior, what changes took place in your life after you made a decision to follow Jesus? _____

_____

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die tonight you would go to heaven?

☐ Yes ☐ No What is the basis for answering this question as you did? _____

_____

LIABILITY WAIVER AND ACKNOWLEDGEMENT

I have read and understand the "Fact Sheet" outlining the Otterbein Biblical Counseling Ministry, and I request to be enrolled in the Otterbein Biblical Counseling Ministry for counseling.

Mandated Reporting. I specifically acknowledge and understand the Mandated Reporting provisions described in the Fact Sheet: if I disclose information indicating suspected child abuse (sexual, physical, or otherwise), that information is not confidential and will be reported to the appropriate authorities. I understand this applies to all counselors in the Otterbein Biblical Counseling Ministry — including those who are ordained clergy — without exception.

Other Limits on Confidentiality. I further understand that if I express suicidal intent, threaten to harm myself or another person, or disclose that I have committed a crime, that information likewise is not confidential and may be shared with those able to intervene, as determined by the counselor in consultation with the leadership of the counseling ministry and pastoral staff.

Release of Liability. In consideration of being permitted to participate in the Otterbein Biblical Counseling Ministry, I release Otterbein Church, its pastors and professional staff, lay leadership, and Biblical counselors from any and all claims, liability, or litigation arising from my participation in the ministry, except for claims arising from gross negligence or willful misconduct.

Counselee Print Name:	
Counselee Signature:	Date:

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FOR MINISTRY USE ONLY: DATE BC FORM RECEIVED: _____ CASE NO: _____ DATE CASE ASSIGNED: _____

DATE OF PRE-COUNSELING INTERVIEW: _____ LEAD COUNSELOR: _____

ASST. COUNSELOR 1: _____ ASST. COUNSELOR 2: _____

REVISED 8/20/2026

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