Green Pond
BIBLE CHAPEL

Biblical Counseling Application

Save form as PDF and e-mail to: counseling@greenpondbible.org
- or -
Print form and submit to church office

DATE OF APPLICATION

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

MARITAL STATUS:

SEX

- ◯ MALE
- ◯ FEMALE

EMAIL ADDRESS:

HOME PHONE:

CELL PHONE:

STREET ADDRESS:

CITY, STATE:

ZIP CODE:

OCCUPATION:

EMPLOYER:

EDUCATION

LAST YEAR COMPLETED:

GRADE:

OTHER TRAINING:

REFERRAL

REFERRED HERE BY:

STREET ADDRESS:

CITY, STATE:

ZIP CODE:

PHONE NUMBER:

HEALTH

HEIGHT:

WEIGHT:

RECENT WEIGHT CHANGES:

RATE YOUR HEALTH:

DATE OF LAST MEDICAL EXAM

MOST RECENT REPORT/ DIAGNOSIS:

MEDICATIONS CURRENTLY TAKING:

CONDITIONS FOR WHICH YOU ARE TAKING THEM:

HAVE YOU USED DRUGS FOR OTHER THAN MEDICINAL PURPOSES?

- ◯ YES
- ◯ NO

WHAT:

HAVE YOU EVER HAD A SEVERE EMOTIONAL UPSET?

- ◯ YES
- ◯ NO

EXPLAIN

HAVE YOU EVER BEEN ARRESTED?

- ◯ YES
- ◯ NO

ARE YOU WILLING TO HAVE COUNSELING SESSIONS RECORDED FOR TRAINING PURPOSES?

- ◯ YES
- ◯ NO

ARE YOU WILLING TO HAVE COUNSELOR TRAINEES OBSERVE SESSIONS?

- ◯ YES
- ◯ NO

CHURCH/GOD

ARE YOU PRESENTLY ATTENDING CHURCH?

- ◯ YES
- ◯ NO

NAME OF CURRENT CHURCH:

AVERAGE MONTHLY CHURCH ATTENDANCE:

CHURCH ATTENDED PREVIOUSLY OR IN CHILDHOOD:

HAVE YOU BEEN BAPTIZED?

- ◯ YES
- ◯ NO

RELIGIOUS BACKGROUND OF SPOUSE (If married)

DO YOU CONSIDER YOURSELF A RELIGIOUS PERSON?

- ◯ YES
- ◯ NO
- ◯ UNCERTAIN

DO YOU BELIEVE IN GOD?

- ◯ YES
- ◯ NO
- ◯ UNCERTAIN

DO YOU BELIEVE THE BIBLE IS THE INSPIRED TRUTH FROM GOD?

- ◯ YES
- ◯ NO
- ◯ UNCERTAIN

DO YOU PRAY TO GOD?

- ◯ NEVER
- ◯ SOMETIMES
- ◯ OFTEN

DO YOU TRUST IN JESUS ALONE FOR SALVATION FROM SIN?

- ◯ YES
- ◯ NO
- ◯ UNCERTAIN

HOW MUCH DO YOU READ THE BIBLE?

- ◯ NEVER
- ◯ SOMETIMES
- ◯ OFTEN

DO YOU EVER HAVE FAMILY DEVOTIONS?

- ◯ NEVER
- ◯ SOMETIMES
- ◯ OFTEN
- ◯ N/A

EXPLAIN ANY RECENT CHANGES IN YOUR SPIRITUAL LIFE, IF ANY?

COUNSELING INFO

HAVE YOU EVER HAD COUNSELING OR PSYCHOTHERAPY BEFORE?

- ◯ YES
- ◯ NO

IF YES, LIST THE TYPE, HOW LONG IT LASTED AND HOW MANY TIMES?

WHAT WAS THE OUTCOME?

SELECT THE WORDS WHICH BEST DESCRIBE YOU NOW:

- ☐ ACTIVE
- ☐ AMBITIOUS
- ☐ SELF-CONFIDENT
- ☐ PERSISTENT
- ☐ NERVOUS
- ☐ HARD-WORKING
- ☐ IMPATIENT
- ☐ IMPULSIVE
- ☐ MOODY
- ☐ OFTEN-BLUE
- ☐ EXCITABLE
- ☐ IMAGINATIVE
- ☐ CALM
- ☐ SERIOUS
- ☐ EASY GOING
- ☐ SHY
- ☐ GOOD NATURED
- ☐ INTROVERT
- ☐ EXTROVERT
- ☐ LIKEABLE
- ☐ LEADER
- ☐ QUIET
- ☐ INTENSE
- ☐ SUBMISSIVE
- ☐ SELF-CONSCIOUS
- ☐ LONELY
- ☐ SENSITVE
- ☐ OTHER

HAVE YOU EVER FELT PEOPLE ARE WATCHING YOU?

- ○ YES
- ○ NO

HAVE YOU EVER HAD HALLUCINATIONS?

- ○ YES
- ○ NO

DO YOU HAVE PROBLEMS SLEEPING?

- ○ YES
- ○ NO

MARRIAGE INFO

NAME OF SPOUSE

OCCUPATION:

PHONE NUMBER:

AGE:

RELIGION:

IS YOUR SPOUSE WILLING TO COME TO COUNSELING?

- ◯ YES
- ◯ NO
- ◯ UNCERTAIN

HAVE YOU EVER BEEN SEPERATED?

- ◯ YES
- ◯ NO

FOR HOW LONG?

HAVE EITHER OF YOU EVER FILED FOR DIVORCE?

- ◯ YES
- ◯ NO

WHEN?

DATE OF MARRIAGE:

YOUR AGES WHEN MARRIED?

HOW LONG DID YOU KNOW YOUR SPOUSE BEFORE MARRIAGE?

LENGTH OF STEADY DATING WITH SPOUSE?

LENGTH OF ENGAGEMENT?

GIVE ANY INFORMATION ABOUT ANY PREVIOUS MARRIAGES?

LIST ANY CHILDREN
(Age, Sex, Living?, Education, Married?)

WERE ANY CHILDREN FROM A PREVIOUS MARRIAGE OR RELATIONSHIP?

- ◯ YES
- ◯ NO

NAMES:

BREIFLY ANSWER THE FOLLOWING QUESTIONS:

What is the main problem, as you see it? What brings you here?

What have you done about it?

What can we do? What are your expectations in coming here?

As you see yourself, what kind of person are you? Describe yourself.

Is there any other information we should know?

Are You Under Age 18?

◯ Yes

◯ No

NOTE: If you are Under 18 this form must be printed out hard copy and Parent or Legal Guardian must sign below to authorize counseling prior to start of counseling

Parental or Legal Guardian Signature: _____

Please print your contact information below:

Name: _____

Address: _____

Phone: _____

By signing the above you are authorizing counseling for the person listed at the beginning of this form. Please see our Consent to Counsel form for more information.