PERSONAL DATA FORM

PERSONAL IDENTIFICATION

Name: **Home Phone:**

Address: **Alternate Phone:**

City: **State:** **Zip:**

Email:

In case of cancellation or reschedule, may we contact any of the above phone numbers? □ Yes □ No

Sex: □ M □ F **Birthdate:** **Age:**

Occupation: **Employer:**

Marriage and Family

Marital Status: □ Single □ Engaged □ Married □ Divorced □ Widowed

Name of Spouse: **Number of years married:**

Spouse's Occupation: **Employer:**

Is this your first marriage? **How many times have you been married?**

Is this your spouse's first marriage? **How many times have they been married?**

Names and Ages of children (indicate children from previous marriage with an *):

Who referred you to CBF? Name: **Relationship:**

Briefly describe your relationship with your parents:

HEALTH / COUNSELING / LEGAL DATA

1. Are you presently under the care of any medical doctor/practitioner? □ Yes □ No

If yes, for what condition:

Doctor's Name: **Phone:**

2. Are you currently taking any prescription or non-prescription medications? □ Yes □ No

If yes, please indicate type and dosage:

Prescribed by whom:

3. Are you aware of any physical problems that impair your functioning? □ Yes □ No

If yes, please explain:

4. Are you currently receiving or have you in the last 3 years received counseling, individual or marital therapy, or been under the care of any mental health provider or addiction recovery provider?

□ Yes □ No If yes, please provide:

Provider's Name: **Phone:**

Address: **For what issue:**

May we contact this provider for additional information? □ Yes □ No

5. Have you ever been hospitalized or been in an outpatient program for emotional or substance abuse?

□ Yes □ No

If yes, please list when, where and for what issue:

6. Are you currently involved in, or anticipate being involved in any litigation or legal action?

□ Yes □ No

If yes, please explain:

CHURCH BACKGROUND

1. What is your denominational preference?

2. What church do you currently attend?

Are you a member? □ Yes □ No

Pastor's Name: **Church Phone Number:**

Do we have permission to consult with your pastor? □ Yes □ No

3. What is your church attendance per month? (Please Circle One) 0 1 2 3 4 5 6 7 8+

4. Do you know for certain that if you were to die tonight that you would go to heaven?

□ Yes □ No □ Unsure

If yes, what do you base your assurance on?

5. Have there been any recent changes in your spiritual life? □ Yes □ No

If yes, please explain:

6. How often do you read the Bible? (Please Circle One) Never Occasionally Often Daily

7. How often do you pray? (Please Circle One) Never Occasionally Often Daily

PRESENTING ISSUES

1. Please state in your own words the problem you are experiencing:

2. What is your goal in seeking help?

3. Are you open to biblical and spiritual guidance for this issue? □ Yes □ No

4. Is the use/abuse of drugs and/or alcohol related to this problem in any way? □ Yes □ No

If yes, please explain:

5. Have you experienced any significant loss / crisis / life change recently? □ Yes □ No

If yes, please explain:

6. Place a check mark beside any descriptions of what you are currently experiencing.

□ Anxiousness	**□ Confusion**	**□ Loneliness**
□ Depression	**□ Fear**	**□ Withdrawing from others**
□ Anger	**□ Guilt / Shame**	**□ Distance from God**
□ Despair	**□ Marital Distress**	**□ Addiction**
□ Thoughts of suicide	**□ Parenting Struggles**	**□ Eating Disorders**
□ Hurt	**□ Relational Stress**	**□ Mental Illness**