



Tallahassee Biblical Counseling Ministries, Inc.

P. O. Box 15561
Tallahassee, Florida 32317
850-408-3398

PERSONAL HISTORY INFORMATION FORM

NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip Code

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____

MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

EDUCATION (last grade completed): _____ OTHER EDUCATION: _____

REFERRED BY: _____

MARRIAGE AND FAMILY INFORMATION

NAME OF SPOUSE: _____ OCCUPATION: _____

BUSINESS PHONE: _____ AGE: _____ EDUCATION: _____

IS SPOUSE WILLING TO COME IN FOR COUNSELING? Yes _____ No _____ Unk _____

HAVE YOU EVER BEEN SEPARATED? Yes _____ No _____

IF YES, WHEN? FROM _____ TO _____

HAS EITHER OF YOU EVER FILED FOR DIVORCE? No _____ Yes _____ When? _____

DATE OF MARRIAGE: _____ YOUR AGES WHEN MARRIED: M _____ F _____

HOW LONG DID YOU KNOW YOUR SPOUSE BEFORE MARRIAGE? _____

LENGTH OF STEADY DATING WITH SPOUSE: _____ LENGTH OF ENGAGEMENT: _____

PLEASE GIVE BRIEF INFORMATION OF ANY PREVIOUS MARRIAGES AND YOUR SPOUSE'S PREVIOUS MARRIAGES: _____

CHILDREN'S
NAMES

AGE

GENDER

STEP-CHILD?

RELIGIOUS BACKGROUND

WHAT CHURCH DID YOU ATTEND IN CHILDHOOD? _____

WHAT CHURCH DO YOU CURRENTLY ATTEND? _____

HOW LONG? _____ PASTOR'S NAME: _____

CHURCH ADDRESS: _____ CHURCH PHONE: _____

MAY WE CONTACT YOUR PASTOR FOR INFORMATION AND HELP? Yes _____ No _____

CHURCH ATTENDANCE AND ACTIVITIES PER MONTH (Circle One): 0 1 2 3 4 5 6 7 8 9 10+

HAVE YOU BEEN BAPTIZED? Yes _____ No _____

IF MARRIED, RELIGIOUS BACKGROUND OF SPOUSE: _____

SPOUSE'S CHURCH NAME: _____

WOULD YOU SAY YOU ARE A CHRISTIAN? Yes _____ No _____ Uncertain _____

DO YOU PRAY? Yes _____ No _____

HOW WOULD YOU DESCRIBE YOUR SPIRITUAL LIFE? _____

DO YOU READ THE BIBLE? Never _____ Occasionally _____ Often _____

DO YOU HAVE FAMILY DEVOTIONS? Never _____ Occasionally _____ Often _____

DESCRIBE YOUR FAMILY DEVOTIONS: _____

EXPLAIN ANY RECENT CHANGES IN YOUR SPIRITUAL LIFE: _____

PERSONALITY INFORMATION

HAVE YOU IN THE PAST OR ARE YOU PRESENTLY ATTENDING ANY OF THESE PROGRAMS?

Celebrate Recovery _____ Alcoholics Anonymous _____ Al Anon _____ Theophostic Prayer _____

Other: (Please identify) _____

HAVE YOU HAD ANY PSYCHOTHERAPY OR COUNSELING BEFORE? Yes _____ No _____

IF YES, OUTCOME AND DIAGNOSIS: _____

CIRCLE ANY OF THE FOLLOWING WORDS THAT YOU BELIEVE BEST DESCRIBE YOU:

Ambitious	Self-confident	Persistent	Nervous	Hardworking	Impatient	Likeable
Impulsive	Moody	Often-blue	Excitable	Imaginative	Calm	Leader
Serious	Easy-going	Shy	Good-natured	Introvert	Extrovert	Quiet
Hard-boiled	Submissive	Self-Conscious		Lonely	Other:	_____

HEALTH INFORMATION

APPROXIMATELY HOW MANY HOURS OF SLEEP DO YOU GET EACH NIGHT? _____

DESCRIBE RECENT CHANGES IN SLEEP HABITS: _____

RATE YOUR HEALTH: Very Good _____ Good _____ Average _____ Declining _____ Other _____

RECENT WEIGHT CHANGES (EXPLAIN): _____

LIST ALL IMPORTANT PRESENT AND PAST ILLNESSES, INJURIES OR HANDICAPS: _____

DO THE ABOVE LIMIT YOU IN ANY WAY? No _____ Yes _____ PLEASE DESCRIBE: _____

DATE OF LAST MEDICAL EXAMINATION: _____ YOUR PHYSICIAN: _____

DO YOU DRINK ALCOHOLIC BEVERAGES? No _____ Yes _____ WHAT? _____

ARE YOU PRESENTLY TAKING MEDICATION? No _____ Yes _____ WHAT? _____

DOSAGE? _____

HAVE YOU USED DRUGS FOR OTHER THAN MEDICAL PURPOSES? No _____

Yes _____ WHEN? _____ WHAT? _____

HAVE YOU EVER HAD AN EMOTIONAL UPSET? No _____ Yes _____ WHEN? _____

IF YES, PLEASE DESCRIBE BRIEFLY: _____

HAVE YOU EVER BEEN ARRESTED? No _____ Yes _____ OUTCOME? _____

PLEASE CIRCLE ANY OF THE FOLLOWING PROBLEMS YOU ARE CURRENTLY EXPERIENCING:

Abuse	Anger	Anxiety	Apathy	Appetite Issues
Bitterness	Children/Parenting	Communication	Conflict(fights)	Depression
Deception (towards me)		Deception (towards others)		Decision-making
Drunkenness	Drug Abuse	Envy	Fear	Finances
Gluttony	Guilt	Health Issues	Homosexuality	Impotence
In-Laws	Loneliness	Lust	Moodiness	Perfectionism
Sex	Sleep	Other: _____		

AS YOU SEE YOURSELF, WHAT KIND OF PERSON ARE YOU? DESCRIBE YOURSELF:

Pastor Recommendation Form*:

_____ I understand and agree that as a condition to receiving counseling my pastor or other church leader must submit a **Pastor Recommendation Form**.

_____ I also understand and agree that I am to recommend a spiritually mature person (or couple) to my pastor or elder who is willing to attend counseling with me and who has agreed to continue care for me after formal counseling has ended. ***Please list the person's or couple's name on the Pastor Recommendation Form.*

**(Please print the Pastor Recommendation Form, complete the bottom portion and provide it to your pastor or other church leader to complete their portion.)*

_____ I am not a member of a church

BASIC PROBLEM IDENTIFICATION

1. WHAT IS THE PROBLEM THAT BRINGS YOU HERE?

2. WHAT HAVE YOU DONE ABOUT IT?

3. WHAT WOULD YOU LIKE TO SEE AS A RESULT OF THIS COUNSELING?

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