



*Timberlake*

BIBLICAL COUNSELING & TRAINING CENTER

Client # \_\_\_\_\_

# *Personal Data Inventory*

COUNSELEE INTAKE FORM

**DR. BRYAN FERRELL**  
Executive Director of Counseling  
Certified Biblical Counselor

**DR. MARK HAGER**  
Director of Counseling  
Certified Biblical Counselor

Client # \_\_\_\_\_

I. GENERAL INFORMATION										
Last Name		First		M.I.		Date				
Street Address						Apt./Unit #				
City				State		Zip				
Cell Phone		Home Phone			Permission to leave message?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Email		Birthday		Age		Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Degrees / Certificates				Other Training						
Employer (current or last)				Position			Years Employed Here:			

II. MARITAL STATUS [CHECK ALL THAT APPLY]										
<input type="checkbox"/>	Single	<input type="checkbox"/>	Dating	<input type="checkbox"/>	Engaged	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	
<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Remarried	<input type="checkbox"/>	Living together & unmarried			
I consider myself:										
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Homosexual	<input type="checkbox"/>	Not sure			

III. HEALTH INFORMATION										
<i>My health is:</i>	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Less-than-average	<input type="checkbox"/>	Poor
Current health issues:										
Primary Physician (name & facility)										
Date of Last Medical Examination				Report:						

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Are you currently taking medications?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, please list below. Please include psychotropic medications.
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Medication	Dosage	Frequency	Reason for use

**DRUGS / ALCOHOL / TOBACCO**

Have you used drugs for other than medical purposes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Which drugs?
Do you drink alcoholic beverages?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	How much in one week?
Do you smoke?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Smoke what?

**SLEEP ROUTINES**

Approximately how many hour of sleep do you get each night?								
When do you normally:	Go to bed	_____	Fall Asleep?	_____	Wake Up?	_____	Get out of bed?	_____
Do you use any sleep aids or herbs?								
If there is a length of time between your waking up and getting out of bed, what do you do during thattime?								
If there is a length of time between your waking up and getting out of bed, what do you do during thattime?								
Describe any recent changes in sleep habits:								

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Daily Caffeine consumption:					
Recent weight changes:	<input type="checkbox"/>	Gained	<input type="checkbox"/>	Lost	Reason for change:

**IV. FAMILY HISTORY**

Father's Name	Living?				Mother's Name	Living?				
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Describe your parents' involvement in your life:										
Parents (check all that apply)	<input type="checkbox"/>	Never Married	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Remarried
Your age when parents separated:					Your age when parents divorced:					
Were you raised by anyone other than your biological parents?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so, please explain:			
List your siblings from oldest to youngest, including yourself. Mark step-siblings with an asterisk [*].										

**V. MARRIAGE INFORMATION**

Name of Spouse				Age			Religion			
Education					Employer / Occupation					
Wedding date				Age when you were married:	_____	You	_____	Your Spouse		
Length of dating relationship				Length of engagement relationship						
Briefly describe your relationship:										

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Are you currently separated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Separation date:		
Have you ever been separated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many times?		
How long was each separation?					
Reason for separation?					
Has either of you ever filed for divorce?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?		Who?
Have either of you been married before? (Answer for both spouses)	<b>Husband</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many?		
	<b>Wife</b>				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many?		
If you were married before, what is the reason(s) the marriage(s) ended?					

VI. CHILDREN INFORMATION							
PM*	Name	Age	Sex	Living? Yes or No	Education in years	Marital Status	Living with you? Yes or No
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
* Check column if child is by previous marriage of either spouse.							
Do you have any child support responsibilities or income?							
Other pregnancies (that you fathered or carried):				# of miscarriages:		# of abortions:	

<b>VII. RELIGIOUS BACKGROUND</b>															
What religion do you associate with:										<input type="checkbox"/> Non-religious					
Denomination/sect preference, if any:															
Church presently attending:															
Church address:								Pastor's Name:							
Are you a member?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Describe your current church involvement:									
How long have you attended?								Does your family attend with you?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Does your pastor know of your decision to seek biblical counseling?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		Permission to consult with pastor?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever been / are you under church discipline?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		If so, what church?					
Names of previous churches and reason for leaving:															
Baptized?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		If you were baptized after infancy, what was your age?									
Father's Religion:						Mother's Religion:									
How would you describe your theological position?															
<input type="checkbox"/> Catholic		<input type="checkbox"/> Reformed		<input type="checkbox"/> Calvinistic		<input type="checkbox"/> Arminian		<input type="checkbox"/> Charismatic		<input type="checkbox"/> Other:					
Describe your own understanding of God:															
Please explain who Jesus is:															

What is the Bible?										
Do you believe the Bible is the Word of God and has authority in your life?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Do you have a relationship with Jesus Christ? If so, how did this relationship come about?										
Are you forgiven by God?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure
Would you go to Heaven if you died?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure
Do you pray to God?			<input type="checkbox"/>	Never	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Often		
How frequently do you read the Bible?			<input type="checkbox"/>	Never	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Often		
Do you read the Bible with your children?			<input type="checkbox"/>	Never	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Often		
Please explain any recent changes in your spiritual life:										
God's expectations of you currently:										
Greatest spiritual need today:										
If you died tonight, and God asked you "Why should I let you into My Heaven?" What would you say?										

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**VIII. PROFESSIONAL SERVICES**

\*Please list all past and current counselors, therapists, psychologists, and psychiatrists you have seen.

<b>Professionals Name</b>	<b>Dates: Start to Finish</b>	<b>Medication Prescribed</b>	<b>Outcome</b>

**IX. BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

What is the problem that brings you here today?

What have done about this problem?

What are your expectations from counseling?



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What is the problem that brings you here today?

What have done about this problem?

Is there any other information that we should know about?

How would you describe the difference between Biblical Counseling and professional psychological counseling?

**CONFIDENTIALITY AGREEMENT** | Please read carefully and sign.

*I have read and understand the counseling information provided and filled out this form truthfully and to the best of my ability. I understand that the staff counselors are not psychologists or psychiatrists, and may not be state licensed under the state of Virginia statutes. I understand that the counsel is foundationally biblically based. I also understand that:*

- 1) Most of the counselors will possess a biblical certification from various certifying agencies, and some may possess additional higher education in counseling.*
- 2) Some counselors may be assisted by intern counselors who are working toward their biblical counseling certification (these are students trained and spiritually prepared to counsel).*
- 3) Some counselors may be student counselors that are in their biblical certification process and specifically requested by the counselee.*

*I also understand that confidentiality of my problem(s) and circumstances will be respected by the counselor(s) and the counseling staff of Timberlake Biblical Counseling and Training Center, or the Elders and/or Pastoral staff of Timberlake Baptist Church. I further understand and agree that intern counselors may be required to discuss my problem(s) with the counseling director and/or another member of the staff when needed. My signature below affirms that I have read and agree with the above consent and statement.*


Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

 << Click here to submit form by email  
Or SAVE document and email to  
[counseling@timberlakebaptist.org](mailto:counseling@timberlakebaptist.org)