

# Personal Information Form\*

(Confidential)

Counseling Ministry of Trinity Baptist Church

## Personal Information

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

Name \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

Place of employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Sex \_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Marital Status: Single Married Going Steady Separated Widowed Divorced

Education (last year completed): \_\_\_\_\_ Degrees or certificates: \_\_\_\_\_

Other training: \_\_\_\_\_

Referred here by: \_\_\_\_\_

## HEALTH INFORMATION:

Rate your health (check): Very good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Poor \_\_\_

Weight changes recently: Lost \_\_\_\_\_ Gained \_\_\_\_\_ (number of pounds)

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

\_\_\_\_\_  
\_\_\_\_\_

Date of last medical examination: \_\_\_\_\_

Report: \_\_\_\_\_

Physician's name and address: \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_ No \_\_\_ If yes, list \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RELIGIOUS BACKGROUND:**

Denominational preference: \_\_\_\_\_

Are you currently a member of a church? : \_\_\_\_\_

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Religious background of spouse (if married) \_\_\_\_\_

Are you a Christian? Yes \_\_\_ No \_\_\_ Unsure \_\_\_\_\_

What makes a person a Christian? \_\_\_\_\_

\_\_\_\_\_

Do you believe in God? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_\_\_

Do you pray to God? Never \_\_\_ Occasionally \_\_\_ Often \_\_\_\_\_

Have you been baptized? Yes \_\_\_ No \_\_\_ At what age? \_\_\_\_\_

How often do you read the Bible? \_\_\_\_\_

Explain any recent changes in your religious life: \_\_\_\_\_

\_\_\_\_\_

**PASTORAL INFORMATION:**

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Address \_\_\_\_\_ Zip \_\_\_\_\_

Permission to consult with pastor as deemed helpful by counselor: Yes \_\_\_ No \_\_\_

**MARRIAGE AND FAMILY INFORMATION:**

Name of spouse: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Religion \_\_\_\_\_

Is your spouse willing to come for counseling? Yes \_\_\_ No \_\_\_ Uncertain \_\_\_\_\_

Have you ever been separated? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Has either of you ever filed for divorce? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

\_\_\_\_\_

**Information about children:**

Name	Age	Sex	Previous Marriage?*
_____			
_____			
_____			
_____			

If you were reared by anyone other than your parents, briefly explain:

\_\_\_\_\_

How many Brothers\_\_\_ & Sisters\_\_\_ do you have?

Have there been any deaths in the family during the last year? Yes\_\_\_ No\_\_\_

Who and when:\_\_\_\_\_

**PERSONALITY INFORMATION:**

Have you ever used drugs for other than medical purposes? Yes\_\_\_ No\_\_\_

What:\_\_\_\_\_

When: \_\_\_\_\_

Have you ever had a severe emotional upset? Yes\_\_\_ No\_\_\_

Explain:\_\_\_\_\_

Have you ever had any psychotherapy or counseling before? Yes\_\_\_ No\_\_\_

If yes, list dates:

\_\_\_\_\_

What was the outcome?

\_\_\_\_\_

Circle any of the following words that best describe you now:

- active ambitious self-confident persistent nervous hardworking impatient
- impulsive moody often-blue excitable imaginative calm serious easy-going
- shy good-natured introvert extrovert likable leader quiet hard-boiled
- submissive self-conscious lonely sensitive other\_\_\_\_\_

Have you ever had hallucinations? Yes\_\_\_ No\_\_\_

Do you have problems sleeping? Yes\_\_\_ No\_\_\_

How many hours of sleep do you average each night?\_\_\_\_\_

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

1. What is your problem? (What brings you here?)

2. What have you done about it?

3. What do you want us to do? (What are your expectations in coming here?)

4. What brings you here at this time?

5. Is there any other information we should know?

*\* All information provided on this form will be kept confidential in the same manner as that disclosed during counseling sessions. Please see our Confidentiality Policy in the Trinity Counseling Agreement.*