VICTORY PLACE BIBLICAL COUNSELING CENTER

"But thanks be to God! He gives us the VICTORY through our Lord Jesus Christ."
1 Cor. 15:57

PERSONAL DATA FORM (PDF)

Welcome to **Victory Place Biblical Counseling Center**. In order to serve you better, we request that you take a few moments to fill out the following information.

Today's date: _____

Full Name _____

Address _____

City _____State _____Zip_____

Home Phone _____Work Phone _____

Cell _____ Email _____

Date of Birth _____ Age _____ Male _____ Female _____

Place of Employment _____

Occupation/Position _____

May we call you and leave a message for you at your home? _____ Yes ____ No

May we call you and leave a message for you at work? _____ Yes ____ No

May we write you at your home? _____ Yes _____ No

May we email you? _____ Yes _____ No

Who referred you for counseling? _____

Times you are available for counseling: _____ Mornings _____ Afternoons _____ Evenings

Days you are available for counseling: _____ TUE _____ WED _____ THUR _____ SAT

MARITAL STATUS:

Current Marital Status:

_____ Never Married _____ Married _____ Divorced _____ Separated _____ Widowed

Name of Spouse: _____

Date of Marriage: _____

If married, are you or have you ever been separated? _____ Yes _____ No

If yes, list date of separation? _____

Have either you or your spouse ever filed for divorce? _____ Yes _____ No

If yes, date divorce was filed: _____

How long did you know your spouse before marriage? _____

Did you attend pre-marital counseling? _____ Yes _____ No

If yes, list where you received your pre-marital counseling: _____

PREVIOUS MARITAL HISTORY:

Self:

Name of Previous Spouse	Date of Marriage	Date of Divorce/Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spouse:

Name of Previous Spouse	Date of Marriage	Date of Divorce/Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your education level: _____ GED _____ High School Diploma _____ College Degree

_____ Graduate Degree Degree: _____

Spouse's education level: _____ GED _____ High School Diploma _____ College Degree

_____ Graduate Degree Degree: _____

List your children:

Name	Gender	Age	Father/Mother First Name
_____	_____	_____	_____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

RELIGIOUS BACKGROUND

Are you a believer in Jesus Christ as your Lord and Savior? _____ Yes _____ No _____ Unsure

If yes, describe circumstances of your conversion: _____

_____

_____

_____

If yes, what are you doing on a regular basis to grow in your relationship with the Lord? _____

_____

_____

Are you currently attending a church? ____ Yes ____ No

If yes, what is the name of the church and the year you joined: _____

_____

Describe the ministries in which you are involved: _____

_____

_____

In what areas would you like to grow in your walk with the Lord? _____

_____

How often do you attend church per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

Did you attend a church as a child? _____ Yes _____ No

If yes, what church did you attend? _____

Have you been baptized? Yes _____ No _____

HEALTH INFORMATION

Rate your physical health: _____ Very Good _____ Good _____ Average _____ Declining

Weight changes recently (+ / -): _____

List of all present or past illnesses: _____

handicaps: _____

injuries: _____

hospitalizations: _____

Date of last medical examination: _____

List all exams in the last year: _____

List your physician (name, contact information): _____

List any medications and/or supplements that you are presently taking and how long you have been taking them:

_____

_____

Have you used drugs for other than medical purposes? _____ Yes _____No

If yes, list what hat drugs and when: _____

_____

Have you ever had a severe emotional upset? _____ Yes _____ No

If yes, explain: _____

_____

Have you ever attempted suicide? _____ Yes _____ No

If yes, briefly explain: _____

_____

PREVIOUS COUNSELING:

Have you been in counseling before? _____ Yes _____ No

If yes, list each therapist/counselor(s)? _____

List each problem? _____

What was the dates? _____

What was the results? _____

Physical symptoms you are currently experiencing? (circle all that apply)

PMS	Throat problems	Heavy periods
Headaches	Hypoglycemia	Backaches
Sinus infections	Stomach pain	Breathing difficulties
Eating disorder	Sleeping problems	Other: _____

What emotional symptoms are you currently experiencing? (circle all that apply)

Frustration	Irritation	Outburst of anger	Resentment
Bitterness	Depression	Emotional pain	Self-pity
Guilt	Fear	Indecision	Other: _____

Is there anything else you would like us to know about you? _____

_____

FAMILY AND CHILDHOOD INFORMATION

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

_____

How many older brothers do you have? _____ older sisters do you have? _____

How many younger brothers do you have? _____ younger sisters do you have? _____

List the people that you hate or are extremely angry with, and the reasons:

_____

Were you ever sexually abused by anyone? ____Yes ____ No

If yes, what was or is the relationship of the person who abused you? _____

If yes, how old were you at the time? _____

If yes, was the person who abused you ever prosecuted? _____

PERSONAL BEHAVORIAL HABITS:

How much television do you watch each day? _____ hours

List books, movies, and television programs you have viewed in the last 6 months: _____

_____

List the music you have listened to in the last 6 months? _____

Do you drink coffee or any other caffeinated drinks? ____ Yes _____ No

List how many caffeinated drinks you consume per day _____

Do you smoke or chew tobacco? _____ Yes _____ No

List what type and how much per day? _____

COUNSELING EXPECTATIONS

Is there a crisis in your life right now? If yes, describe conditions and effects: _____

_____

_____

What is the main problem that brings you to counseling? _____

_____

How troubled are you by this? _____ Constantly _____ Often _____ Somewhat _____ Not very much

What have you done about it so far? _____

_____

_____

What expectations do you have regarding this counseling? _____

_____

_____

What reservations or concerns do you have about seeking counseling? _____

_____

_____