

**PERSONAL DATA INFORMATION FORM**  
**FBCAP Counseling and Discipleship Ministry**

Please understand that this information is necessary so that the counselor can have a broad understanding of your life and situation. All information is confidential.

This form must be completed in full before the first counseling session.

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

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_

Sex: (M) \_\_\_ (F) \_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_

Hobbies: (Things you enjoy doing)

Military Background:            Yes            No

Branch: \_\_\_\_\_

Length of Service \_\_\_\_\_

Deployments: \_\_\_\_\_

**HEALTH INFORMATION**

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

Weight changes recently (+/−) \_\_\_\_\_

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

\_\_\_\_\_

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

Your physician \_\_\_\_\_

Address \_\_\_\_\_

Are you presently taking medication: Yes \_\_\_ No \_\_\_

List medications:

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

What? \_\_\_\_\_

Have you recently suffered the loss of someone who was close to you?

Yes \_\_\_ No \_\_\_

Explain:

**EDUCATION**

Education (last year you completed) \_\_\_\_\_ (grade)

Other training (list type and years)

\_\_\_\_\_

**MARRIAGE AND FAMILY INFORMATION**

Marital Status: Single\_\_ In a relationship \_\_ Engaged \_\_ Married\_\_

Separated\_\_ Divorced\_\_ Widowed \_\_

Name of Spouse\_\_\_\_\_

Address\_\_\_\_\_

Occupation \_\_\_\_\_

Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Your spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_

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

Have you ever been separated? Yes\_ No\_ When? - from \_\_\_\_\_ to \_\_\_\_\_

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

When \_\_\_\_\_

Date of marriage \_\_\_\_\_

Your ages when married: Husband \_\_ Wife\_\_\_\_\_

How long did you know your spouse before marriage?\_\_\_\_\_

Length of steady dating with spouse \_\_\_\_\_

Length of engagement \_\_\_\_\_

Give brief information about any previous marriages:

Information about children: (indicate if your children were from a previous marriage)

Name            Age    Sex    Marital Status

**RELIGIOUS BACKGROUND**

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

Member of \_\_\_\_\_ (church)

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

What church did you attend as a child? \_\_\_\_\_

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

Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Uncertain\_\_\_

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

Do you pray to God? Yes \_ No\_\_ Never\_\_ Occasionally\_\_ Often\_\_

Would you say you are a Christian? Yes\_\_\_ No\_\_\_; or would you say you are still in the process of becoming a Christian? \_\_\_\_\_

How does someone become a Christian?

How often do you read the Bible? Never\_\_\_ Occasionally\_\_\_\_ Often\_\_

Do you have regular devotions? Yes \_\_\_ No \_\_\_ Not sure what you mean \_\_\_

Explain recent changes in your religious life, if any.

**PERSONALITY INFORMATION:**

**Circle any of the following words which best describe you now:**

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible Cruel  
Uneducated Proud Embarrassing 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 Submissive  
Lonely Self-conscious Sensitive Humorous Sloppy Well-groomed Self-Disciplined Whiner  
Selfish Lots of Friends Failure Success

As you see yourself, what kind of person are you? Describe yourself.

Are you currently dealing with any of the following personal issues?

Health	Yes	No
Financial	Yes	No
Legal Troubles	Yes	No
Family Issues	Yes	No
Drug or Alcohol	Yes	No

Have you ever had any counseling or therapy before? Yes\_\_\_No\_\_\_

If yes, list counselor/therapists and dates

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What was the outcome?

Why are you seeking Biblical Counseling at this time?