

# Biblical Counseling Ministry Initial Intake Form

## Personal Information

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

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Church Membership/Attending: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

Open to Lay Encouragement and Discipleship with a Biblical Counselor: \_\_\_\_\_ Yes \_\_\_\_\_ No

## Brief Summary of why you desire Biblical Counseling

## Personnel Assignment

*(To be completed by Biblical Counseling Ministry Director)*

1. Referred to \_\_\_\_\_ because/for: \_\_\_\_\_  
\_\_\_\_\_
2. Scheduled with \_\_\_\_\_ for one immediate meeting on \_\_\_\_\_.
3. Appointment scheduled to complete forms and have initial meeting with \_\_\_\_\_  
on \_\_\_\_\_.