



New Hope Biblical Counseling

APPLICATION (PERSONAL DATA INVENTORY)

(Note: If you or others are in immediate danger, please call 911 or 988 for help.)

BASIC INFORMATION (please complete thoroughly and legibly):

Name: _____ Phone: _____ Today's Date: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Email Address: _____ Best ways to contact you (circle all that apply): text phone call email

Best times/days to contact you (circle all that apply):

Mornings - M T W Th F Sat Sun Afternoons - M T W Th F Sat Sun Evenings - M T W Th F Sat Sun

What days/times are you available to meet with a counselor (circle all that apply)?

Mornings - M T W Th F Sat Sun Afternoons - M T W Th F Sat Sun Evenings - M T W Th F Sat Sun

Date of Birth: _____ Age: _____ Gender (circle one): Male Female

Circle Status: Never Married Single Living Together Engaged Married Separated Divorced Remarried Widowed

Circle Highest Education Completed: Elementary High School GED College Graduate School

Occupation: _____ Employer: _____ Years: _____

Hobbies: _____ Referred to us by: _____ Relationship: _____

If you were raised by anyone other than your biological parents, briefly explain: _____

How many siblings do you have? Older Brothers: _____ Older Sisters: _____ Younger Brothers: _____ Younger Sisters: _____

Half-siblings/Step-siblings? Older Brothers: _____ Older Sisters: _____ Younger Brothers: _____ Younger Sisters: _____

MARRIAGE and FAMILY INFORMATION:

Name of Spouse: _____ Address: _____

Occupation: _____ Phone: _____ Age: _____

Does your spouse know you are coming for counseling? (circle one): Yes No

Is your spouse willing to come to counseling? (circle one): Yes No Uncertain

Have you ever been separated? (circle one): Yes No From: _____ to: _____

Your ages when married: Husband: _____ Wife: _____ Wedding Date: _____ Number of Years Married: _____

How long did you know your spouse before marriage? _____ Length of steady dating: _____ Length of engagement: _____

Rate Your marriage (circle one): unhappy average happy very happy

Brief information about any previous marriages: _____

Please list information about your children:

Name	B1 = Biological w/ current spouse B2 = Biological w/ former spouse S = Stepchild A = Adopted child F = Foster child	Lives in current household? Y/N	Date of birth	Age	Male/ Female	Living? Y/N	Marital Status

List name/relationship of anyone else living in your current household: _____

HISTORICAL INFORMATION:

Have there been any significant deaths in your life recently? If yes, please explain: _____

Have you ever had a severe emotional upset or a traumatic experience? If yes, please explain: _____

Have you received counseling or any therapy before? If yes, list counselor/therapist: _____

Dates of previous counseling: _____ Organization: _____

What was the outcome? _____

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

- | | | | | | | |
|--------|---------|----------|-----------|------------|----------------|--------------------|
| shy | moody | anxious | serious | impulsive | inflexible | self-consciousness |
| calm | active | helpful | ambitious | introvert | persistent | disagreeable |
| angry | leader | creative | attentive | satisfied | submissive | _____ |
| quiet | content | flexible | excitable | often sad | hardworking | _____ |
| bitter | fearful | likeable | extrovert | sensitive | argumentative | _____ |
| lonely | patient | punctual | impatient | easy going | self-confident | _____ |

List any fears you often experience:

List, in order, the top 5 priorities in your life right now: _____

Have you ever been arrested? If yes, list the reasons: _____ Dates: _____

HEALTH INFORMATION:

Approximately how many hours of sleep do you get each night? _____

When do you go to sleep at night? _____ When do you get up? _____

Rate your health (**circle one**): Very Good Good Average Declining Other _____

Your approximate weight: _____ lbs. Height: _____ feet _____ inches

Weight changes recently: Lost _____ lbs. Gained _____ lbs.

List all important present and past illnesses, injuries, and/or disabilities: _____

Date of last medical examination: _____ Results of exam: _____

Physician: _____ City: _____

List all prescription and over-the-counter medications you are presently taking: _____

If you have used drugs (including marijuana) for other than medical purposes, please list and explain: _____

If you have stopped taking any medications recently, please explain: _____

How often do you consume alcohol? (**circle one**): never seldom occasionally frequently daily weekends

Have you ever struggled with (**circle all that apply**): addiction porn abuse abortion harm to self/others suicidal thoughts

SPIRITUAL BACKGROUND:

Name of church you currently attend: _____ City: _____

Name of your pastor: _____ May we contact them for background information? (**circle one**): Yes No

What is the number of church services/activities you attend per month? (**place an "x"** next to the appropriate number)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7+ _____

Church attended in your childhood: _____ Have you been baptized? (**circle one**): Yes No

Religious background of spouse: _____ Spouse's current church: _____

Do you believe in God? (circle one): Yes No Uncertain Do you pray to God? (circle one): Yes No Occasionally

How often do you read the Bible? (circle one): Often Never Occasionally

Does your family regularly read the Bible and pray together? (circle one): Yes No

Explain any recent changes in your spiritual life, if any: _____

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today, you would go to heaven? (circle one): Yes No Uncertain

Suppose you did die today, and God asked you "Why should I let you into heaven?" What would you say? _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

What brings you here currently? _____

How long have these problems been going on? _____

What steps have you taken to resolve the problems? _____

How would you like us to help you? What are your expectations? _____

Can you think of any other information we should know? _____

WHAT YOU CAN EXPECT NEXT:

Once we receive this application, we begin praying for you, and you will receive a confirmation email. There is typically a waiting list, so thank you for your patience! When a counselor becomes available, you will be contacted again.

Liberty Bible Church Office • 219-926-3038 • FindLiberty.net

New Hope Counseling Center (hours vary) • 219-246-2024 • NewHope@LBChurch.org