



Think LifeChange
INSTITUTE OF BIBLICAL COUNSELING

Date _____

Referred by _____

Name _____

Address _____

Email _____

Phone (Home) _____ (Work) _____ (Cell) _____

Employer _____ Position _____

Gender: Male _____ Female _____ Age _____ DOB _____

Relationship Status:

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Religious Preference: _____ Church you belong to _____

Name and telephone number of significant other (or person to contact in case of emergency)

_____ Relationship to you _____ Phone _____

Children's names and ages:

Name _____ AGE _____ Name _____ AGE _____

Name _____ AGE _____ Name _____ AGE _____

I am seeking counseling and discipleship services for:

Individual _____ Couple _____ Family _____ Group _____

Have you received counseling previously? No _____ Yes _____ When _____ Name of your counselor? _____

State in your own words why you are seeking counseling at this time:

We do not give medical advice or recommendations about medications.
We are trained to use the Scriptures to address difficulties for those who seek help.
(Recommended reading materials will cost retail prices).

We prefer males assist males and females assist females. Occasionally one of us may assist a couple by himself/herself.

Notes (about what they said): _____

Statements (I made) Also, list Bible verses I used: _____

Assignments:

1. _____
2. _____
3. _____