

5/8/2018

General Information			
Name:			
Address:			
City:		State:	Zip Code:
Phone -- Home:	() -	Cell:	() -
Email Address:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
If married, how many years?		Anniversary Date:	
(Man) or Husband's Date of Birth:		Woman or Wife's DOB:	
Have you ever been in counseling?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes when?		
Are you now in counseling?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, how long?		
With whom are you counseling?			
Referred to NWBCC by			

Church Information			
Name of Church:			
Address:			
City:		State:	Zip Code:
Senior Pastor Name:			
Phone -- Office:	() -	Fax:	() -
How many years have you attended?		Husband	Wife
Is your pastor aware you are seeking counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your pastor supportive of you coming to NWBCC?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Background Information
Please describe your salvation history:
Please describe your church background:

Please describe your current relationship with God:

Briefly describe what you would like to accomplish in counseling.

Briefly describe your original family.

Do you regularly use legal or illegal medications? Alcohol? Yes No

If yes, please describe:

Describe any action taken:

By my signature below, I agree that I am committed to coming and working on my individual and marital issues, as appropriate.

Signature:

Date: