

PERSONAL INFORMATION

Name _____ Date _____
First Middle Last Preferred

Address _____ City _____, Zip _____

Telephone Numbers (H) _____ (O) _____ (C) _____
May we leave a message? Yes No

Employed Full-Time Student Part-Time Student Unemployed

DOB _____ Marital Status _____

Email Address _____

Second Baptist Church Other Church Membership _____

Bible Study Class _____ Campus Location _____

REFERRAL INFORMATION

How did you find out about the counseling services of SBC? _____

Have you had any psychotherapy or counseling before? _____

If yes, please complete the following:

With Whom	When & Where	For what problem(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What was the outcome? _____

If it should be necessary, will you sign a release form so your counselor may write for social, psychiatric or medical reports?

Yes No

What are your current concerns? _____

What have you done in the past to help deal with these concerns? _____

What do you hope to accomplish through these services? _____

Place an "X" on the line below that signifies how close you feel to God right now.

Close ----- Distant

MEDICAL INFORMATION

Physician's Name _____ PH _____

Address _____

Are you taking any medications? If so, please list

Medications	Dosage	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Printed Name _____