



Think LifeChange

INSTITUTE OF BIBLICAL COUNSELING

Date _____

Referred by _____

Name _____

Address _____

Email _____

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

Employer _____ Position _____

Gender: Male Female Age _____ Birth Date _____

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).

