



LIFE FOCUS CENTER
Healing Hearts, Renewing Purpose, Growing Faith

INDIVIDUAL BIBLICAL COUNSELING INTAKE FORM

Thank you for choosing to begin your Biblical Counseling journey with us. Please complete the following intake form as thoroughly and honestly as possible. Fields with lines are intended for you to write or type in your responses.

SECTION 1: PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Marital Status (circle one): Single / Married / Divorced / Widowed

Spouse's Name (if applicable): _____

Children's Names and Ages (if applicable): _____

SECTION 2: SPIRITUAL BACKGROUND

Do you consider yourself a Christian? Yes / No ☐ Yes ☐ No

If yes, how long have you been a Christian? _____

Briefly describe your salvation experience:

Church you currently attend: _____

How often do you attend services or participate in church activities? _____

Are you involved in a small group or Bible study? ☐ Yes ☐ No

Describe your personal devotional and prayer life:

SECTION 3: PRESENTING ISSUES

Briefly describe the reason(s) you are seeking counseling:

How long have these issues been a concern for you? _____

Have you had prior counseling? ☐ Yes ☐ No

If yes, what was helpful?

What do you hope to gain through counseling?

SECTION 4: PRESENTING SYMPTOMS

Please check any symptoms you are currently experiencing:

- ☐ Anxiety or Panic
- ☐ Depression or Hopelessness
- ☐ Excessive Worry
- ☐ Irritability or Anger
- ☐ Mood Swings
- ☐ Difficulty Sleeping
- ☐ Nightmares or Flashbacks
- ☐ Fatigue or Low Energy

☐ Loss of Interest in Activities

☐ Social Withdrawal

☐ Feelings of Guilt or Shame

☐ Difficulty Concentrating

☐ Appetite Changes

☐ Physical Aches or Pains (not explained medically)

☐ Thoughts of Self-Harm or Suicide

☐ Compulsive Behaviors or Addictions

☐ Other (please describe): _____

What emotional symptoms are you experiencing? (e.g., anxiety, depression, anger):

What physical symptoms are you experiencing? (e.g., fatigue, headaches, tension):

Have you been diagnosed with any mental health or medical conditions? ☐ Yes ☐ No

If yes, please explain: _____

Are you currently taking any medications? ☐ Yes ☐ No

If yes, please list them and what they are for: _____

How are these symptoms affecting your daily life and relationships?

SECTION 5: FAMILY OF ORIGIN

Describe your family growing up (parents, siblings, home life):

Were there any significant traumas, losses, or conflicts in your home? ☐ Yes ☐ No

If yes, please explain _____

How were emotions expressed or handled in your family?

What role did faith or religion play in your household?

Describe your relationship with your parents (past and present):

Have any family members experienced mental health or addiction issues? ☐ Yes ☐ No

If you, explain: _____

SECTION 6: TEMPERAMENT AND LIFESTYLE

Temperament is the inborn part of man that determines how he reacts to people, places, and things. It influences our attitudes, choices, and responses to life's challenges. Understanding your temperament can help uncover your strengths and struggles, allowing counseling to be more precise and personally tailored. We utilize the Temperament Analysis Profile (T.A.P.) developed by the National Christian Counselors Association (N.C.C.A.). This tool helps identify your God-given temperament in three areas: Inclusion (social orientation), Control (decision making), and Affection (deep relationships). This understanding enhances your spiritual and emotional growth.

Have you ever taken a Temperament Analysis Profile? Yes / No ☐ Yes ☐ No

If yes, which one? _____

Briefly describe your current lifestyle (work, hobbies, stressors):

Are there any habits, addictions, or behaviors you struggle with? _____

Describe your relationships (family, friends, co-workers):

SECTION 7: CONSENT AND AGREEMENT

Signature: _____

Date: _____