



LIFE FOCUS CENTER

Moorestown, NJ

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.

SECTION 1: PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Phone Number(s): _____

Email Address: _____

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

Spouse's Name (if applicable): _____

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

Emergency Contact (Name & Phone): _____

Referred By: _____

SECTION 2: SPIRITUAL BACKGROUND

Do you consider yourself a Christian? Yes / No

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

Briefly describe your salvation experience: _____

Church you currently attend: _____

Do you attend regularly? Yes / No

Have you made a personal profession of faith in Jesus Christ? Yes / No

Briefly describe your spiritual journey or current walk with God:

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 sought counseling before? Yes / No

If yes, when and with whom? _____

What do you hope to gain through counseling?

Significant life events or traumas:

Family background or dynamics relevant to counseling:

SECTION 4: MEDICAL & MENTAL HEALTH HISTORY

Primary Physician: _____ Phone: _____

Current health concerns or diagnoses: _____

Current medications: _____

Past or current mental health diagnosis or treatment: _____

SECTION 5: 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

If yes, which one? _____

What is your understanding of your temperament?

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

Are there any habits, addictions, or behaviors you struggle with? Yes / No

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

SECTION 6: GOALS FOR COUNSELING

What do you hope to gain or accomplish through counseling?

SECTION 7: CONSENT AND AGREEMENT

I understand that this counseling will be provided from a biblical perspective and is not a substitute for medical or psychological treatment. I consent to receive counseling based on scriptural principles.

Signature: _____

Date: _____