THE GRACE CENTER
FOR BIBLICAL COUNSELING
AT FIRST BAPTIST CHURCH JACKSONVILLE

Counseling Application for Minors

Please complete this application carefully.

Personal Identification

Today's Date:_____

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Gender: _____ Referred By: _____

Grade: _____ School: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer (if you work): _____ Position: _____

Number of hours worked per week: _____ How long have you been working: _____

Family

Father: _____ Birth Date: _____

Age: _____ Occupation: _____ How long employed: _____

Preferred Phone: _____ Is this home, cell, or work? _____

Mother: _____ Birth Date: _____

Age: _____ Occupation: _____ How long employed: _____

Preferred Phone: _____ Is this home, cell, or work? _____

Have either of your parents been previously married: _____ Father _____ Mother

Have your parents ever separated: _____ Father _____ Mother

Have either of your parents ever filed for divorce: _____ Father _____ Mother

Describe your relationship to your father: _____

_____

Describe your relationship to your mother: _____

_____

Number of sibling(s): _____ Your sibling order: _____

Did you live or have you lived with anyone other than parents: _____

_____

Are your parents living: _____ Father _____ Mother

Health

Describe your health:

_____

Do you have any chronic conditions: _____ What: _____

List important illnesses and injuries or handicaps:

_____

_____

Date of last medical exam: _____ Report: _____

Physician's name and contact information:

_____

Current medication(s) and dosage:

_____

_____

Have you ever used drugs for anything other than medical purposes: _____

If yes, please explain:

_____

_____

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

_____

Do you drink coffee: _____ How much: _____

Other caffeine drinks: _____ How much:

_____

Do you smoke cigarettes or use tobacco products: _____ Frequency: _____

Have you ever had interpersonal problems at school: _____ If yes, please explain:

_____

_____

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

_____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

_____

Are your parents willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: _____ Yes _____ No

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

Sunday School class/teacher (if FBC Jax member): _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Do you believe in God: ___ Do you pray: ___ Would you say you are a Christian: _____,

or still in the process of becoming a Christian: _____

Have you ever been baptized: _____

How often do you read the Bible: Never: ___ Occasionally: ___ Often: ___ Daily: ____

Explain any recent changes in your religious life:

_____

_____

Women Only

Have you had any menstrual difficulties: _____ If you experience tension, tendency

to cry, other symptoms prior to your cycle, please explain:_____

Problem Check List

_____Anger	_____ Eating problems	_____ Moodiness
_____Anxiety	_____ Envy	_____ Parents
_____Apathy	_____Fear	_____ Perfectionism
_____Appetite	_____Finances	_____ Pornography
_____Bitterness	_____Gluttony	_____ Rebellion
_____Change in lifestyle	_____Guilty	_____ Sex
_____ Communication	_____Health	_____ Siblings
_____ Conflict (fights)	_____Homosexuality	_____ Sleep
_____Deception	_____Loneliness	_____ Tech Related
_____Decision Making	_____Loss of Loved One	_____ Other
_____ Depression	_____Lust	_____ Other
_____ Drunkenness	_____Memory	_____ Other

INFORMATION

We are grateful to the LORD for the opportunity to meet with you and sincerely desire to understand what is happening in your life. The below questions are a way for us to gather more information about what is going on. Your answers can be as long as you like but please write at least a few sentences for each question. **(If additional space is needed, please feel free to answer the questions in a separate document.)** Thank you for your help, and we will be prayerfully anticipating our meeting.

Situation: What is the main problem?

Thinking: What do you think or wonder about yourself in relation to the situation? What do you think of others in relation to the situation?

Others: How are others involved? How does this issue impact others? What have others done to compound or alleviate the problem?

Response: What are you doing about this issue? What have you done to try to address this issue in the past? What are your typical actions or reactions to this problem (e.g. "I get angry and go for a drive")? In general, when you are feeling pressure in life, how does it come out? What do you do? How are you sleeping?

Emotions: What do you fear? What would give you peace, related to this situation? What is the emotion you are struggling with the most?

Desires/Expectations: How do you hope we can help you? What do you want the most related to this situation?

Is there anything else we should know?