

# TRUTH IN LOVE BIBLICAL COUNSELING CENTER

## Adult Information Form

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ ( ) Male ( ) Female

Date of birth \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_  
Name Title

Employer address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ OK to call work? \_\_\_ Yes \_\_\_ No OK to leave message? \_\_\_ Yes \_\_\_ No

Maiden name/a.k.a./other name \_\_\_\_\_ Emergency contact # \_\_\_\_\_

Marital status? \_\_\_ Single \_\_\_ Married (How many times? \_\_\_) \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated

Spouse name \_\_\_\_\_ Date of birth \_\_\_\_\_

Spouse employer \_\_\_\_\_  
Name Title

Employer address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ OK to call work? \_\_\_ Yes \_\_\_ No OK to leave message? \_\_\_ Yes \_\_\_ No

Emergency contact name \_\_\_\_\_ Emergency contact # \_\_\_\_\_

Referred by? \_\_\_\_\_ Physician? \_\_\_\_\_

Last medical exam \_\_\_\_\_ Current medical condition \_\_\_\_\_

**PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM AS WELL**

Present medications \_\_\_\_\_  
\_\_\_\_\_

Nature of problem for which you are seeking help (briefly describe) \_\_\_\_\_  
\_\_\_\_\_

Since we are unable to accept insurance, we ask for a donation of \$60.00 per session. If more can be afforded, that will help bless others. If it is not affordable, any donation is welcome and considered enough.

Any other information you think we ought to know before we begin: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and have been advised that TRUTH IN LOVE BIBLICAL COUNSELING CENTER is an auxiliary ministry of TRUTH IN LOVE FELLOWSHIP based in Vancouver, Washington, and that as such; the counselors are well trained yet have not pursued licensure with the State of Washington or any other state they may be ministering in. I have also been advised and understand that, although the laws of confidentiality do not apply in these circumstances, my privacy and that of the counselor(s) will be respected and maintained in keeping with sound Biblical practices. "Sound biblical practices include:

- Disclosure is required by law.
- Information is revealed which indicates a genuine likelihood for harm.
- Other counselors or leaders need to be consulted for advice on how best to address matters being discussed. Sound biblical practices also include situations where either the counselor or I would be biblically compelled to discuss habitual or unrepentant sin with pastors, elders, or other leaders in the church, or to seek counsel in addressing a problem between the counselor and the counselee.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness/Counselor Date