



BREAKING FREE CENTER
Counseling & Life Coaching

The Reformed Church of Bushkill

Counseling - Client Information

DATE: _____

PERSONAL DATA PROFILE

Name: _____ Gender: _____

Address: _____ Birth Date: ____/____/____ Age: _____

City/State: Zip: _____

Please provide at least two (2) phone numbers:

Home: _____ Cell: _____ Work: _____

E-mail Address: _____

Occupation / Employer: _____ Education (last year completed): _____

Marital Status:

Single

Married

Divorced

Engaged

Separated

Widowed

Marriage & Family Information:

Name of Spouse: _____ Age: _____ Date Married: _____

Address (if different): _____

Phone #: (____) _____ Email Address: _____

Occupation / Employer: _____ Education (last year completed): _____

Is spouse willing to come for counseling? Yes () No () Uncertain ()

Have you ever been separated? Yes () No () If Yes, when? _____

Number of previous marriages: Self: _____ Spouse: _____

FAMILY INFORMATION

Child's Name	Age	Gender	Living Yes/No	Married Yes/No	PM/A*

* Check this column if child is by previous marriage or adoption.

HEALTH INFORMATION - Self

State of current health: Very Good () Good () Average () Declining () Other: _____

Date of last medical examination: _____ Results: _____

Are you presently taking any medication? Yes () No () Prescribing Doctor(s): _____

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBED FOR...	DATE PRESCRIBED

* Use another page if necessary

Have you used drugs for other than medical purposes? Yes () No () What/When? _____

Do you drink alcoholic beverages? Yes () No () How often / much? _____

Have you had counseling, psychotherapy, or seen a psychiatrist before? Yes () No ()

SPIRITUAL / RELIGIOUS INFORMATION - Self

DO YOU CONSIDER YOURSELF A RELIGIOUS PERSON? Yes () No ()

Do you attend church? Yes () No () Denominational Preference: _____

If yes, Church Name: _____ Church Attendance/Activities: _____ times / month

Please list any ministry involvement: _____

Church attended in childhood: _____

DO YOU BELIEVE IN GOD? Yes () No () Not sure ()

DO YOU PRAY TO GOD? Never () Occasionally () Often ()

What do you pray about? _____

ARE YOU SAVED? Yes () No () Uncertain ()

DO YOU READ THE BIBLE? Never () Occasionally () Often ()

DO YOU HAVE PERSONAL DEVOTIONS? Never () Occasionally () Often ()

Please note any recent changes in your spiritual life: _____

1. Please describe the reasons for seeking counseling. _____

2. Other than counseling, what help are you seeking? _____

3. Who referred you to this ministry for help? _____

4. What are your expectations in coming here? _____

Reformed Church of Bushkill



Breaking Free Ministry Waiver of Liability

THE UNDERSIGNED, having sought biblical counseling/coaching as such as adhered to by The Reformed Church of Bushkill, a non-profit religious organization, hereby acknowledge their understanding of the following conditions and further releases from the liability The Reformed Church of Bushkill, its agents or employees, from any claim arising from the undersigned's participation in the above mentioned biblical counseling/coaching program, the same being identified as follows:

- It is understood by the participant that all biblical counseling/coaching will be provided by church counselors/coaches, not licensed therapists, but said church counselors/coaches will be under the supervision of the ministry leader.
- That all biblical counseling/coaching provided in this program will be provided with the biblical principles as adhered to by The Reformed Church of Bushkill and are not necessarily provided in adherence with local or national psychological or psychiatric association.
- That there is no representation made, either expressly or implied, that biblical counseling/coaching, as conducted by the above mentioned church counselors/coaches, is accepted as customary psychological or psychiatric therapy within the terms utilized by those professions.

Confidentiality:

Your confidentiality is guarded at all times. But, we are required by Pennsylvania law to report to the appropriate authorities any reasonably suspected child abuse and elder abuse.

Name: _____ Date: _____

Counselor/Coach: _____ Date: _____