

Date \_\_\_\_\_ Referred by \_\_\_\_\_ Circle one: Individual or Couples ministry

Name \_\_\_\_\_  MALE  FEMALE Age \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Daytime phone \_\_\_\_\_ Email address \_\_\_\_\_

Single  Married (years) \_\_\_\_\_  Separated (date) \_\_\_\_\_  Divorced (date) \_\_\_\_\_  Widowed (date) \_\_\_\_\_

Number of Marriages \_\_\_\_\_ Number of children \_\_\_\_\_ Age(s) \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Explain briefly what problem brings you to Masterpiece Biblical Counseling

Have you make the discovery of knowing Jesus Christ personally?  Yes  No  
How important is Christ to you in your daily life?

What hinders you from living the most effective Christian life?

What church do you attend? \_\_\_\_\_ Denomination \_\_\_\_\_

How often do you attend?  Regularly  Occasionally  Seldom  Not at this time

Please check here to opt out of:  Class schedules, prayer letters, and update by regular mail

E-mail correspondence (Does not include contact for scheduling & cancelation purposes)

The number of sessions may be limited by the availability of the staff member. An evaluation will occur after 3-5 sessions.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_