

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 \$45.00 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 should 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 will be respected and maintained in keeping with sound Biblical practice.

Signature

Date

Witness/Counselor

Date