



Couples Application

General Information			
Name:			
Address:			
City:		State:	Zip Code:
Phone – Home:	() -	Cellular:	() -
Work:	() -	Fax:	() -
Email Address:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
If married, how many years?		If divorced, how many years?	
Have you ever been in counseling?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes when?		
Are you now in counseling?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, how long?		
With whom are you counseling?			
If you were referred, by whom?			

Information about your church			
Name of Church:			
Address:			
City:		State:	Zip Code:
Senior Pastor Name:			
Phone – Office:	() -	Fax:	() -
How long have you attended?	Husband _____	Wife _____	
Is your pastor aware you are seeking counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your pastor supportive of you coming to BCC?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please describe your salvation history:	
Husband:	Wife:
Please describe your church background:	
Husband:	Wife:
Please describe your current relationship with God:	
Husband:	Wife:

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Briefly describe what you would like to accomplish in counseling.

Husband:	Wife:

Briefly describe your original family.

Husband:	Wife:

Do you regularly use legal or illegal medications? Alcohol?

Husband: ___ Yes ___ No	Wife: ___ Yes ___ No
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If yes, please describe:	If yes, please describe:

Describe any action taken:	Describe any action taken:

By our signatures below, we agree that we are both committed to coming and working on our individual and marital issues. Also, we understand that it is required that we not bring other family members with us to this appointment.

Signature: _____	Signature: _____
Date: ___/___/___	Date: ___/___/___

For BCC Use Only: For Counselor: _____ Date Received: ___/___/___