



Individual 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?			
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:
Please describe your church background:
Please describe your current relationship with God:

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Briefly describe what you would like to accomplish in counseling.

Briefly describe your original family.

Do you regularly use legal or illegal medications? Alcohol?

Yes No

If yes, please describe:

Describe any action taken:

By my signature below, I agree that I am committed to coming and working on my individual issues. Also, I understand that it is required that I not bring other family members with me to this appointment unless it is suggested by the counselor.

Signature: _____

Date: ___/___/___

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