

**PERSONAL BACKGROUND QUESTIONNAIRE**  
**PHILADELPHIA ACCESS CENTER COUNSELING MINISTRY**

The following information is designed to assist me in becoming better acquainted with you in providing you with the help you need. Thank you.

Today's Date \_\_\_\_\_ Referred By \_\_\_\_\_ Phone \_\_\_\_\_

SSN \_\_\_\_\_ Age \_\_\_\_\_

First Name \_\_\_\_\_ Last \_\_\_\_\_ M \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Race \_\_\_\_\_ Education \_\_\_\_\_ Spoken Language \_\_\_\_\_ Literacy \_\_\_\_\_

Employed: Y N Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status: Single / Married / Divorced / Separated How Long? \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_ Employed? Y N

Employer \_\_\_\_\_

Children \_\_\_\_\_ Names and Ages \_\_\_\_\_

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**RELIGIOUS BACKGROUND**

Church: \_\_\_\_\_

Name of Minister \_\_\_\_\_

Phone: \_\_\_\_\_ How often do you attend? \_\_\_\_\_

Are you saved? \_\_\_\_\_ How Long? \_\_\_\_\_ Read the Bible? \_\_\_\_\_ Pray? \_\_\_\_\_

How would you describe your present spiritual life? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL/PSYCHOLOGICAL**

Are you currently taking any medications? \_\_\_\_\_

What? \_\_\_\_\_ How Long? \_\_\_\_\_

Your Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Your last visit \_\_\_\_\_ what for? \_\_\_\_\_

Have you ever had any psychotherapy or counseling before? \_\_\_\_\_

What for? \_\_\_\_\_ When? \_\_\_\_\_

Was it helpful? \_\_\_\_\_ Why or Why not? \_\_\_\_\_

**CURRENT PROBLEM AREAS** (Please check applicable items):

- |                            |                             |                    |
|----------------------------|-----------------------------|--------------------|
| Self Esteem _____          | Relationships _____         | Marital _____      |
| Addiction(s) _____         | Depression _____            | Anger _____        |
| Stress _____               | Fear _____                  | Grief _____        |
| Sexuality _____            | Spirituality/Religion _____ | Sexual Abuse _____ |
| Eating Disorder _____      | Divorce _____               | Guilt/Shame _____  |
| Worry/Anxiety _____        | Domestic Violence _____     | Parent/Child _____ |
| Suicidal Thoughts _____    | Employment _____            | Finances _____     |
| Obsessive-Compulsive _____ | Codependency _____          | Other _____        |

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS:**

1. What is the main problem, as you see it? (What brings you here for counseling?)
2. What have you done about it?
3. What can I do for you? (What are your expectations in coming here?)
4. Is there any other information I should know?

## **COUNSELING AGREEMENT**

Welcome to counseling at the Philadelphia Access Center. The conditions below are set forth here for your information and for governing the counseling process.

- A. All counseling will be conducted in accordance with the counselor's understanding of the Scriptures. Your counseling will be biblical, pastoral counseling in which the Scriptures are in all cases the final authority. If you are not sure that you will be interested in biblically-based counseling, you will be given the option of attending one or two sessions to discover what biblical counseling is like. If you are unwilling to use the Bible as the final authority in counseling, sessions will be terminated.**
  
- B. Counseling will be limited to a maximum of twelve (12) sessions per this agreement with an evaluation at the end of this period. At that time, counseling may either be terminated or recommendation for further sessions may be made if it is in the counselee's best interest.**
  
- C. Information disclosed in counseling sessions will be held confidential only as the counselor believes the Bible requires. Absolute confidentiality is not Scriptural; matters of church discipline (cf. Mt. 18:15ff.), or instance, under certain circumstances, require one to disclose facts to others.**
  
- D. It should be understood that biblical counseling consists of the giving of scriptural advice and the practical application of the same to each individual. Yet the counselee is held fully responsible for how he implements that advice.**
  
- E. It should be understood that the counselee will make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his/her life. Counselee growth is most important in pastoral counseling.**
  
- F. At any time during the counseling process, for reasons sufficient to himself/herself, the counselor- as well as the counselee- shall have the option of terminating counseling.**

If you are interested in counseling, kindly sign below as indicated.

I have read the conditions for counseling set forth in this agreement and I would like to enter into counseling in accordance with them:

Signed \_\_\_\_\_ Date \_\_\_\_\_