



**Judi Lowman**  
**LifeChange Certified Biblical Counselor**  
**1605 Johnson Rd**  
**Iowa Park, Texas 76367**  
**940-787-1511**

Date \_\_\_\_\_

Referred by \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Relationship Status:

Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Religious Preference: \_\_\_\_\_ Church you belong to \_\_\_\_\_

Name and telephone number of significant other (or person to contact in case of emergency)

\_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Children's names and ages:

Name \_\_\_\_\_ AGE \_\_\_\_\_ Name \_\_\_\_\_ AGE \_\_\_\_\_

Name \_\_\_\_\_ AGE \_\_\_\_\_ Name \_\_\_\_\_ AGE \_\_\_\_\_

I am seeking counseling and discipleship services for:

Individual \_\_\_\_\_ Couple \_\_\_\_\_ Family \_\_\_\_\_ Group \_\_\_\_\_

Have you received counseling previously? No \_\_\_ Yes \_\_\_ When \_\_\_\_\_ Name of your counselor? \_\_\_\_\_

State in your own words why you are seeking counseling at this time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We do not give medical advice or recommendations about medications.  
We are trained to use the Scriptures to address difficulties for those who seek help.  
(Recommended reading materials will cost retail prices).

**Notes (about what they said):** \_\_\_\_\_  
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**Statements (I made) Also, list Bible verses I used:** \_\_\_\_\_  
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\_\_\_\_\_

- Assignments:**
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_