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Please answer to the best of your ability. Any question you feel uncomfortable answering, you can leave blank and discuss with your counselor.

1. Name _____ 2. Phone _____ Cell _____

3. Email address: _____

4. Address _____

City_____ State_____ Zip_____

5. Occupation: _____ Employer:_____

7. Birth Date: _____ 8. Sex: ☐ Male ☐ Female 9. Age: _____

10. Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widow

11. Education: ☐ Elementary ☐ High School ☐ GED ☐ College ☐ Graduate ☐ Degree:_____

12. Other Training (List type and years):_____

13. Hobbies: _____

14. Referred to us by: _____ Relationship: _____

15. If you were raised by anyone other than your own parents, briefly explain: _____

_____

16. How many siblings do you have? Older brothers: ___ Sisters: ___ Younger brothers: ___ Sisters: ___

Marriage Information:

17. Name of Spouse: _____ Address: _____

Occupation: _____ Phone: _____ Age: _____

Business Phone: _____ Religion: _____ Education: _____

18. Does your spouse know you are coming for counseling? ☐ Yes ☐ No

19. Is your spouse willing to come to counseling? ☐ Yes ☐ No ☐ Uncertain

20. Have you ever been separated? ☐ Yes ☐ No When? From: _____ Until: _____

21. Your ages when married: Husband: _____ Wife: _____ Wedding Date: _____

22. How long did you know your spouse before marriage? _____

23. Length of steady dating with spouse: _____ Length of engagement: _____

24. Give brief information about any previous marriages: _____

_____

_____

Children Information:

25. List the information about your children below :

*(PM)	NAME	BIRTHDATE	SEX	LIVING ? yes/no	EDUCATION	MARITAL STATUS

*Check this column if child is by previous marriage

History Information:

26. Have you dealt with severe emotional struggles in your past? ☐ Yes ☐ No

27. Have you ever had any therapy or counseling before? ☐ Yes ☐ No

If yes, list counselor or therapist and dates:

_____

_____

What was the result of your counseling?

_____

_____

28. Check off any of the following words which best describe you now:

☐ self confident	☐ anxious	☐ moody	☐ often sad	☐ impulsive
☐ excitable	☐ calm	☐ shy	☐ fearful	☐ introvert
☐ extrovert	☐ likeable	☐ lonely	☐ bitter	☐ angry

29. List fears you have:

_____

_____

30. Have you ever been arrested? ☐ Yes ☐ No Reason: _____

Health Information

32. Rate your health: ☐ Very Good ☐ Good ☐ Average ☐ Declining ☐ Other _____

33. Approximately how much sleep do you get each night? _____

34. When do you go to sleep at night? _____ When do you get up? _____

35. Your approximate: Weight ____ Height ____ 36. Weight changes recent Lost ____Gained ____

37. Do you have any chronic medical conditions? List and Describe below:

_____

_____

_____

_____

38. When is the last time that you have been seen by a doctor for a physical?_____

39. Are you presently taking prescription medications? ☐ Yes ☐ No

Please list: _____ _____ _____ _____ _____

39. How much alcohol do you consume? ☐ Daily ☐ Weekly ☐ Occasionally ☐ Very little or never

40. In the past five years, have you used illegal or excessive prescription drugs? ☐ Yes ☐ No ☐ Not sure

Religious Background

41. Church attended in childhood (if any): _____ City: _____

42. What church do you now attend (if any)?_____ City: _____

43. What is the number of church activities you attend per month? (circle)

0 1 2 3 4 5 6 7 8 9 10 10+

44. Do you desire for us to contact your pastor for background information? ☐ Yes ☐ No

45. Do you believe in God? ☐ Yes ☐ No ☐ Uncertain

46. Do you pray to God? ☐ Yes ☐ No ☐ Occasionally

47. Are you a Christian? ☐ Yes ☐ No ☐ Uncertain

48. Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die today you would go to heaven? ☐ Yes ☐ No ☐ Not Sure

49. How often do you read the Bible? ☐ Often ☐ Occasionally ☐ Never

50. Does your family regularly read the Bible and pray together? ☐ Often ☐ Occasionally ☐ Never

51. Religious background of spouse:_____

52. Have you been baptized? ☐ Yes ☐ No

53. If you died today and God asked you "Why should I let you into my heaven?" What would you say?

_____

_____

_____

_____

54. Explain any recent changes in your religious/spiritual life, if any:

_____

_____

_____

_____

Financial Background

55. Approximate yearly family income: _____

56 Do you own your own home? ☐ Yes ☐ No

57. Do you have significant debt in any of the following areas:
☐ home ☐ car ☐ school ☐ credit cards

58. Are you saving money? ☐ Yes ☐ No

59. Do you give financially to your church or other charities? ☐ Yes ☐ No

60. Is money a source of struggle or discomfort in your life? ☐ Yes ☐ No

61. Are you involved in or anticipate being involved in legal actions? ☐ Yes ☐ No

Problem Checklist

☐ Drug Abuse	☐ Idolatry	☐ Anger	☐ Drunkenness	☐ Loss of Loved One
☐ Anxiety	☐ Eating problems	☐ Lust	☐ Suicidal	☐ Homicidal
☐ Apathy	☐ Envy	☐ Memory	☐ Sexual abuse	☐ Physical Abuse
☐ Emotional/mental abuse		☐ Appetite	☐ Fear	☐ Moodiness
☐ Bitterness	☐ Finances	☐ Perfectionism		☐ Lifestyle changes
☐ Gluttony	☐ Pornography	☐ Children	☐ Guilt	☐ Rebellion
☐ Communication		☐ Health	☐ Sex	☐ Conflicts (fighting)
☐ Homosexuality		☐ Sleep	☐ Deception	☐ Impotence
☐ Spousal Abuse		☐ Decision-making		☐ Family relationships
☐ Depression	☐ Loneliness	☐ Vices	☐ Other	

Briefly answer the following questions that help us understand your situation better

62. How do you describe the issues with which you are struggling?

63. What have you tried to do about it?

64. How do you hope counseling might help? (What are your expectations in coming here?)

65. What brings you here at this time? (Did any recent event cause you to schedule the appointment now?)

66. Is there any other information you think we should know to help you?