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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 ? EDUCATION MARITAL STATUS
yes/no

*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

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