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The information supplied below is for the use of your counselor and will be kept confidential. Complete as fully as possible and return at least one day before your appointment.

**IDENTIFICATION DATA**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Ok to email? \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ok to call or leave message? \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Relationship Status: Single    Dating    Engaged    Married    Separated    Divorced    Widowed

Education (last grade completed): \_\_\_\_\_

Other training (list type and years): \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred for counseling by: \_\_\_\_\_

Would you like the Bible ( Y / N ) or prayer ( Y / N ) to be used in counseling sessions?

**PRESENTING CONCERNS AND GOALS**

1.     What is the main problem, as you see it (what brings you here)?

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2.     When did this problem begin?

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3.     What have you done about it?

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4.     What do you want us to do (what are your expectations in coming here)?

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5.     Is there any other information we should know?

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**GENERAL HEALTH BACKGROUND**

Rate your physical health: Very Good      Good      Average      Declining      Other (please explain below) \_\_\_\_\_

Your approximate weight: \_\_\_\_\_ Recent weight changes: Lost \_\_\_\_ Gained \_\_\_\_

List all important present or past illnesses, injuries, or handicaps: \_\_\_\_\_  
\_\_\_\_\_

Date of last medical examination: \_\_\_\_\_

Results of examination: \_\_\_\_\_  
\_\_\_\_\_

Your physician: \_\_\_\_\_ Address: \_\_\_\_\_

Have you used drugs for other than medical purposes?    Yes      No

(If yes, please describe)  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently taking medication? Yes    No

(If yes, please describe)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a severe emotional upset?    Yes    No

(If yes, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any psychotherapy or counseling? Yes No

(If yes, list counselor and therapist and dates)  
\_\_\_\_\_  
\_\_\_\_\_

What was the outcome of the counseling?  
\_\_\_\_\_  
\_\_\_\_\_

How many hours of sleep do you get each night? \_\_\_\_\_

**SPIRITUAL LIFE**

Denominational/Spiritual Preference: \_\_\_\_\_

Member of what church? \_\_\_\_\_

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Are you baptized?                      Yes    No

Church denomination attended in childhood: \_\_\_\_\_

Religious background of spouse (if married): \_\_\_\_\_

Do you consider yourself a religious person? Yes    No    Not sure what you mean

Do you believe in God?              Yes    No

Are you saved?                      Yes    No    Not sure what you mean

Do you read the Bible?              Never              Occasionally              Regularly

Do you pray to God?              Never              Occasionally              Regularly

Do you have family devotions?    Never              Occasionally              Regularly

Explain recent changes in your religious life, if any.

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Circle any of the following words which best describe you now:

- |              |           |                |            |           |             |
|--------------|-----------|----------------|------------|-----------|-------------|
| active       | ambitious | self-confident | persistent | nervous   | hardworking |
| impatient    | impulsive | moody          | often-blue | excitable | imaginative |
| calm         | serious   | easygoing      | shy        | introvert | extrovert   |
| likeable     | leader    | quiet          | submissive | sensitive | lonely      |
| good-natured |           | self-conscious | fearful    |           |             |
| other        | _____     |                |            |           |             |

**MARRIAGE INFORMATION (If never married, skip.)**

Name of spouse: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Is spouse willing to come for counseling? Yes No Uncertain

Have either of you ever filed for divorce? Yes No

Have you ever been separated? Yes No (If yes, when and for how long)

Years Married \_\_\_\_\_ Date of this marriage: \_\_\_\_\_

Ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating w/spouse: \_\_\_\_\_ length of engagement: \_\_\_\_\_

Give brief information about any previous marriages:

Information about children: (\* If from previous marriage)

Name	Age	Gender	Living? (yes/no)	Education (yrs.)	Marital Status
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**FAMILY BACKGROUND**

If you were reared by anyone other than your own parents, explain:

Answer this section describing your own parents or parent substitutes:

Still living (yes/no): Father - Yes No Mother - Yes No

Religious affiliation: Father \_\_\_\_\_ Mother \_\_\_\_\_

Occupation: Father \_\_\_\_\_ Mother \_\_\_\_\_

Rate parents' marriage: Unhappy Average Happy Very Happy

Rate your childhood: Unhappy Average Happy Very Happy

How many older brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

How many younger brothers \_\_\_\_\_ sisters \_\_\_\_\_ do you have?

Have there been any deaths in your family during the last year? Yes No (If yes, describe below)

**SUICIDE RISK**

Have you ever thought about, tried to hurt yourself or tried to end your life? NO YES If yes, please describe:

How many times? \_\_\_\_\_ How or what did you plan to do?

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What were the circumstances at the time?

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Have you ever engaged in self-harming behaviors such as cutting or burning? NO YES If yes, please describe: \_\_\_\_\_

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Do you have a plan to harm yourself? NO YES If yes, please describe:

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Do you have access to the means to carry out your plan? NO YES If yes, please describe:

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Has anyone close to you committed suicide? NO YES If yes, who, how and when:

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Are you pessimistic about your future? NO YES If yes, please describe:

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Have you ever been hospitalized for mental health treatment? NO YES

Was it voluntary? NO YES If yes, please describe:

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