

Siblings: Name

Age

Relationship

Marital Status

Indicate which might have applied during your childhood and/or adolescence:

School problems _____ Family Problems _____ Drug/Alcohol Problems _____

Medical problems _____ Social Problems _____ Legal Problems: _____

Please explain any family history (the family you grew up in), which might be pertinent to the concerns that bring you to counseling (your relationship with your parents, their relationship with each other, special times or seasons of joy or peace, significant losses and/or events):

Please describe any current or past violence or abuse in the home:

Please describe any current or past thoughts, which are suicidal:

Please describe any current thoughts, which are homicidal:

Is there any other information we should know?

MEDICAL HISTORY

Have you received therapy, counseling, or treatment in the past?

Yes _____ No _____ When? _____

With whom? _____

Please describe any current medical condition or history pertinent to problem: _____

Please describe any family history of medical and/or psychological problems: _____

Are you taking any medications currently?

Yes _____ No _____ (If yes, please list them below):

Medication-

Dosage-

Frequency-

Describe your regular physical exercise (if any) _____

Please describe current or past drug/alcohol use:

Drug -

Amount -

Frequency of use-

Currently using?

Yes

No

Please describe any past treatment for alcohol/drug abuse or dependence: _____

Please describe any family history of alcohol/drug abuse or dependence and/or treatment: _____

Please circle (and describe) any symptoms that you have had in the last six months:

Change in appetite (increase or decrease) -

Problems concentrating -

Difficulty sleeping/ insomnia -

Low Motivation -

Sleeping too much -

Isolating from others -

Fatigue/ low energy -

Cycles of "highs" and "lows"-

Frequent anger -

Depressed mood/ sadness -

Tearful/ crying spells -

Anxiety/ fear -

Hopelessness -

Panic -

SPIRITUAL (please circle and include any additional information)

Do you believe in God?

Yes

No

Not sure

Do you pray?

Yes

No

Have you trusted Christ yet for your salvation? (Have you become a Christian?)

Yes

No

If yes, when did you become a Christian? _____

What is your understanding of how God views you *now*?

Church attendance (including fellowship or home group attendance) per month _____

Are you involved in a home group or relationship with another Christian (other than a spouse) where you are able to share struggles and be accountable?

Yes (please describe)-

No-

How often (on average) do you read the Bible? _____ times/week

What do you believe you are gaining (if anything) from your Bible reading and prayer? _____

Positions held in the church (past or current)

Please explain any recent changes in your religious life _____

EMOTIONAL

Please *circle* any of the following that best describe you *now*:

active

ambitious

self-confident

shy

hardworking

fearful

bitter

persistent

nervous

impatient

impulsive

moody

kindly

excitable

calm

imaginative

serious

easy-going

good-natured

introvert

extrovert

likable

leader

quiet

lonely

self-conscious

sensitive

submissive

rebellious

Other: _____

Please describe the concerns that brought you here today: _____

What have you done in attempting to resolve these problems? _____

What are your goals for counseling? _____

Thank you for taking the time to complete this form! The information you have provided will enable us to better serve your needs.