

COUNSELING INFORMATION SHEET

INFORMATION ABOUT YOU:

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Business Phone _____

Age _____ Sex _____

Marital Status: Single In a relationship Married Separated Divorced Widowed

Education (last year completed): _____

Rate your health: Very Good Good Average Declining

List all important present or past illnesses or injuries or handicaps: _____

Are you presently taking medication? Yes No

What Medicines? _____

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

What? _____ Date used most recently? _____

Have you ever had a severe emotional upset? Yes No

Explain

Have you ever been arrested? Yes No

Have you recently suffered the loss of someone who was close to you?

Yes No Explain _____

Have you recently suffered loss from serious social, business, or other reversals?

Yes No Explain

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you pray to God? Never Rarely Sometimes Often

Are you saved? Yes No Not sure what you mean

How much do you read the Bible? Never Occasionally Often

Do you have regular daily devotions? Yes No

Explain any recent changes in your religious life, if any. _____

Have you ever had any psychotherapy or counseling before? Yes No

What was the outcome? _____

INFORMATION ABOUT YOUR FAMILY:

Name of spouse _____ Phone _____

Occupation _____ Business Phone _____

Your spouse's age _____ Education (in years) _____ Religion _____

Is your spouse willing to come for counseling? Yes No Uncertain

Have you ever been separated? Yes No When? _____

Date of marriage _____ Your ages when married? _____ Husband _____ Wife _____

Give brief information about any previous marriages: _____

Information about children

PM*	Name	Age	Sex	Living Yes or No	Education in years	Marital Status

*Check if child is by previous marriage

BRIEFLY ANSWER THE FOLLOWING QUESTIONS: (continue on back if necessary)

1. Please describe the issue(s) that have caused you to seek counseling:

2. What have you done about the problem(s)?

3. What can we do? (What are your expectations in coming here?)

4. Briefly describe yourself.

5. What, if anything, do you fear?

6. Is there any other information we should know?