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**NAME:**

Circle One: Single / Dating / Engaged / Married / Divorced / Widowed Children:

Number of years in current relationship:

Current Occupation: Do you like your work: Yes / No

How well do you get along with the people you work with:

Last year of completed education:

**REASON/S FOR SEEKING COUNSELING NOW**:

Briefly describe how you have dealt with this/these problem/s in the past:

| Has this problem affected your: | NO | SOMEWHAT | VERY MUCH |
|---|---|---|---|
| Marriage / Partner | ☐ | ☐ | ☐ |
| Family | ☐ | ☐ | ☐ |
| Financial Situation | ☐ | ☐ | ☐ |
| Legal Situation | ☐ | ☐ | ☐ |
| Physical Health | ☐ | ☐ | ☐ |
| Anxiety Level / Nerves | ☐ | ☐ | ☐ |
| Mood / Temperament | ☐ | ☐ | ☐ |
| Eating habits | ☐ | ☐ | ☐ |
| Sleeping habits | ☐ | ☐ | ☐ |
| Ability to Concentrate | ☐ | ☐ | ☐ |
| Child Rearing | ☐ | ☐ | ☐ |
| Temperament | ☐ | ☐ | ☐ |
| Spirituality | ☐ | ☐ | ☐ |

Are you suicidal: Yes / No  Have you ever tried to commit suicide: Yes / No

Do any family members have a history of psychological problems:

Have you been in counseling before: Yes / No
If yes, briefly describe what was positive and negative:

If this is your first time entering counseling, briefly describe your expectations and or concerns about entering counseling:

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## Ψ HEALTH INFORMATION

Rate your health (Circle one): Very Good / Good / Average / Poor / Declining

Date of last medical examination:  Report:

List IMPORTANT past or present illnesses, injuries, handicaps, hospitalizations:

Do any of the above limit you in any way; any special considerations:

Any medications:

Your weight:  Recent weight changes:  Height:

How is your sleep:
Any changes in sleep habits:

If you exercise - describe what you do:

Do you drink alcoholic beverages: Yes / No
If yes, when & how much:

Do you smoke: Yes / No
If yes, when & how often:

Do you drink caffeine beverages: Yes / No
If yes, what & how often:

Do you take non-medical medication or drugs:
Yes / No If yes, what & how often:

Have you ever been arrested: Yes / No
If yes, what was the outcome:

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## Ψ RELATIONSHIP HISTORY & CURRENT STATUS

Who are your Closest Friends & Why:

Who is or has been Most Influential in your life & Why:

Who do you Admire & Why:

Who has been important and or significant to you that has Died & Why:

Was your relationship with your Mother generally: Negative / Mixed / Positive

Was your relationship with your Father generally: Negative / Mixed / Positive

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## Ψ PERSONAL HISTORY & CURRENT STATUS

"CIRCLE" the following words that best describe you; add if necessary:
Put a "CHECK MARK" next to words that you believe family or friends would use to describe you:

| | | | | | |
|---|---|---|---|---|---|
| Active | Angry | Driven | Persistent | Perfectionist | Nervous |
| Hardworking | Impatient | Impulsive | Moody | Extrovert | Depressed |
| Creative | Excitable | Serious | Quiet | Anxious | |
| Shy | Patient | Even-tempered | | Introvert | Edgy |
| Calm | Fearful | Hardened | Submissive | Likable | |
| Positive | Lonely | Unbalanced | Self-conscious | Easy-going | |

Is your Self-Esteem generally: Poor / Up & Down / Healthy

What do you value / like about yourself:

What would you like to change about yourself:

What I would like in my life right now is more ("CHECK MARK" next to all that apply; add if necessary):

| | | | | | |
|---|---|---|---|---|---|
| Vitality | Fitness | Sleep | Recognition | Challenges | Responsibility |
| Generosity | Self-Expression | | Awareness | Insight | Surrender |
| Security | Relaxation | Coordination | Confidence | VarietyEducation | |
| Caring | Companionship | | Sensitivity | Solitude | Joy |
| Faith | Activity | Comfort | Flexibility | Motivation | Structure |
| Training | Sharing | Harmony | Receptivity | Devotion | Commitment |
| Purpose | Health | Nutrition | Exercise | Knowledge | Accomplishments |
| Experience | Music | Romance | Self-Awareness | | Contemplation |
| Communion | Strength | Energy | Touching | Sex | Self-Control |
| Self-Esteem | Skill | Opportunities | Imagination | Money | Freedom |
| Tenderness | Laughter | Support | Intimacy | Patience | Composure |
| Centering | Serenity | Trust | Integration | Forgiveness | Beauty |

What are your Interests and or Hobbies:

What do you do in your spare time:

What are your Goals and or Dreams:

Meaningful Turning Points and or Milestones in your life; include Happy & Saddest Memories

* Childhood:

* Adolescents:

* 20's:

* 30's Plus:

How are you doing financially:

## Ψ SPIRITUAL HISTORY & CURRENT STATUS

Do you believe in God: If "No" - how come:

If "No" to the first question, skip the following questions.

Briefly describe how you experience God:

What are challenges and or difficulties in your life with God:

What is your life like with God:

What difference does God, Jesus, and or the Holy Spirit make in your life:

If you had one question for God, what would it be:

Briefly describe your "faith" right now (ex: encouraged; spiritually flat; or...):

Do you like to study scripture:

Favorite books and or authors:

What are you thankful for:

Do you attend a place of worship: If yes, which place:

If married or in a serious relationship, religious background of this person:

Are you willing to sign a release of information form so that I may contact the appropriate person to obtain additional medical or psychotherapy information? Yes / No