

PERSONAL HISTORY INFORMATION FORM

NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip Code

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____

MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

EDUCATION (last grade completed): _____ OTHER EDUCATION: _____

REFERRED BY: _____

DO YOU PREFER: MALE COUNSELOR _____ FEMALE COUNSELOR _____ NO PREFERENCE _____

MARRIAGE AND FAMILY INFORMATION

NAME OF SPOUSE: _____ OCCUPATION: _____

BUSINESS PHONE: _____ AGE: _____ EDUCATION: _____

IS SPOUSE WILLING TO COME IN FOR COUNSELING? Yes _____ No _____ Unk _____

HAVE YOU EVER BEEN SEPARATED? Yes _____ No _____

IF YES, WHEN? FROM _____ TO _____

HAS EITHER OF YOU EVER FILED FOR DIVORCE? No _____ Yes _____ When? _____

DATE OF MARRIAGE: _____ YOUR AGES WHEN MARRIED: M _____ F _____

HOW LONG DID YOU KNOW YOUR SPOUSE BEFORE MARRIAGE? _____

LENGTH OF STEADY DATING WITH SPOUSE: _____ LENGTH OF ENGAGEMENT: _____

ANY PREVIOUS MARRIAGES? Yes _____ No _____

GIVE BRIEF INFORMATION ABOUT ANY PREVIOUS MARRIAGES: _____

CHILDREN'S
NAMES

AGES

GENDER

IF YOU WERE RAISED BY ANYONE OTHER THAN YOUR OWN PARENTS, BRIEFLY EXPLAIN:

HUSBAND – NUMBER OF BROTHERS: _____ NUMBER OF SISTERS: _____

WIFE – NUMBER OF BROTHERS: _____ NUMBER OF SISTERS: _____

RELIGIOUS BACKGROUND

DENOMINATIONAL PREFERENCE: _____

WHAT CHURCH DO YOU CURRENTLY ATTEND: _____

HOW LONG? _____ PASTOR'S NAME: _____

CHURCH ADDRESS: _____ CHURCH PHONE: _____

MAY WE CONTACT YOUR PASTOR FOR INFORMATION AND HELP? Yes _____ No _____

CHURCH ATTENDANCE PER MONTH (Circle One): 0 1 2 3 4 5 6 7 8 9 10+

CHURCH ATTENDED IN CHILDHOOD: _____

HAVE YOU BEEN BAPTIZED? Yes _____ No _____ WHEN? _____

IF MARRIED, RELIGIOUS BACKGROUND OF SPOUSE: _____

SPOUSE'S CHURCH NAME: _____

DO YOU CONSIDER YOURSELF A RELIGIOUS PERSON? Yes _____ No _____ Unk _____

DO YOU BELIEVE IN GOD? Yes _____ No _____ Unk _____

DO YOU PRAY? Yes _____ No _____ Unk _____

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 _____

WHAT IS YOUR BASIS FOR ANSWERING THE ABOVE QUESTION AS YOU DID? _____

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR LORD AND SAVIOR?

Yes _____ No _____ Don't know what you mean _____

HOW DO YOU KNOW THAT JESUS CHRIST IS YOUR LORD AND SAVIOR? _____

IF YOU RESPONDED TO CHRIST AS LORD AND SAVIOR, WHAT CHANGES TOOK PLACE IN YOUR LIFE WHEN YOU BECAME A BELIEVER? _____

DO YOU READ THE BIBLE? Never _____ Occasionally _____ Often _____

DO YOU HAVE FAMILY DEVOTIONS? Never _____ Occasionally _____ Often _____

Do not know what devotions are _____

DESCRIBE YOUR FAMILY DEVOTIONS: _____

EXPLAIN ANY RECENT CHANGES IN YOUR SPIRITUAL LIFE: _____

PERSONALITY INFORMATION

HAVE YOU IN THE PAST OR ARE YOU PRESENTLY ATTENDING ANY OF THESE PROGRAMS?

Celebrate Recovery _____ Alcoholics Anonymous _____ Al Anon _____ Theophostic Prayer _____

Other: (Please identify) _____

HAVE YOU HAD ANY PSYCHOTHERAPY OR COUNSELING BEFORE? Yes _____ No _____

COUNSELOR/THERAPIST NAMES	FROM	DATES	TO	MEDICATION PRESCRIBED	OUTCOME & DIAGNOSIS
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CIRCLE ANY OF THE FOLLOWING WORDS THAT YOU BELIEVE BEST DESCRIBE YOU:

Ambitious	Self-confident	Persistent	Nervous	Hardworking	Impatient	Likeable
Impulsive	Moody	Often-blue	Excitable	Imaginative	Calm	Leader
Serious	Easy-going	Shy	Good-natured	Introvert	Extrovert	Quiet
Hard-boiled	Submissive	Self-Conscious		Lonely	Other:	_____

HEALTH INFORMATION

APPROXIMATELY HOW MANY HOURS OF SLEEP DO YOU GET EACH NIGHT? _____

DESCRIBE RECENT CHANGES IN SLEEP HABITS: _____

RATE YOUR HEALTH: Very Good_____ Good_____ Average_____ Declining_____ Other_____

YOUR HEIGHT: _____ YOUR APPROXIMATE WEIGHT: _____

RECENT WEIGHT CHANGES: _____

LIST ALL IMPORTANT PRESENT AND PAST ILLNESSES, INJURIES OR HANDICAPS: _____

DO THE ABOVE LIMIT YOU IN ANY WAY? No_____ Yes_____ PLEASE DESCRIBE:_____

DATE OF LAST MEDICAL EXAMINATION: _____ YOUR PHYSICIAN: _____

DO YOU DRINK ALCOHOLIC BEVERAGES? No_____ Yes_____ WHAT?_____

ARE YOU PRESENTLY TAKING MEDICATION? No_____ Yes_____ WHAT?_____

DOSAGE?_____ HAVE YOU USED DRUGS FOR OTHER THAN MEDICAL PURPOSES? No_____ Yes_____ WHEN?_____ WHAT?_____

HAVE YOU EVER HAD AN EMOTIONAL UPSET? No_____ Yes_____ WHEN?_____

IF YES, PLEASE DESCRIBE BRIEFLY:_____

HAVE YOU EVER BEEN ARRESTED? No_____ Yes_____ OUTCOME?_____

HAVE YOU HAD AN ABORTION? No_____ Yes_____ WHEN?_____

ARE YOU WILLING TO SIGN A RELEASE OF INFORMATION FORM SO THAT YOUR COUNSELOR MAY WRITE FOR SOCIAL, PSYCHIATRIC, OR MEDICAL REPORTS? No_____ Yes_____

BASIC PROBLEM IDENTIFICATION

1. WHAT IS THE PROBLEM THAT BRINGS YOU HERE?

2. WHAT HAVE YOU DONE ABOUT IT?

3. WHAT WOULD YOU LIKE TO SEE AS A RESULT OF THIS COUNSELING?

4. IS THERE ANY OTHER INFORMATION THAT YOU THINK WE SHOULD KNOW?