

Today's Date: \_\_\_\_\_

**Basic Information**

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

Hm. Phone: (\_\_\_\_) \_\_\_\_\_

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

Bus. Phone: (\_\_\_\_) \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Sex: \_\_\_\_\_ Bdate: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Education Level: \_\_\_\_\_

**Health Information**

Rate your physical health: Very good Good Average Declining Other \_\_\_\_\_

Your approximate weight \_\_\_\_\_ lbs. Recent weight changes: Lost \_\_\_\_\_ Gain \_\_\_\_\_

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

Date of Last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Have you used drugs for other than medical purposes (What)? \_\_\_\_\_

List medications presently taking: (Name, why, reason)

Have you ever had a severe emotional upset (describe)? \_\_\_\_\_

Have you ever had any psychotherapy or counseling (list dates & counselor)? \_\_\_\_\_

**Spiritual Information**

Are you saved? \_\_\_\_\_

Briefly describe what you believe Jesus Christ has done for you: \_\_\_\_\_

Baptized (Y/N/when)? \_\_\_\_\_

If a Christian, what changes took place in your life when you became a believer? \_\_\_\_\_

Church attendance per week: # \_\_\_\_\_ Ministry Involvement: \_\_\_\_\_

Church history during childhood: \_\_\_\_\_

Do you pray to God? \_\_\_\_\_ How often? \_\_\_\_\_

Do you read the Bible? \_\_\_\_\_ Describe how often & how: \_\_\_\_\_

Have there been any spiritual changes in your life recently? \_\_\_\_\_

**Marriage Information** (Complete \* questions only if coming for marriage counseling)

Name of spouse: \_\_\_\_\_ Age of spouse: \_\_\_\_\_

Date married: \_\_\_\_\_ Have you ever been divorced? \_\_\_\_\_ Spouse? \_\_\_\_\_

Have you been or are you currently separated? \_\_\_\_\_

Your ages when married: Husband \_\_\_\_\_ Wife: \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_ Length of engagement: \_\_\_\_\_

Prior to your marriage how intense was your physical relationship? \_\_\_\_\_

Information about children:

Name	Age	Sex	Living	Education	Married	Prev. Marr?
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_____	_____	_____	_____	_____	_____	_____
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How would you describe your current marriage? \_\_\_\_\_

What is the greatest strength in your marriage? \_\_\_\_\_

What is the greatest weakness in your marriage? \_\_\_\_\_

\*Do you have sexual relations? \_\_\_\_\_ \*How often? \_\_\_\_\_

\*If no, then when did they stop (Why)? \_\_\_\_\_

\*Are you satisfied with your physical relationship? \_\_\_\_\_

\*Describe your spouse's personality in a few words (selfish, loving, etc): \_\_\_\_\_

What other information do I need to know about your marriage? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personality Information**

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

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

Have you ever felt people were watching you? \_\_\_\_\_

Do people's faces ever seem distorted? \_\_\_\_\_

Do colors seem too bright? \_\_\_\_\_ Too dull? \_\_\_\_\_

Are you able to judge distance? \_\_\_\_\_

Have you ever had hallucinations? \_\_\_\_\_

Are you afraid of things or situations? \_\_\_\_\_

Approximately how many hours sleep do you get each night? \_\_\_\_\_ At what time do you normally: Go to bed: \_\_\_\_\_ Fall asleep: \_\_\_\_\_ Wake up: \_\_\_\_\_ Get out of bed: \_\_\_\_\_

What do you do after going to bed and falling asleep? \_\_\_\_\_

What do you do after waking up & getting out of bed? \_\_\_\_\_

Describe recent changes in sleep habits: \_\_\_\_\_

Describe your exercise routine: \_\_\_\_\_

**Parental Family History**

If you were reared by anyone other than your own biological parents, briefly explain: \_\_\_\_\_

Still Living: Father \_\_\_\_\_ Mother \_\_\_\_\_

Religious Affiliation: Father \_\_\_\_\_ Mother \_\_\_\_\_

Church Attendance per month: Father \_\_\_\_\_ Mother \_\_\_\_\_

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

Are your parents still living together? \_\_\_\_\_

If not, cause of separation? \_\_\_\_\_

Rate your parent's marriage: Very happy \_\_\_\_\_ Happy \_\_\_\_\_ Average \_\_\_\_\_ Unhappy \_\_\_\_\_

How many brothers & sisters do you have? \_\_\_\_\_ List Names & ages: \_\_\_\_\_

\_\_\_\_\_

**Briefly Answer the following:**

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

2. What have you done about it?

3. What do you want us to do about it?

4. What brings you here at this time?

5. Is there any other information that I need to know?