



Identification Data:

Date _____

Name _____ Home Phone _____

Address _____ City _____ State ____ Zip _____

Occupation _____ Business Phone _____

Sex _____ Birth Date _____ Age _____ Height _____

Marital Status Single Going Steady Married Separated Divorced Widowed

Education (last year & grade completed) _____

Other training (list type and years) _____

Referred By _____ Phone _____

Address _____ City _____ State ____ Zip _____

Health Information:

Rate your health (check) Very Good Good Average Declining Other

Your approximate weightlbs. Weight changes recently: Lost _____ Gained _____

List all important present or past illness, injuries or handicaps: _____

Date of last medical examination _____ Report: _____

Physician _____ Phone _____

Address _____ City _____ State ____ Zip _____

Are you presently taking medication? Yes No What? _____

Have you ever used drugs for other medical purposes? Yes No What? _____

Have you have ever had a severe emotional upset? Yes No Explain: _____

Have you ever been arrested? Yes No

Are you willing to sign a release or information form so that your counselor may write for social, psychiatric, or medical reports? Yes No

Religious Background:

Denominational preference: _____ Member _____

Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood: _____ Baptized: Yes No

Religious background of spouse (if married)

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you pray to God? Never Occasionally 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 family devotions? Yes No

Explain recent changes in your religious life, if any _____

Personality Information:

Have you ever had psychotherapy or counseling before? Yes No

If yes, list the counselor or therapist and dates: _____

What was the outcome? _____

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

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

Have you ever felt people were watching you? Yes No

Do people's faces ever seem distorted? Yes No

Do you have difficulty distinguishing faces? Yes No

Do colors ever seem too bright? Yes No Too dull? Yes No

Are you sometimes unable to judge distance? Yes No

Have you ever had hallucinations? Yes No

Are you afraid of being in a car? Yes No

Is your hearing exceptionally good? Yes No

Do you have sleeping problems? Yes No

Marriage and Family Information:

Name _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
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? from _____ to _____
Has either of you filed for divorce? Yes No When? _____
Date of marriage _____ Your ages when married: Husband _____ Wife _____
How long did you know your spouse before marriage? _____
Length of steady dating with spouse _____ Length of engagement _____
Give brief information about any previous marriages: _____

Information about children:

Name	Age	Sex	Living? Yes/No	Education (in years)	Marital Status
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*Check this column if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain: _____

How many older siblings do you have? Brothers _____ sisters _____

How many younger siblings do you have? Brothers _____ sisters _____

Name _____

Briefly answer the following questions:

1. What is the main problem, as you see it? What brings you here?
2. What have you done about it?
3. What can we do? What are your expectations in coming here?
4. As you see yourself, what kind of person are you? Describe yourself.
5. Is there any other information we should know?