**Personal Information**

Contact Information: \*

First Name:  Last Name:  Email Address \*

Gender \* Male Female Birth Date  (MM/DD/YY)

Phone \*  Occupation: 

Address Information \*

Address 1:  Address 2 

City  State  Zip/Postal Code 

Church Name and Address: 

Name of Pastor:  Phone of Pastor or Church 

Church Status \*  Member  Attender  Other If "Other", please explain:

**Family Information**

Marital Status \*   Spouse's Name (if applicable): 

Date of Marriage:  Spouse's Phone Number: 

Separated? 

If "yes", how many times and how long?

Have either of you filed for divorce? 

If "yes" who filed and when?

If you have ever been married previously, please explain what occurred



If you have children, please list their names, ages, and if applicable, their marital status

**Health Information**

General Health \*  Do you exercise? \*  

Eating Habits- food choices:  Type of Exercise \* 

Do you have problems sleeping? 

Do you drink coffee or caffeinated beverages? 

Do you smoke?  

Would you like to add information to the previous questions?

Do you take prescription medicine? \*  

If "yes", please list name, reason for taking it, dosage, and how long you've been on it.

Ex. Crestor, High Cholesterol, 10mg once a day. {Please include psychotropic drugs}



Have you ever used drugs for non-medical purposes? \* 

Have you ever used or were addicted to drugs? \* 

**Background Information**

Other than your parents, were there any significant role models growing up? If so, please explain.



Parenting was…  

Were your parents divorced?  

Home Atmosphere

 Affectionate  Critical  Outwardly religious  Perfectionistic  Hostile  Authentically Christian

Was there abuse in your past?  If yes, please explain



Was there substance abuse in your family?  

If yes, please explain 

Have you ever been arrested? 

Have you recently had significant circumstances/events in your life {i.e. job loss, birth, death, etc.}? If so, please explain.



Did you have any significant traumatic events as a child or have you ever had an extreme emotional reaction to a situation in your life?



Have you ever had counseling or psychotherapy? 

If "yes" do you know what type of counseling or psychotherapy?

**Faith Background**

Do you have a growing relationship with the Lord Jesus Christ? \* 

If yes, since when?

Have you been baptized? \*  If yes, when?

How often are you in God's Word? \*  

How often do you pray? \* 

Are you serving Christ? \* If yes, where?

Has your spouse put his/her faith in Jesus Christ as their Lord and Savior? 

If yes, when?

**Briefly answer the following questions**

From your perspective, what would you say is/are the problem[s] you want to address through counseling? \*



What have you done so far to address it/them? \*



How can we help? What are your expectations in coming to counseling? \*



What, if anything, do you fear? \*



Is there any other information your counselor should know?



Is there someone you know who you think would be a good advocate?

An Advocate serves to support the person in need as they are learning to see God at work in their concerns, problems, pain, etc. Because transformational change happens in the community of believers, advocates play a vital part in helping and encouraging another in making lasting godly change for the glory of God.



What is your relationship with them?