

ENROLLMENT INFORMATION

The information asked below is to allow us to more quickly understand you and your reason for requesting counsel and to enable us to help you more expediently. Please fill out all forms as completely as possible. All information is held in the strictest confidence and cannot be divulged to anyone without your written permission.

DEMOGRAPHIC DATA

Name _____ Date _____
Address _____ Phones: (Wk) _____ (Home) _____
_____ Date of Birth _____ Age _____
City _____ State _____ Zip _____ S.S.# _____
Place of Birth _____ Nationality _____ Sex _____
Religion _____ Place of Employment _____

FAMILY BACKGROUND

Do you have children? _____ How Many? _____
List Names: _____ How many are living at home? _____
_____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____
How many children at home are from a previous marriage? _____
Father's Name _____ Where does he live? _____
His occupation: _____ Age: _____ Living/Deceased _____
His health? _____ Last saw him when? _____
Mother's Name _____ Where does she live? _____
Her occupation: _____ Age: _____ Living/Deceased _____
Her health? _____ Last saw her when? _____
Religion raised in, if any: _____

Was your PARENTAL HOME EVER BROKEN BY:

Death _____ Your age then? _____ How did you feel? _____
Divorce _____ Your age then? _____ How did you feel? _____
Separation _____ Your age then? _____ How did you feel? _____
Desertion _____ Your age then? _____ How did you feel? _____

Which parent in the above was lost from the home? _____

Did you mother or father remarry? _____ Your age then? _____

How did you feel about your stepparent? _____

Did you have good or bad relationship with your:

Father _____ Explain: _____

Mother _____ Explain: _____

Brothers or Sisters _____ Explain: _____

Was PARENTAL FAMILY a closely-knit family? _____ Is it close now? _____

Did your family change residences (move) often? _____

Why? _____

How many schools did you attend prior to any college? _____

MARITAL BACKGROUND

Marital Status: (Please check) Single _____ Married _____ Divorced _____

 Separated _____ Widow(er) _____ Cohabiting _____

Spouse's Name? _____

Married? _____ How long? _____

Spouse Deceased? _____ How Long? _____

Divorced? _____ How long? _____

Annulled? _____ How long? _____

If previously married, please give dates and how dissolved. _____

Describe your relationship with your spouse (if not married, your parents, etc.) _____

Please check any of the following symptoms or conditions you have had or are now experiencing:

CONDITION	PAST	PRESENT	CONDITION:	PAST	PRESENT
Mood highs or lows	_____	_____	Insomnia (Can't sleep)	_____	_____
Weight loss or gain	_____	_____	Excessive worries	_____	_____
Appetite change	_____	_____	Difficulty concentrating	_____	_____
Drug usage	_____	_____	Hearing unseen voices	_____	_____
Cigarette usage	_____	_____	Frequent loss of temper	_____	_____
Tobacco usage	_____	_____	Acting out violence	_____	_____
Irritability	_____	_____	Frequent employment changes	_____	_____
Excessive stress	_____	_____	Frequent residence changes	_____	_____
Crying spells	_____	_____	Bed-wetting past age 6	_____	_____
Phobias or fears	_____	_____	Fire setting past age 6	_____	_____
Hallucinations	_____	_____	Blaming others frequently	_____	_____
Confusion	_____	_____	Lack of sexuality awareness	_____	_____
Low self-esteem	_____	_____	Spiritual confusion	_____	_____
Compulsion	_____	_____	Thoughts of suicide	_____	_____
Depression	_____	_____	Inability to comprehend reading	_____	_____
Extreme nervousness	_____	_____	Inability to comprehend math	_____	_____
Lack of motivation	_____	_____	Inability to express self	_____	_____
Excessive drinking	_____	_____	Involvement with the occult	_____	_____
Indecisiveness	_____	_____	Personal sexual abuse	_____	_____
Loss of memory	_____	_____	Physical abuse of children	_____	_____
Fantasizing	_____	_____	Physical abuse of others	_____	_____

BACKGROUND INFORMATION

1. How long has it been since you had a complete physical examination? _____
2. What physical disorder do you have, if any? _____

3. How many schools did you attend prior to any college? _____
4. Do you take medications? _____
List their names and purposes: _____

5. Do you take vitamins? _____ What kind? _____
6. Your favorite food? _____
7. Your favorite dessert? _____

BIRTH ORDER

What is your placement in your family? 1 2 3 4 5 6 7 8 9 10 11 12 (Circle one)

Brothers' ages _____, _____, _____, _____, _____, _____, _____, _____, _____.

Sisters' ages _____, _____, _____, _____, _____, _____, _____, _____, _____.

Are you adopted? _____ Are any brothers or sisters adopted? _____

If yes, what are their ages and how many are there? _____, _____, _____, _____, _____.

If a twin, are you identical? _____

MILITARY SERVICE RECORD

Have you ever been in the military service? Yes _____ No _____

If yes, what branch? _____

Were you in combat? Yes _____ No _____ In Vietnam? Yes _____ No _____

Any military honors or medals? _____

Type of discharge? _____

EDUCATION

What is the highest grade you completed in school and in what year? _____

What is the highest degree you have received? (Circle one)

AA BA/BS MA/MS MSW MTh MDiv MBA RN LPN MD DD ThD PhD Other: _____

What was your major? _____ Minor? _____

OCCUPATION

Your occupation: _____

Your employer: _____ How long? _____

Employer's address: _____

Employer's telephone number: _____

What type of work do you do? _____

If you could be anything or anyone you wanted, who or what would you be? (be specific)

Spouse's occupation: _____

Spouse's work telephone number: _____

PERSONAL INFORMATION

1. Presently I believe my spiritual condition is: (Circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Presently I believe my physical condition is: (Circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Presently I believe my emotional condition is: (Circle one)

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

2. Check the items that best describe or relate to the reason you need to receive counseling:

- | | | |
|-------------------|-------------------------|------------------------------------|
| Bereavement _____ | Religious doubts _____ | Relationship with parents _____ |
| Depression _____ | Marriage problems _____ | Relationship with children _____ |
| Hatred _____ | Bitterness _____ | Relationship with others _____ |
| Anxiety _____ | Sexual concerns _____ | Loss of faith in God _____ |
| Nervousness _____ | Adultery _____ | Loss of faith in self _____ |
| Fear _____ | Impotency _____ | Loss of faith in others _____ |
| Self-doubt _____ | Frigidity _____ | Loss of hope _____ |
| Guilt _____ | Homosexuality _____ | Loss of meaning _____ |
| Suicidal _____ | Anger with God _____ | Loss of feelings or thoughts _____ |
| Loneliness _____ | Loss of love _____ | Loss of self-respect _____ |

If a female, have you had any discontinued pregnancies? _____

Have you ever been arrested for other than a traffic violation? _____

How old were you when you left your parental home? _____

Have you ever been institutionalized for any problem? _____

3. Have you sought help previously? (from whom, when, the outcome?)

- How often do you eat it? _____
8. Do you snack often? _____ On what? _____
9. Do you use alcoholic beverages? (Check One)
 None ____ Some ____ Moderately ____ Often ____ Every day ____
10. Is there a family history of alcoholism? _____ Who? _____
11. Do you drink coffee? _____ Decaffeinated _____ Regular _____
 How many cups per day?
 Less than 3 ____ More than 3 ____ More than 6 ____ (Check one)
12. Do you use tobacco regularly?
 NO ____ Some ____ Moderately ____ Heavy ____ (Check one)
13. Describe yourself in a few sentences. _____

14. Are you a Christian? Yes ____ No ____ Not sure ____ (Check one)
 a. What church do you now attend, if any? _____
 b. Are you a regular ____ frequent ____ occasional ____ infrequent ____ attendee?
15. What are your two favorite colors? _____ and _____
16. Have you ever thought of committing suicide? _____
 If yes, explain: _____

17. Have you ever attempted suicide? _____ When? _____
18. Do you ever think that perhaps you're *going crazy*? _____ If, yes, explain: _____

19. Do you ever simply want to run away? _____ If yes, explain: _____

20. Do you look forward to the future? Yes _____ No _____
21. How do you feel about the past?
 ____ Good ____ OK ____ Guilty ____ Bitter ____ Angry ____ Confused ____ Wish you could change it.

22. What time period do you think about the most?

Past _____ Present _____ Future _____

Number in order of importance: 1, 2, 3, (#1 being most important).

23. Is there a family history of physical or emotional abuse? _____ If yes, please explain:

24. Were you ever sexually abused or molested? _____ If yes, by whom? _____

25. Do you believe "*your only problem*" is the behavior of someone else? _____

If yes, please explain: _____

26. In your own words, complete this sentence: Sex is _____

27. Are vitamins and minerals important? _____ Why? _____

So that we may understand your problems fully, please state in your own words the life area you need answers to and why you chose a Christian mental health professional.

MISCELLANEOUS INFORMATION

If referred here, by whom? _____

You are responsible for any decisions you make regarding your life.

Signed: _____