

PERSONAL HISTORY / PROBLEM EVALUATION

BASIC INFORMATION REGARDING YOUR PERSONAL COUNSELING

Date: _____

PERSONAL INFORMATION

Name: _____ Phone #: _____ Fax # _____

Address: _____

Occupation: _____ Business Phone #: _____

Gender: _____ Birth date: _____ Age: _____ email address: _____

Marital status: single engaged married separated divorced widowed

Education: Last Grade Completed (Prior to college) _____

Other education (list type and years) _____

Recommended by: _____

Name of spouse: _____ Occupation: _____

Spouse's address (if different from yours): _____

THE BASIC PROBLEM AS YOU UNDERSTAND IT:
Briefly complete the following (please use the back if necessary):

1. Please describe the current problem.

2. What have you done about it?

3. What help are you seeking?

4. What led you to seek help now?

DETAILED INFORMATION RELATED TO THE PROBLEM

INFORMATION ABOUT SPIRITUAL LIFE

Denominational Preference: _____ Church Name _____

Church Address: _____ Pastor's Name: _____

Church Attendance: Frequency of attendance _____ Times per month _____

What are you learning through the sermons/messages/Bible studies at your church?

Please list ministry involvement: _____

Church attended in childhood: _____

Have you been baptized? No Yes When? _____

If married, religious background of spouse: _____

(Only if applicable) spouse's church attendance:

Spouse's church name _____ Frequency of attendance _____ times per month

Do you pray to God? Never Occasionally Often How often? _____

What do you pray about? _____

Have you come to the place in your spiritual life where you know with certainty that if you were to die tonight you would go to heaven? Yes No Uncertain

If yes, how do you know that Jesus Christ is your Savior? _____

If you have received Christ as Savior, what changes took place in your life when you became a believer? _____

If you have received Christ as Savior, have you told household/family members about receiving Jesus as Savior? Yes No

Whom have you told? _____

Do you read the Bible? Never Occasionally Often How often? _____

Do you have personal devotions? Never Occasionally Often How often? _____

Describe your personal devotions: _____

Do you have family devotions? Never Occasionally Often How often? _____

Describe your family devotions: _____

Explain any recent changes in your spiritual life: _____

INFORMATION ABOUT PRIOR COUNSELING

Have you had any counseling before? Yes No

Counselor Name(s)	Dates From/To	Medication Prescribed	Outcome
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Approximately how many hours of sleep do you get each night? _____

INFORMATION ABOUT PERSONAL HABITS AND HEALTH

When do you normally: go to bed? _____ fall asleep? _____ wake up? _____ get out of bed? _____

If there is a length of time between your going to bed and falling asleep, what do you do during that time? _____

If there is a length of time between your waking up and getting out of bed, what do you do during that time? _____

Describe any recent changes in sleep habits: _____

State of health: Very good Good Average Declining Other

Date of last medical examination: _____ Results: _____

Are you presently taking medication? No Yes What? _____ Dosage? _____

For what reason do you take this medication? _____

Have you used drugs for other than medical purposes? No Yes When? _____

What? _____ Amounts/Dosages? _____

Do you drink alcoholic beverages? No Yes When? _____ How much? _____

MARRIAGE AND FAMILY INFORMATION:

Name of spouse: _____ Address: _____

Phone#: _____ Occupation: _____ Business Phone #: _____

Your spouse's age: _____ Education (In years): _____ Religion: _____

Is your spouse willing to come with you? Yes No Not asked yet Not certain

Are you currently separated? Yes No Since when? _____

Have you ever been separated in the past? Yes No Number of times: _____

Has either of you ever filed for divorce? Yes No When? _____ Who? _____

Date of marriage: _____ Your age when married: Husband _____ Wife: _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse: _____ Length of engagement: _____

Have you ever been married before? Yes No

If yes, how many times? Husband _____ Wife _____

If you were married before, how did the marriage(s) end? _____

Children's Names	Ages	Gender	Living? Yes/No	Education In Years	Marital Status	PM*
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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: _____

Number of older brothers ____ sisters ____ Number of younger brothers ____ sisters ____