

Please fill out this form as completely as you can because it will help me work with you. All information will be held in strict professional confidence unless otherwise directed by law.

**PERSONAL INFORMATION**

**TODAY'S DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_ **May I contact you at this number?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**SSN #:** \_\_\_\_\_ **DRIVER'S LICENSE #:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **May I contact you at this number?** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

I cannot guarantee confidentiality when you and I are communicating via cell phone, cordless phone, fax, email or computer. These devices could compromise confidentiality. By understanding the inherent risks of the aforementioned devices, you can make an informed choice about when/where/how to use these tools.

**CELL PHONE:** \_\_\_\_\_ **May I contact you at this number?** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **May I contact you here?** \_\_\_\_\_

**HOW DO YOU PREFER TO BE CONTACTED?** \_\_\_\_\_

**IN CASE OF EMERGENCY, WHO SHOULD I CONTACT?** \_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU LEARN ABOUT OUR COUNSELING SERVICE?** \_\_\_\_\_

**May I send a thank you note to this referral source and mention your name?** \_\_\_\_\_

**MARITAL STATUS:** Single    Engaged    Married    Separated    Divorced    Widowed

**EDUCATION:**

**Last Grade Completed (Prior to college)** \_\_\_\_\_

**Other Education (List type and years)** \_\_\_\_\_

***GOALS OF COUNSELING / OR THE ISSUE AS YOU UNDERSTAND IT***

*Briefly complete the following (please use another sheet of paper if necessary):*

*Please tell me what you want to change.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*How has this been a problem?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*When did this problem first appear?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*What have you done about it?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*What help are you seeking?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*What led you to seek help now?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***INFORMATION ABOUT SPIRITUAL LIFE***

**CHURCH NAME:** \_\_\_\_\_

**CHURCH ADDRESS:** \_\_\_\_\_

**PASTOR'S NAME:** \_\_\_\_\_

**CHURCH ATTENDANCE: Frequency of attendance: Times per month \_\_\_\_\_**

**DO YOU PRAY TO GOD? How often?                      Never    Occasionally    Often**

**HAVE YOU COME TO THE PLACE IN YOUR SPIRITUAL LIFE WHERE YOU KNOW FOR CERTAIN IF YOU DIED TONIGHT YOU WOULD GO TO HEAVEN?**

**Yes    No    Uncertain**

**IF YOU WERE TO DIE TONIGHT AND STAND BEFORE GOD AND HE ASKED, “WHY SHOULD I LET YOU INTO HEAVEN?” WHAT WOULD YOU SAY?**

\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR?**

**Yes    No    Uncertain    Don’t Know    What You Mean**

**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**

**IF YES, WHOM HAVE YOU TOLD?**

\_\_\_\_\_  
\_\_\_\_\_

**DO YOU READ THE BIBLE? How often?**

**Never    Occasionally    Often**

**WHAT DO YOU PRAY ABOUT?**

\_\_\_\_\_  
\_\_\_\_\_

***INFORMATION ABOUT PRIOR COUNSELING***

**HAVE YOU HAD ANY COUNSELING BEFORE?                      Yes    No**

**COUNSELOR NAME(S) \_\_\_\_\_ DATES From \_\_\_\_\_ To \_\_\_\_\_**

**MEDICATION PRESCRIBED** Yes No **OUTCOME** \_\_\_\_\_

***INFORMATION ABOUT PERSONAL HABITS AND HEALTH***

**APPROXIMATELY HOW MANY HOURS OF SLEEP DO YOU GET EACH NIGHT?** \_\_\_\_\_

**WHEN DO YOU NORMALLY:**

go to bed? \_\_\_\_\_ fall asleep? \_\_\_\_\_ wake up? \_\_\_\_\_ get out of bed? \_\_\_\_\_

**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 YOUR SLEEP HABITS:** \_\_\_\_\_

**STATE OF HEALTH:**

Very Good? \_\_\_\_\_ Good? \_\_\_\_\_ Average? \_\_\_\_\_ Declining? \_\_\_\_\_ Other? \_\_\_\_\_

**DATE OF LAST MEDICAL EXAMINATION:** \_\_\_\_\_ **RESULTS:** \_\_\_\_\_

**ARE YOU PRESENTLY TAKING MEDICATION?** \_\_\_\_\_ **WHAT?** \_\_\_\_\_

**DOSAGE?** \_\_\_\_\_

**FOR WHAT REASON DO YOU TAKE THIS MEDICATION?** \_\_\_\_\_

**HAVE YOU USED DRUGS FOR OTHER THAN MEDICAL PURPOSES?** \_\_\_\_\_ **WHEN?** \_\_\_\_\_

**WHAT?** \_\_\_\_\_ **AMOUNTS/DOSAGES?** \_\_\_\_\_

**DO YOU DRINK ALCOHOLIC BEVERAGES?** Yes No **WHEN?** \_\_\_\_\_  
**HOW MUCH?** \_\_\_\_\_

***MARRIAGE AND FAMILY INFORMATION***

**NAME OF SPOUSE: ADDRESS (if different):** \_\_\_\_\_

**PHONE #: OCCUPATION: BUSINESS PHONE#:** \_\_\_\_\_

**SPOUSE'S AGE:** \_\_\_\_\_ **EDUCATION (in years):** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_

**IS SPOUSE WILLING TO COME WITH YOU?** Yes No Have not asked yet Not certain

ARE YOU CURRENTLY SEPARATED? Yes No Since When? \_\_\_\_\_

HAVE YOU EVER BEEN SEPARATED IN THE CURRENT MARRIAGE? Yes No  
No. of times? \_\_\_\_\_

HAS EITHER OF YOU EVER FILED FOR DIVORCE? Yes No When \_\_\_\_\_ Who? \_\_\_\_\_

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: \_\_\_\_\_

HAVE YOU 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?	EDUCATION IN YEARS	MARITAL STATUS	*PM
			Yes No			

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Check this column if child is by previous marriage

IF YOU WERE REARED BY ANYONE OTHER THAN YOUR OWN PARENTS, BRIEFLY EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

NO. OF OLDER Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ NO. OF YOUNGER Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

**FOR MINISTRY USE ONLY:** Date PHPE Received \_\_\_\_\_ Case # \_\_\_\_\_ Date Case Assigned \_\_\_\_\_

Date of Pre-Counseling Interview: \_\_\_\_\_ Lead Counselor: \_\_\_\_\_

Assistant Counselor #1 \_\_\_\_\_ Assistant Counselor #2 \_\_\_\_\_