



Client Life History Form

Date:

Full name:

Address:

Cell phone:

Email:

Sex: M F

Age:

Date of birth:

How did you hear about us?

Education

High School Diploma Bachelor's degree (specify):

Post-graduate degree(s) (specify):

Occupation

Previous occupation(s), if applicable:

Your current occupation(s):

Family History

Describe your childhood, including anything you feel was significant.

Where did you grow up?

Did you grow up with your birth parents? If not, who raised you?

Your parents:

Birth Mother:

Living Deceased

Briefly describe your relationship with her:

Birth Father:

Living Deceased

Briefly describe your relationship with him:

Stepmother/Adopted Mother:

Living Deceased

Briefly describe your relationship with her:

Stepfather/Adopted Father:

Living Deceased

Briefly describe your relationship with him:

Name any other significant caregiver(s):

Briefly describe that (those) relationship(s):

Your sibling(s):

How many siblings do you have?

Your birth order: First Second Third Last Other

Describe any relationship problems with a sibling or siblings:

Marital status:

Single/Never Married Single/Divorced Single, Widow/Widower Currently Married

If you are currently married, Spouse's Name:

Married since:

Married more than once: Yes No If yes, how many times (including current marriage)?

Previous marriages:

First Spouse's Name:

Length of marriage:

Second Spouse's Name:

Length of marriage:

Third Spouse's Name:

Length of marriage:

Describe any significant relationships you may have had outside of marriage (e.g., long-term dating relationship, cohabitation, extramarital affair):

Children:

Do you have any children? Yes No

If yes, list the name/age of each child:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

Spiritual History

Describe your religious/spiritual background, including the name of any church/denomination of your growing years:

Have you made Jesus the Lord of your life? Yes No I don't know/not sure

Are you familiar with the Holy Spirit and the role He plays in your life? Yes No Not sure

Were any of your family members involved in the occult?

Yes No I don't know/not sure

If yes, who?

What was his/her relationship to you?

Were any of your family members involved in Freemasonry?

Yes No I don't know/not sure

If yes, who?

What was his/her relationship to you?

Name of church you are currently attending (if applicable):

Who is in your support system?

What is the reason for your visit?

Check the issues that pertain to you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Marital Problem |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Obsessive Compulsive |
| <input type="checkbox"/> Anxiety/Fear | <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Occult Oppression |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Career Decision | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Identity Issues | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Sexual Identity Issue |
| <input type="checkbox"/> Drug Addiction | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Workaholism |

Describe any other crisis that prompted this visit:

Do you have any previous experience with therapy/counseling whether secular or Christian? Yes No

If yes, please describe your experience:

Do you have any previous experience with prayer counseling/ministry? Yes No

If yes, please describe your experience:

Are you currently under a doctor's care? Yes No If yes, what are you being treated for?

What, if any, prescription medication(s) are you currently taking?

What else would you like the prayer counselor to know about you?

We would like to add you to our mailing list so that you will know about upcoming events.

Please check here if you DO NOT want to be added to our mailing list