



Name _____ Today's Date _____

Birthdate _____ Age _____ Sex _____

Address _____ City _____ State ____ Zip _____

E-Mail Address: _____ Phone: _____

Highest grade/degree completed in school and in what year? _____

Place and length of employment _____

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

MARITAL STATUS

Single ____ Married ____ Divorced ____ Separated ____ Widow(er) ____ Cohabiting ____

Spouse/Partner's name _____ Together how long? _____

Spouse/Partner's occupation _____ Employer _____

Describe your relationship with your spouse _____

If previously married, please give dates and why it was dissolved

Briefly describe your children; ages, etc. _____

How many live at home from present marriage? _____ From a previous marriage? _____



FAMILY HISTORY

Brother's ages: __, __, __, __, __ Sister's ages: __, __, __, __, __

Check your placement:

What kind of relationship did/do you have with your sisters and brothers?

How old were you when you left your parental home and why?

What kind of relationship did/do you have with your father and mother?

Was your parental home broken? ____ If yes, give your age and how you felt _____

Did your mother or father remarry? ____ Your age then? _____

How did you feel about your step parent? _____

SPIRITUAL INVENTORY

Religion raised in: _____ Where are you attending now? _____

What is the pastor's name? _____

What type of church attendee are you?

Regular ____ Frequent ____ Occasional ____ Infrequent ____

Are you a Christian? Yes ____ No ____ Not sure ____

Please answer Yes or No?

- ____ I have a personal relationship with God through Jesus Christ, my Lord and Savior.
- ____ I believe that God loves me.
- ____ I believe that God has forgiven all my sins.
- ____ I know that I am going to Heaven.
- ____ I know that I do not have to work to earn God's love.
- ____ I spend time each day reading the Holy Scriptures.



- ___ I believe that God is angry with me.
- ___ I am angry at God.
- ___ God is never there when I need Him.
- ___ God is always there when I need Him.
- ___ I feel unworthy to be God's child.
- ___ I know that God forgives me, if I ask.
- ___ I have been involved with occult practices.
- ___ I believe that I have an intimate relationship with God.

Please write any additional thoughts you would like to share: _____

PHYSICAL INVENTORY

Date of your most recent physical exam: _____

Do you have any disorders? ___ If yes, please explain: _____

List the names/purposes of medications or vitamins: _____

Is there a family history of disease or addiction? If yes, what and whom? _____

List any allergies: _____

Other physical problems: _____

I believe my overall general health is: poor ___ fair ___ good ___ excellent ___

I generally sleep ___ hours a night.

Please answer Yes or No?

- ___ I exercise on a regular basis.
- ___ I eat foods that are healthy.
- ___ I eat balanced meals on a regular basis.
- ___ I eat junk food on a regular basis.
- ___ I drink coffee. How much? ___ How often? ___
- ___ I drink alcohol. How much? ___ How often? ___
- ___ I smoke.
- ___ I have a complete physical yearly.
- ___ I have periodical dental exams.



PERSONAL INFORMATION

Presently, I believe my spiritual condition is: poor fair average good excellent

Presently, I believe my physical condition is: poor fair average good excellent

Presently, I believe my emotional condition is: poor fair average good excellent

If a female, have you had any discontinued pregnancies, abortions, or been involved with someone who has had an abortion? Explain: _____

If a male, have you ever been involved with someone who has had an abortion? ____

Have you ever been arrested for something other than a traffic violation? ____ What? ____

Have you ever been institutionalized for any problem? Please explain. _____

Have you ever been involved with any activities associated with the occult? If yes, please explain (Ouija board, palm/psychic readings, tarot cards, new age religions, witchcraft). _____

Do you look forward to the future? Yes ____ No ____

Select the time period you think about the most: Past Present Future

Select how you feel about the past:

Guilty Bitter Confused Hurt Okay Good



Choose if the experience is something you had in the
PAST, PRESENT or BOTH

Bereavement

Religious Doubts

Loss of faith in self

Depression

Impotency

Loneliness

Loss of faith in others

Loss of self

Adultery

Loss of feelings/ thoughts

Bitterness

Loss of hope

Homosexuality

Anger with God

Suicidal

Broken relationships

Anxiety

Hatred

Feelings of going crazy

Worry

Moods high and low

Loss of meaning

Loss of faith in God

Loss of love

Marriage problems

Feelings of running away

Sexual concerns

Fear

Nervousness



Choose if the experience is something you had in the
PAST, PRESENT or BOTH

Insomnia

Blaming others frequently

Excessive stress

Frequent residence changes

Irritability

Acting out violence

Confusion

Indecisiveness

Guilty

Difficulty

Fantasizing

Frequent loss of temper

Crying spells

Hearing unseen voices

Appetite changes

Lack of sexual awareness

Weight loss or gain

Hallucinations

Addictive behaviors

Inability to express self

Frequent employment changes

Physical, emotional, sexual abuse or molestation by others

Physical, emotional, sexual abuse or molestation to others

Physical, emotional, sexual abuse to yourself