



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: __, __, __, __, __

Circle your placement: 1 2 3 4 5 6 7 8 9 10 11 12

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 ____

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

Circle how you feel about the past: Guilty Bitter Confused Hurt Okay Good

Circle experiences you have had in the PAST

Place a check mark if you are experiencing them in the PRESENT

- __Bereavement __Religious Doubts __Loss of faith in God
__Loss of faith in self __Depression __Marriage problems
__Impotency __Loneliness __Sexual concerns
__Loss of faith in others __Loss of self respect __Nervousness
__Adultery __Loss of feelings/ thoughts __Loss of hope
__Bitterness __Anger with God __Loss of meaning
__Homosexuality __Broken relationships __Loss of love
__Suicidal __Hatred __Feelings of running away
__Anxiety __Worry __Fear
__Feelings of going crazy __Moods high and low



Circle experiences you have had in the PAST
Place a **check mark** if you are experiencing in the PRESENT

- | | | |
|---|---|--|
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Appetite changes | <input type="checkbox"/> Acting out violence |
| <input type="checkbox"/> Excessive stress | <input type="checkbox"/> Weight loss or gain | <input type="checkbox"/> Indecisiveness |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Addictive behaviors | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Frequent loss of temper | <input type="checkbox"/> Hearing unseen voices |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Lack of sexual awareness | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Fantasizing | <input type="checkbox"/> Blaming others frequently | <input type="checkbox"/> Inability to express self |
| <input type="checkbox"/> Crying spells | <input type="checkbox"/> Frequent residence changes | <input type="checkbox"/> Frequent employment changes |
| <input type="checkbox"/> Physical, emotional, sexual abuse or molestation by others | | |
| <input type="checkbox"/> Physical, emotional, sexual abuse or molestation to others | | |
| <input type="checkbox"/> Physical, emotional, sexual abuse to yourself | | |