

Personal Background Form

This inventory gives us an overview of your story so I can understand how best to serve you. Please fill it out honestly and thoughtfully. I will handle the information with loving prudence.

General Info

I'll need your basic information to contact you and get a general sense of what occupies your life.

Name _____ Date of Birth _____

Address _____ Zip Code _____

Age _____ Sex _____ Referred by _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Home Phone _____ Work Phone _____

Employer _____ Position _____

Time with Current Employer _____

Education (degree level) _____

Marriage and Family

Few relationships are as involved in your daily experience as family. We'll need the basics to understand how best to help you. If there is anything you think we should know that isn't mentioned in this section, please feel free to write it in.

Spouse _____ Birth Date _____

Age _____ Occupation _____ How Long Employed _____

Home Phone _____ Work Phone _____

Date of Marriage _____ Length of Dating _____

Give a brief statement of circumstances of meeting and dating.

Have either of you been previously married? _____ To Whom? _____

Have you ever been separated from one another? _____ Filed for divorce? _____

Child's Name	Age	Sex	Year of Education	Living?	Step-Child?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Growing Up Years

While I don't think that childhood experiences strictly determine how we respond as adults, Scripture and scientific data do recognize that past experiences do influence present perspectives. So, in short answer form, describe the family you came from. Again, if there is anything you think I should know that isn't mentioned in this section, please feel free to write it in. The answers do not have to be long unless necessary, which is determined by you. A simple "good" will suffice in the case of what you feel is a normal healthy relationship. If there is any burden, struggle, or difficulty resulting in what seems an abnormal or unhealthy relationship (as defined by you) then please indicate that. Even if you do not feel the relationship in question is pertinent to the reason you are seeking counseling, please indicate and describe the relationship as best you can in answering the questions.

Describe your relationship to your father.

Describe your relationship to your mother.

Did you live with anyone other than parents? If so, please describe the relationship.

Describe relationships with siblings (include number and birth order).

Describe any significant events in your family life growing up.

Health

We are physical as well as spiritual beings, and our bodies are an important factor in our experience. Though we are not medical professionals, it's helpful for us to know general facts about your health.

Describe your health generally.

Do you have any chronic conditions or significant illness, injury, or handicaps?

Professional Medical Help

Physician's name and address

Date of last medical exam _____ Report _____

Have you ever seen a psychiatrist or psychologist? _____ If yes, please explain.

Psychiatrist/Psychologist name and address:

Date of last appointment _____ Report _____

Are you willing to sign a release of information form so that your counselor may attain social, psychiatric, or other medical records? _____

Current medication(s)

Dosage

Have you ever-used drugs for anything other than medical purposes? _____ If yes, please explain.

Substance Use

Yes/No How frequently and how much?

Alcoholic beverages? _____

Caffeine? _____

Tobacco Products? _____

Other

Have you ever been arrested? _____ If yes, please explain.

Have you ever had interpersonal problems on the job? _____ If yes, please explain.

Have you ever had a severe emotional upset? _____ If yes, please explain.

Women Only

Please explain any menstrual symptoms that affect your functioning, such as tension or tendency to cry

If married, is your husband supportive of your coming for counseling? Is he willing to be involved?

Do you feel safe at home?

Children Only

How open are you with your parents/caretakers about your troubles?

Do you feel safe at home?

Spiritual Pursuit

While we view all of human life as spiritual in nature, our religious identification indicates a lot about how we exercise our spirituality. I ask this information to get a better grasp of how you pursue God in your life experience.

Church Attending _____ Member? _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

What denominations or religions have you been involved with in the past? Please note any significant changes in your religious life.

Which statement best describes your relationship to Jesus Christ? If you don't like any of these, write your own.

- I follow Jesus Christ as my Lord and Savior.
- I am interested in Jesus Christ and am still learning what it means to follow him.
- I used to follow Jesus Christ, but no longer do.
- I am not interested in following Jesus Christ as my Lord and Savior.

If you pray, describe your prayer life.

How often do you read the Bible? Never Occasionally Often Daily

Does God have anything to do with the problem that troubles you? Explain.

Problem Check List

I realize that problems can't be described fully in a form like this. This is my attempt to only get a lay of the land so that I can more efficiently explore what I need to in order to help. If your problem is not listed here, feel free to write it in.

- | | | |
|--|---|---|
| <input type="checkbox"/> Alcohol Overuse | <input type="checkbox"/> Depression | <input type="checkbox"/> Motivation / Apathy |
| <input type="checkbox"/> Anger / Aggression | <input type="checkbox"/> Desire, Overwhelming | <input type="checkbox"/> Obsessions, Compulsions |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Drug Use | <input type="checkbox"/> Pain, Chronic Physical |
| <input type="checkbox"/> Attention / Concentration | <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Parenting Issues |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> Fatigue / Tiredness | <input type="checkbox"/> Relational Difficulty |
| <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Fear | <input type="checkbox"/> Same Sex Attraction |
| <input type="checkbox"/> Childhood issues | <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Sexual Lust / Immorality |
| <input type="checkbox"/> Conflict, Interpersonal | <input type="checkbox"/> Guilt | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Sleeplessness |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Thoughts, Invasive |
| | <input type="checkbox"/> Moodiness | <input type="checkbox"/> Other _____ |

Problem Overview in Your Own Words

1. Describe what problem brings you here. (If no "problem" then skip to #3)

2. What have you done about the problem so far?

3. What are your expectations from counseling?

4. Is there any other information that I should know?