**Penewit Institute – Fort Worth Christian Counseling LLC**

**700 N. E. Loop 820 Suite 200 B**
**Hurst, Texas 76053**

The information below will allow us to understand you and your reasons for requesting counsel more effectively, enabling us to better help you. Please fill out as completely as possible. All information is held in the strictest confidence and cannot be divulged to anyone without your written permission.

**CLIENT INTAKE FORM**

Client's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_

Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home) (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If minor, Parent/Guardian's name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_Single \_\_\_ Engaged \_\_\_Married \_\_\_Separated \_\_\_ Divorced

Spouse's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all children, and whether they live at home with you.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Do they live with you? \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Do they live with you? \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Do they live with you? \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Do they live with you? \_\_\_\_\_\_\_

Who is coming for counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any prior counseling? \_\_\_Yes \_\_\_ No

If yes, when? \_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ With whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you, or another family member currently seeing a psychiatrist or counselor? \_\_\_ Yes \_\_\_No

If so, which family member(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For what purpose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who referred you to us? (name, relationship, and phone number)

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

If a professional referred you to us, may we send them a thank-you, noting your contact? \_\_\_\_\_

If yes, we will only send a thank-you. Any other contact requires your written permission.

Person to contact in emergency (name, relationship, phone, address) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State the nature of the problem in your own words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your most difficult relationship right now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your most difficult emotion right now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRISIS INFORMATION: Any current suicidal thoughts, feeling, or actions?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any current homicidal or assaultive thoughts, or feelings, or anger-control problems?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any past problems, hospitalizations, or jailing for suicidal or assaultive behavior?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION: Doctor's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently taking any medication? \_\_\_Yes \_\_\_ No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Any problems with eating *\_\_\_\_*sleeping \_\_\_ chronic pain \_\_\_ recent weight changes \_\_\_\_\_\_ Describe any answers checked above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other medical problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or a family member ever been hospitalized for mental or emotional illness?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Common problem/symptom rating. O=none, l=mild, 2=moderate, 3=severe

\_\_\_marriage \_\_\_divorce/separation \_\_\_ premarital \_\_\_child custody \_\_\_God/faith

\_\_\_singleness \_\_\_disability \_\_\_grief/loss \_\_\_Past hurts \_\_\_alcohol/drugs \_\_\_other addictions \_\_\_ church/ministry \_\_\_sexual issues \_\_\_work/career \_\_\_depression \_\_\_codependency

\_\_\_family \_\_\_school/learning \_\_\_fear/anxiety \_\_\_intimacy \_\_\_children \_\_\_money/budgeting \_\_\_anger/control \_\_\_communication \_\_\_parents \_\_\_aging/dependency \_\_\_loneliness

\_\_\_self-esteem \_\_\_ in-laws \_\_\_ weight control \_\_\_mood swings \_\_\_stress management

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHIC DATA**

Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious Background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY BACKGROUND**

Was your PARENTAL HOME EVER BROKEN BY:

Death \_\_\_ Your age at the time? \_\_\_\_\_\_ How did you feel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divorce \_\_\_ Your age then? \_\_\_\_\_ How did you feel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Separation \_\_\_ Your age then? \_\_\_\_How did you feel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desertion \_\_\_\_ Your age then? \_\_\_\_How did you feel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which parent in the above was lost from the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you mother or father remarry? \_\_\_\_ Your age then? \_\_\_\_

How did you feel about your stepparent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have good or bad relationship with your:

Father \_\_\_\_\_\_\_\_\_ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother \_\_\_\_\_\_\_\_\_ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers or Sisters \_\_\_\_\_ Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your family change residences? \_\_\_\_\_\_ How frequently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many schools did you attend? \_\_\_\_\_ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was yours a closely-knit family? \_\_\_\_\_ Is it close now? \_\_\_\_\_\_\_\_\_\_\_\_\_

**MARITAL BACKGROUND:** Describe your relationship with your spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIRTH ORDER**

What is your placement in the family? (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 of how many? \_\_\_\_

Are you adopted? \_\_\_ Any adopted siblings? \_\_\_\_\_

If yes, what are their ages and how many are there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a twin, are you identical? \_\_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you ever been in the military service? \_\_\_\_\_\_\_ If yes, what branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you in combat? \_\_\_\_\_\_\_\_\_\_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any military honors or medals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of discharge? \_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

What is the highest grade you completed in school and in what year? \_\_\_\_\_\_

What is the highest degree you have received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPATION**

Your occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer's address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer's telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of work do you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you could do anything you wanted for employment, what would you be? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse's occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse's work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

Presently I believe my spiritual condition is: (Check one)

\_\_\_\_Poor \_\_\_\_Fair \_\_\_\_Average \_\_\_\_Good \_\_\_\_Excellent

Presently I believe my physical condition is: (Circle one)

\_\_\_\_Poor \_\_\_\_Fair \_\_\_\_Average \_\_\_\_Good \_\_\_\_Excellent

Presently I believe my emotional condition is: (Circle one)

\_\_\_\_Poor \_\_\_\_Fair \_\_\_\_Average \_\_\_\_Good \_\_\_\_Excellent

Check the items that best describe or relate to the reason you need to receive counseling:

\_\_\_\_Bereavement \_\_\_\_Religious doubts \_\_\_\_Depression \_\_\_\_Marriage problems \_\_\_\_Relationship with parents \_\_\_\_Relationship with children \_\_\_\_Hatred \_\_\_\_Bitterness \_\_\_\_Relationship with others \_\_\_\_Anxiety \_\_\_\_Sexual concerns \_\_\_\_Loss of faith in God \_\_\_\_Nervousness \_\_\_\_Adultery \_\_\_\_Loss of self-confidence \_\_\_\_Fear \_\_\_\_Impotency \_\_\_\_Mistrust of others \_\_\_\_Self-doubt \_\_\_\_Frigidity \_\_\_\_Hopelessness \_\_\_\_Guilt \_\_\_\_Homosexuality \_\_\_\_Loss of purpose \_\_\_\_Suicidal \_\_\_\_Anger with God \_\_\_\_Loss of feelings \_\_\_\_Loneliness \_\_\_\_Loss of love \_\_\_\_Loss of self-respect

If a female, have you had any discontinued pregnancies? \_\_\_\_

Have you ever been arrested for other than a traffic violation? \_\_\_\_

How old were you when you left your parental home? \_\_\_\_

Have you ever been institutionalized for any problem? \_\_\_\_

**Symptoms or conditions you have had or are now experiencing:**

**CONDITIONS… PAST (1) Present (2)**

\_\_\_\_Mood highs or lows \_\_\_\_Weight loss/gain \_\_\_\_Appetite change \_\_\_\_Drug usage \_\_\_\_Cigarette usage \_\_\_\_Tobacco usage \_\_\_\_Irritability \_\_\_\_Excessive stress \_\_\_\_Crying spells \_\_\_\_Phobias or fears \_\_\_\_Hallucinations \_\_\_\_Confusion \_\_\_\_Low self-esteem \_\_\_\_Compulsion \_\_\_\_Depression \_\_\_\_Extreme nervousness \_\_\_\_Lack of motivation \_\_\_\_Excessive drinking \_\_\_\_Indecisiveness \_\_\_\_Loss of memory \_\_\_\_Fantasizing

**PRESENT CONDITIONS… PAST (1) Present (2)**

\_\_\_\_Insomnia \_\_\_\_Excessive worries \_\_\_\_Difficulty concentrating \_\_\_\_Hearing voices \_\_\_\_Frequent loss of temper \_\_\_\_Acting out violence \_\_\_\_\_Frequent employment changes \_\_\_\_Frequent residence changes \_\_\_\_Bed-wetting past age 6 \_\_\_\_Fire setting past age 6 \_\_\_\_Blaming others frequently \_\_\_\_Lack of sexuality awareness \_\_\_\_Gender Confusion

\_\_\_\_Spiritual confusion \_\_\_\_Suicidal Thoughts \_\_\_\_Difficulty reading \_\_\_\_Difficulty with math \_\_\_\_Inability to express self \_\_\_\_Involvement with the occult \_\_\_\_Personal sexual abuse \_\_\_\_Physical abuse of children \_\_\_\_Physical abuse of others

**BACKGROUND INFORMATION**

How long has it been since you had a complete physical examination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What physical disorder do you have, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many schools did you attend prior to any college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take vitamins? \_\_\_\_\_ Which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your favorite food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your favorite dessert? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you eat it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you snack often? \_\_\_ On what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use alcoholic beverages? \_\_\_\_None \_\_\_\_ Some \_\_\_\_Moderately Often \_\_\_\_ Every day

Is there a family history of alcoholism? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink coffee? \_\_\_\_ Decaffeinated \_\_\_\_ Regular \_\_\_\_Cups per day

Do you use tobacco regularly? \_\_\_No \_\_\_\_Some \_\_\_\_Moderately \_\_\_\_Heavy

Describe yourself in a few sentences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you a Christian? \_\_\_\_Yes \_\_\_\_No \_\_\_\_Not sure

What church do you now attend, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you attend? \_\_\_\_Regularly \_\_\_\_Frequent \_\_\_\_Occasional

What are your two favorite colors? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever thought of committing suicide? \_\_\_\_

If yes. explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you ever think that perhaps you're *going crazy"?* If, yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you ever simply want to run away? If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you look forward to the future? \_\_\_\_

How do you feel about the past? \_\_\_\_Good \_\_\_\_OK \_\_\_\_Guilty \_\_\_\_Bitter \_\_\_\_Angry \_\_\_\_Confused \_\_\_\_Wish you could change it.

What time period do you think about the most? \_\_\_\_Past \_\_\_\_Present \_\_\_\_Future

Is there a family history of physical or emotional abuse? \_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_

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

Were you ever sexually abused or molested? \_\_\_\_\_

Do you believe *"your only problem"* is the behavior of someone else? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your own words, complete this sentence: Sex is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are vitamins and minerals important? \_\_\_\_Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

So that we may understand your problems fully, please state in your own why you chose a Christian mental health professional. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

You are responsible for any decisions you make regarding your life.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today's Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_