



**ALL INFORMATION IS TREATED WITH STRICTEST CONFIDENCE**

**PLEASE PRINT LEGIBLY**

**Personal Information**

Please state briefly the presenting difficulty \_\_\_\_\_

Are you currently experiencing any suicidal thoughts? Yes \_\_\_\_ No \_\_\_\_

Level of Distress: Please circle your level of distress  
 1                      2                      3                      4                      5  
 LOW                      MODERATE                      EXTREME

Previous Counseling Provider	Dates	Purpose, Interventions, Response

Name(s) of Family Member(s)	Date of Birth	Age	Relationship to Patient	Living in the home (Y/N)

Church Membership \_\_\_\_\_ Pastor \_\_\_\_\_

Who referred you to Christian Therapy Services or this Therapist? \_\_\_\_\_

**Medical Information**

Physician \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ FAX (    ) \_\_\_\_\_

Date and purpose of last medical exam or physical \_\_\_\_\_

Current Medication(s)	Dosage	Date Started	Treatment for

Check those that apply	Alcohol	Cigarettes	Other

**Occupation Information**

	School/Employer	Address	Phone
Self			
Spouse			

## **Present Issues and Goals**

Why have you decided to come to counseling now? \_\_\_\_\_

\_\_\_\_\_

What are your personal goals for counseling? \_\_\_\_\_

\_\_\_\_\_

What positive things have happened since you made your appointment? \_\_\_\_\_

\_\_\_\_\_

If a miracle were to occur overnight, regarding your reason for coming into counseling, what would be different and how would you know it?

\_\_\_\_\_

\_\_\_\_\_

## **Religious Background**

What words would you use to describe yourself: \_\_\_\_\_

\_\_\_\_\_

If God were to describe you, what would He say? \_\_\_\_\_

\_\_\_\_\_

Briefly describe the religious environment of your home as you were growing up: \_\_\_\_\_

\_\_\_\_\_

## **Relationship/Marriage Issues (Couples ONLY)**

How long have you been a couple? \_\_\_\_\_ How long have you been married? \_\_\_\_\_

What is the event or series of events that brought you to see a Therapist today? \_\_\_\_\_

\_\_\_\_\_

What are a couple of positive things that have happened, as a couple since you have made your appointment?

\_\_\_\_\_

\_\_\_\_\_

What are you willing to do to help your relationship improve? \_\_\_\_\_

\_\_\_\_\_