Instructions*: Please complete this as accurately as possible, including any information you feel could benefit the counseling process. All information contained in this survey is confidential except as provided by state and/or federal law.*

Personal Information

Name_____Birthdate_____Date_____

Street Address_____

City_____State_____ZIP_____

Email_____

Phone #_____

Employer_____

Current profession_____

Education Highest grade or degree completed_____

Marital Status: Single ◉ married ○ divorced ○ widowed ○ remarried ○ Living together ○

In your current relationship:

Does your spouse/partner know that you have come here for counseling? _____

Would your spouse/partner come for counseling? _____

Have you separated or filed for divorce? _____

Emergency Contact Information

In case of an emergency, contact:_____

Name_____Relationship_____

Address_____

Phone (cell) _____(work) _____

Reason for seeking pastoral counseling: What specific issues in your life are you hoping will be addressed through the counseling process?

_____

_____

_____

Select the words to describe why you need pastoral counseling:

Grief ☐ Depression ☐ Anxiety ☐ Nervousness ☐ Fear ☐

Self-doubt ☐ Guilt ☐ Suicidal thoughts, Loneliness ☐ Marriage problems ☐

Sexual concerns ☐ Impotency ☐ Homosexuality ☐ Adultery ☐ Compulsive lust ☐

Loss of hope ☐ Loss of meaning ☐ Loss of self-respect ☐ Loss of love ☐ Bitterness ☐

Anger with God ☐ Religious doubts/fear ☐

Relationship; with parents ☐ with children ☐ with spouse ☐ with others ☐

Loss of faith; in God ☐ in self ☐ in others ☐

Have you been in counseling or therapy before? Yes ____No____

If yes, was it helpful? Why/Why not? _____

List dates, counselors, and problems:

_____

Family Background

Parents:

Are your parents living? Mother: yes ☐ no ☐ Father: yes ☐ no ☐

Are they living together? yes ☐ no ☐

Are they divorced? yes ☐ no ☐ If yes, how old were you when they divorced? _____

Are they remarried? mother ☐ yes ☐ no father ☐ yes ☐ no

Was your relationship with your mother: ☐ close ☐ distant ☐ conflicted

Was your relationship with your father: ☐ close ☐ distant ☐ conflicted

Please list siblings: Name (optional) | Gender | Age | Living in the home

1) _____ _____ _____ _____

2) _____ _____ _____ _____

3) _____ _____ _____ _____

4) _____ _____ _____ _____

5) _____ _____ _____ _____

Where do you fall in the birth order? _____

How was your relationship with your siblings growing up? close ☐ distant ☐ conflicted ☐

Was yours a happy or unhappy home during childhood?

_____

_____

Were there any instances of abuse in your family?

			By whom?	Abuse directed toward?
Verbal	☐ Yes	☐ No	_____	_____
Emotional	☐ Yes	☐ No	_____	_____
Physical	☐ Yes	☐ No	_____	_____
Sexual	☐ Yes	☐ No	_____	_____
Alcohol	☐ Yes	☐ No	_____	_____

Drugs ☐ Yes ☐ No _____ _____

Compulsive habits ☐ Yes ☐ No _____ _____

Other problems not mentioned

_____

_____

Spiritual History

Note: The counseling provided will be pastoral counseling. While the counselee does not have to be of the Christian faith, they understand that issues of faith will be a vital component of the counseling process.

What is your religious or church background?

_____

Are you currently active in your church? If so, which church are you affiliated with?

_____

How would you describe your relationship with God?

_____

_____

_____

_____

Addiction Inventory

Have you ever been addicted to any of the following:

	Currently		In the Past	
Alcohol	Yes ◯	No ◯	Yes ◯	No ◯
Substances	Yes ◯	No ◯	Yes ◯	No ◯
Tobacco	Yes ◯	No ◯	Yes ◯	No ◯
Food	Yes ◯	No ◯	Yes ◯	No ◯
Gambling	Yes ◯	No ◯	Yes ◯	No ◯
Pornography	Yes ◯	No ◯	Yes ◯	No ◯
Sex	Yes ◯	No ◯	Yes ◯	No ◯

Other (please list) _____

Has anyone in your family been addicted to any of the above? _____

If yes, which ones, and what is your relationship to them? _____

Have you been in the military? ☐ yes ☐ no If yes, were you in combat? ☐ yes ☐ no

Additional Information

Please describe any additional information you feel is important to the counseling process.

_____

_____

Miscellaneous Information

If referred here, by whom?

Name (Nickname-if specific request)

Payment Information

Payment for counseling services is due upon receipt of services. For appointments canceled with less than 24 hours' notice, I will be charged the full fee to my credit card on file.

_____ _____

Signature Printed Name

Date_____