



Date _____

1. **Name** _____ **Age** ____ Date of Birth ___/___/___

Spouse's Name _____ Age ____ Date of Birth ___/___/___

Address _____ City _____ State ____ Zip _____

Email _____

__ Yes, I would like to receive other info about Marriage Seminars and news

__ Yes, I would like to receive your Prayer list on my email account

Phone (home) _____ (work) _____ (**cell**) _____

Referred by: Church _____ Friend _____ Family _____

Other _____

2. **Religious Background** _____

Church member? ____ If yes, what church do you attend? _____

City _____ Pastor's Name _____

Have you received counseling from your Pastor? ____

3. **Marital Status:** Single ____ Married ____ Divorced ____ Widowed ____ Separated ____

If Divorced or Separated, how long? _____

If married, is this your first marriage? _____

Father's Name _____

Mother's Name _____

Names/ Ages of all siblings. Please list in order of age, and include yourself.

1. _____ Age ____ 2. _____ Age ____

3. _____ Age ____ 4. _____ Age ____

5. _____ Age ____ 6. _____ Age ____

7. _____ Age ____ 8. _____ Age ____

Do you have children? ____ If yes, please list names and ages.

1. _____ Age ____ 2. _____ Age ____

3. _____ Age ____ 4. _____ Age ____

5. _____ Age ____ 6. _____ Age ____

7. _____ Age ____ 8. _____ Age ____

4. **Have you received counseling before?** ____ Where? _____

What problems were addressed? _____

Duration of counseling? _____

Are you currently on any medication for depression, anxiety, nervous disorders, or addiction medicines? ____ If yes, what prescription drugs? _____

Do you have an addiction? Yes __ No __ Unsure ____

If yes, are you on prescription drugs for that addiction? _____

Have you had any previous trauma (Sexual, Physical, Verbal, Mental, Neglect) ?

Yes __ No __ Unsure __

Please rate the following. 1 is low and 5 is high.

Physical health. 1 2 3 4 5 Comments _____

Mental health. 1 2 3 4 5 Comments _____

Spiritual health. 1 2 3 4 5 Comments _____

Is spouse aware of your desire for counseling? ____ Do you wish for them to attend a session with you? ____

Emergency Contact _____ Phone Number _____

What goals do you hope to accomplish in counseling? _____

Please complete the following.

In order to understand me _____

What really hurts me _____

What I wish I could change _____

My childhood was _____

My greatest regret is _____

My greatest fear is _____

My greatest joy is _____

God is _____

Jesus Christ is _____

If you died today, would you spend eternity in Heaven? Yes __ No __ Unsure __

Why? _____