

Date_____

1. Name_____ Age __ Date of Birth __/__/_
Address_____ City_____ State__ Zip_____
Email_____

__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 does child/minor attend? _____
City _____ Pastor's Name _____
Have you received counseling from your Pastor? __

3. Father's Name _____
Mother's Name _____

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

1. _____ Age __ 2. _____ Age __
3. _____ Age __ 4. _____ Age __
5. _____ Age __ 6. _____ Age __
7. _____ Age __ 8. _____ Age __

4. Have minor received counseling before? __ Where? _____

What problems were addressed? _____

Duration of counseling? _____

Is client currently on any medication for depression, anxiety, nervous disorders, or
addiction medicines? __ If yes, what prescription drugs? _____

Is there evidence of an addiction? Yes __ No __ Unsure __ If yes, are they on prescription
drugs for that addiction? __

Is there history of any previous trauma (Sexual, Physical, Verbal, Mental, Neglect)?

Yes __ No __ Unsure __

5. 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 _____

Emergency Contact _____ Phone Number _____

6. What goals do you hope to accomplish in counseling? _____

7. What other presenting information can you give at this time that will help the counselor diagnose the family situation? _____

