

CLIENT BACKGROUND

Client Information

First Name _____ MI _____ Last _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Marital Status: Single Married Divorced

Spouse/significant other name _____

Emergency Contact

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

What problem brings you to seek counseling today? How long have you had this problem?

Are there any other problems that seem to grow out of this one?

What former help have you sought for this situation? Circle all that apply.

- | | | |
|---------------|---------------------|-----------------------|
| Psychiatrist | Prayer | Christian Science |
| Chiropractor | Healing evangelist | Spiritualistic healer |
| Psychologist | Social worker | Counselor |
| Pastor | Medicine | Priest |
| Group therapy | Hypnosis by another | Self-hypnosis |
| Other: | | |

Family

How many people were in your childhood family? _____

Who did you live with?

Who were you closest to and why?

What did you like to do with your family?

How much time did you spend with them every day?

Describe your parents briefly.

What did your father say when he complimented you?

Criticized you?

What did your mother say when she complimented you?

Criticized you?

Describe your relationship to your spouse, your children, and your parents.

Describe the level of communication between family members.

What problems inhibit healthy relationships within your family?

Important Events

What is your earliest memory?

What is your happiest memory?

What is your saddest memory?

Self

If you could change anything about yourself, what would it be?

List 5 strengths you have.

List 5 weaknesses you have.

How do you work on areas needing growth?

What is your biggest problem?

What is your biggest joy?

Work

Describe work-related experiences and their impact on you.

Are you fulfilled in what you do? Why or why not?

What are your plans, dreams, and visions regarding your vocation?

To what degree is your identity linked to your job?

How do you view money? How important is it to you?

Spiritual

Describe work-related experiences and their impact on you.

Describe your parents' spiritual background.

Were your parents married, divorced, or never married?

Who was the head of the home: your mother, father, or other?

How did your father treat your mother?

How did your mother treat your father?

Did your parents or grandparents have an affair? If so, describe briefly.

Were there any incestuous relationships in your family? If so, describe briefly.

Do you have any regular devotions in the Bible? When and to what extent?

Do you find prayer difficult? Explain.

When attending church or church-related ministries, are you plagued with foul thoughts, jealousies, or other mental harassment? Explain.

Do you listen to music? What type do you enjoy?

How much TV do you watch? What shows do you watch regularly?

If you died tonight and appeared before God in heaven, and He were to ask you why you should be allowed in His presence, what would your response be?

Have you been involved in any of the following? Circle all that apply.

- | | | |
|------------------|-------------------|--------------------|
| Hypnotism | Ouija boards | Spiritualism |
| Levitation | Christian Science | Horoscopes |
| Mormonism | Blood poets | Jehovah's Witness |
| Fetishism | Free Masonry | Eastern Religions |
| Eastern Star | Scientology | Rainbow Girls |
| Islam | Demolay | Hinduism |
| Pacts with Satan | Buddhism | Satanism |
| Seances | Witchcraft | Astral projection |
| Fortune telling | Spirit guides | Dungeons & dragons |
| Palm reading | Tarot cards | Astrology |
| Black magic | White magic | New Age medicine |

Please elaborate on any of the above that you circled.

Do you ever have any of the following symptoms? Circle all that apply.

- | | | |
|-------------------------------|--------------------|----------------|
| Frequent or recurrent illness | Seizures | Depression |
| Sleeplessness | Supernatural power | Hearing voices |
| Anger | Addictions | Mood swings |
| Fear | Bizarre behavior | Nightmares |

Please elaborate on any of the above that you circled.

If there is anything else in any area of your life you would like to communicate, please describe below.
