Inside Out Christian Counseling, Inc.

GENERAL INFORMATION

Name: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Number: _____ Alt. Number: _____

How do you prefer to be reminded of your appointment times? □ Text □ Phone Call □ Email

Emergency Contact: _____ Phone Number: _____

Date of Birth: _____ Place of Birth: _____

Sex: □ Male □ Female

Nationality: _____ Religion: _____

FAMILY INFORMATION

Please fill in the following regarding any living children you have:

Name	Birth Date	Adopted, Step, or Foster Child?	Lives with you?

Do you have any children who are deceased? If so, please explain: _____

_____

_____

_____

_____

Your father's name: _____ His age: _____

Where does he live? _____ When did you last see him? _____

What is his occupation? _____

Please describe his health: _____
_____
_____

Please describe your relationship with your father: _____
_____
_____
_____

Is he still living? _____ If no, when did he pass away? _____

What were the circumstances of his death? _____
_____
_____

Your mother's name: _____ Her age: _____

Where does she live? _____ When did you last see her? _____

What is her occupation? _____

Please describe her health: _____
_____
_____

Please describe your relationship with your mother: _____
_____
_____
_____

Is she still living? _____ If no, when did she pass away? _____

What were the circumstances of her death? _____
_____
_____

Was your parental home ever broken by: □ Death □ Separation □ Divorce □ Desertion

How old were you when this happened? _____ How did you feel? _____
_____
_____
_____
_____
_____

Which parent was lost from the home? _____ Did either parent remarry? _____

If yes, how old were you and how did you feel about your step-parent(s)? _____
_____
_____
_____

How old were you when you left your parental home? _____

What is your birth order in your family? _____

Please list your siblings and their ages currently: _____
_____
_____
_____
_____

Are you adopted? _____ If yes, how old were you? _____

Are any of your siblings adopted? _____ If yes, please list their names: _____
_____
_____

Are you a twin or other multiple? If yes, please describe: _____

Was your parental family a closely-knit family? Please describe: _____
_____
_____
_____

If your parental family close currently? Please describe: _____
_____
_____
_____

Did your family change residence often? If so, why? _____
_____
_____

How many schools did you attend prior to college? _____

MARITAL BACKGROUND

From the choices below, how would you best describe your relationship status? Please check all that apply.

□ Single, not looking for a relationship since _____
□ Single, looking for a relationship since _____
□ Single, but I have a boy/girlfriend since _____
□ Married since _____
□ Divorced since _____
□ Separated since _____
□ Widow(er) since _____
□ Cohabitating since _____

What is the name and age of your spouse or significant other? _____

Please describe your relationship with your current spouse or significant other: _____
_____
_____
_____
_____

Have you ever been divorced? If yes, please give dates of dissolution and describe how the marriage was dissolved. Please include all marriages. _____
_____
_____
_____
_____
_____
_____

SEXUAL HISTORY

Are you sexually active? _____ If yes, when did you become active? _____

Have you ever been diagnosed with a sexually transmitted disease? If yes, please describe: _____
_____
_____
_____

What is your sexual orientation? _____

Have you ever been sexually abused? _____

By whom were you abused? _____

How long did the abuse go on? _____

Did you ever tell anyone? If yes, who? _____

How did they respond to you? _____
_____
_____

Do you think it still affects you today? _____ Why or why not? _____
_____
_____
_____

WORK AND EDUCATION INFORMATION

Have you ever been in the military? _____ If yes, what branch? _____

Were you in combat? _____ If yes, what conflict? _____

Did you receive any military honors or medals? _____

What type of military discharge did you have? _____

What was the highest grade you completed in school (prior to college) and in what year? _____
_____

What is the highest degree you have received? _____

What was your major? _____ What was your minor? _____

What is your occupation? _____

Who is your current employer and how long have you worked there? _____
_____

What type of work do you do there? _____

In your work career, have any of the events below happened to you?

□ I have been fired
□ I have been laid off
□ I have been reprimanded
□ I have been promoted
□ I have been harassed
□ Other

If other, please describe: _____

PERSONAL INFORMATION

Presently, I believe my spiritual condition is:
□ Poor □ Fair □ Average □ Good □ Excellent

Presently, I believe my physical condition is:
□ Poor □ Fair □ Average □ Good □ Excellent

Presently, I believe my emotional condition is:
□ Poor □ Fair □ Average □ Good □ Excellent

Check the items that best describe or relate to the reason you need to receive counseling:

□ Bereavement	□ Religious doubts	□ Relationship with parents
□ Depression	□ Marriage problems	□ Relationship with children
□ Hatred	□ Bitterness	□ Relationship with others
□ Anxiety	□ Sexual concerns	□ Loss of faith in God
□ Nervousness	□ Adultery	□ Loss of faith in self
□ Fear	□ Impotency	□ Loss of faith in others
□ Self-doubt	□ Frigidity	□ Loss of hope
□ Guilt	□ Homosexuality	□ Loss of meaning
□ Suicidal	□ Anger	□ Loss of feeling or thoughts
□ Loneliness	□ Loss of love	□ Loss of self-respect

Male or Female, have you experienced any discontinued pregnancies? _____

If yes, how many and what type of pregnancies did you experience from the list below?

Live births _____ Still births _____ Miscarriages _____ Abortions _____

Have you ever been arrested for anything other than a traffic violation? If yes, please describe: _____
_____
_____

Have you ever been institutionalized for any problem (alcohol, drugs, detention, etc.)? _____
_____
_____

Have you sought help previous to Inside Out? If yes, please list treatment providers, treatment received (including medications), dates, and results of treatment. _____
_____
_____
_____
_____
_____
_____
_____
_____

Please check any of the following symptoms or conditions you have had or are now experiencing:

	Past	Present		Past	Present
Mood highs or lows	□	□	Insomnia	□	□
Weight loss or gain	□	□	Excessive worries	□	□
Appetite change	□	□	Difficulty concentrating	□	□
Drug usage	□	□	Hearing voices	□	□
Tobacco usage	□	□	Frequent loss of temper	□	□
Irritability	□	□	Acting out violence	□	□
Excessive stress	□	□	Frequent employment changes	□	□
Crying spells	□	□	Frequent residence changes	□	□
Phobias or fears	□	□	Bed wetting past age 6	□	□
Hallucinations	□	□	Fire setting past age 6	□	□
Confusion	□	□	Blaming other frequently	□	□
Depression	□	□	Lack of sexuality awareness	□	□
Extreme nervousness	□	□	Spiritual confusion	□	□
Lack of motivation	□	□	Thoughts of suicide	□	□
Excessive drinking	□	□	Inability to comprehend reading	□	□
Indecisiveness	□	□	Inability to comprehend math	□	□
Memory Loss	□	□	Inability to express yourself	□	□
Fantasizing or pornography	□	□	Involvement with the occult	□	□

When was your last physical examination? _____

Please describe any physical or other issues for which you are being treated by a doctor: _____
_____
_____
_____
_____
_____

Please describe any physical or other issues for which you are NOT being treated by a doctor: _____
_____
_____
_____
_____
_____

Have you had any major surgeries? If yes, please describe: _____
_____
_____

Please list any medications you are taking along with the dosage, date started, and purpose for each:
_____
_____
_____
_____
_____

Please list any vitamins or other supplements you are taking along with dosage, date started, and purpose for each: _____
_____
_____
_____
_____

What is your favorite food? _____

What is your favorite dessert? How often do you eat it? _____

How often do you use alcoholic beverages?
□ None □ Some □ Moderately □ Often □ Daily

Is there a family history of alcoholism? □ Yes □ No □ Maybe

If yes or maybe, who? □ Father □ Mother □ Maternal Grandfather □ Maternal Grandmother
□ Paternal Grandfather □ Paternal Grandmother □ Other _____

Do you drink coffee, tea, or soda? How much?
Caffeinated □ Less than 3 servings □ More than 3 servings □ More than 6 servings
Decaffeinated □ Less than 3 servings □ More than 3 servings □ More than 6 servings

Describe yourself in your own words: _____

Are you a Christian? □ Yes □ No □ Not sure

Do you attend church? □ Regularly □ Frequently □ Occasionally □ Rarely □ No

Have you ever thought of committing suicide? If yes, please explain: _____

Is there any other information you feel is important? Please add any other comments: _____