### Personal Information Form

##### Identification Information

##### You may use ‘tab’ to move from field to field, or drop the cursor in the field.

##### Date: Click here to enter a date.

Name: Click here to enter text.

Home Phone: Click here to enter text. Cell Phone: Click here to enter text.

Email Address: Click here to enter text.

Address: Street, City, State, Zip

Sex: Female or male. Age: Click here to enter age. Date of Birth: Click here to enter a date.

Referred for counseling by: Click here to enter text.

**Personal History**

Parents: Name, Age (if living), Occupation, Marital Status (M,S,D)

Father: Click here to enter text.

How would you rate your relationship with him? Choose an item.

Mother: Click here to enter text.

How would you rate your relationship with her? Choose an item.

Siblings: Name, Age, Relationship, Marital Status (M,S,D.)

Click here to enter text.

Click here to enter text.

Click here to enter text.

If you were reared by anyone other than your own parents, please explain:

Click here to enter text.

Indicate which might have applied during your childhood and/or adolescence:

School problems  Family problems  Medical problems

Drug/Alcohol abuse problems  Social problems  Legal problems

Please explain: Click here to enter text.

Have you ever been arrested? Choose yes or no.

Reason: Click here to enter text.

# **Education**

What is your highest level of education? Choose an item.

# **Occupational History**

Occupation: Click here to enter text. Company: Click here to enter text.

Company Address: Click here to enter text. Phone: Click here to enter text. Years there: Click here to enter text.

What other jobs have you held in the past? Click here to enter text.

Does your present work satisfy you? Choose yes or no.

If no, please explain: Click here to enter text.

Hobbies: Click here to enter text.

#### Marriage and Family Information

Marital Status: Choose your status.

If married, Spouse's name: Click here to enter text.

Age: Click here to enter text. Occupation: Click here to enter text.

Religious background: Click here to enter text.

Education: Click here to enter text.

Length of dating prior to marriage: Click here to enter text.

Give a brief statement of circumstances of meeting and dating: Click here to enter text.

Date of marriage: Click here to enter a date.

Will your spouse be coming to counseling? Choose yes or no.

Have you ever been separated from your present spouse? Choose yes or no.

If yes, please specify when: 1) Date separated to date reunited. 2) Date separated to date reunited.

Children:

# Name Relationship At Home? Age Marital Status Occupation \*PM

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

\* Check PM column if child is by previous marriage.

Your Previous Marriages (if applicable)

Dates Reason for the end of this marriage

Date of marriage to date of divorce. Click here to enter text.

Date of marriage to date of divorce. Click here to enter text.

Spouse's Previous Marriages (if applicable)

Dates Reason for the end of this marriage

Date of marriage to date of divorce. Click here to enter text.

Date of marriage to date of divorce. Click here to enter text.

How would you rate your current marriage? Choose an item.

##### Religious Background

Denominational preference: Click here to enter text. Church presently attending: Click here to enter text.

If not Fox River, address: Click here to enter text. Pastor: Click here to enter text.

May we consult with him? Choose yes or no. Number of weekend services you attend per month: Click here to enter text.

Do you believe in God? Choose...

Do you pray? Choose…

Do you read the Bible? Choose…

Would you say you are a Christian? Choose yes or no.

If so, when did it happen? Click here to enter text.

Or would you say you are still in the process of becoming a Christian? Choose yes or no.

Do you consider yourself "saved"? Choose an item.

Have you been baptized? Choose yes or no.

If so, when? Click here to enter text.

Where? Click here to enter text.

If you were to die and stand before God and He asked you why He should permit you to enter Heaven, how might you respond?

Click here to enter text.

Have there been any spiritual changes or insights that have taken place in your life? If so, please explain:

Click here to enter text.

##### Medical History

Rate your health: Choose an item.

What illnesses are you currently dealing with? Click here to enter text.

What other illnesses have you had in the past and when did you have them? Click here to enter text.

List any accidents where you were physically injured and when: Click here to enter text.

List previous surgeries (those which required anesthesia): Click here to enter text.

Date of last medical exam: Click here to enter text. Report: Click here to enter text.

Physician’s name and address: Click here to enter text.

Are you currently taking medication? Choose yes or no. What? Click here to enter text.

How many hours of sleep do you average each night? Click here to enter text.

Have there been any recent changes? Choose yes or no. Is this sleep restful? Choose yes or no.

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal) thinking and memory, or work habits? Choose yes or no.

If “yes,” please describe: Click here to enter text.

Do you drink alcoholic beverages? Choose yes or no. If yes, how frequently and how much: Click here to enter text.

Have you ever used drugs for other than medical purposes? Choose yes or no.

If yes, explain: Click here to enter text.

Have you ever had a severe emotional upset?  Choose yes or no.

Explain: Click here to enter text.

Have you ever had any psychotherapy or counseling before?     Choose yes or no.

If yes, list counselor or therapist, dates and what the purpose was: Click here to enter text.

What was the outcome? Click here to enter text.

###### Problem Checklist (check all that apply)

Anger

Anxiety/worry

Apathy

Appetite

Bitterness/forgiveness

Change in lifestyle

Children

Communication

Conflict (fights)

Deception/lying

Decision Making

Depression

Drunkenness

Envy

Faith

Finances

Gluttony

Grief

Guilt

Guilt

Guilt

Hope

In-laws

Lust/porn

Moodiness

Perfectionism

Priorities

Rebellion

Self-centeredness

Sex

Temptation

Trust

Other (list) Click here to enter text.

Briefly Answer the Following Questions

State in your own words, the nature of the main problem(s) that bring you seek counseling for now:

Click here to enter text.

When did your problems begin? Please specify a date if possible.

Click here to enter text.

Please describe any significant events occurring at that time.

Click here to enter text.

What have you done to try to resolve your problem(s)?

Click here to enter text.

What do you believe God would want you to personally do regarding your problem(s)?

Click here to enter text.

What would you like us to try to do for you? What kind of help do you want from us?

Click here to enter text.

Is there any other information we should know?

Click here to enter text.