

COUNSELEE INFORMATION FORM

Nan	ne	Date		te of Birth		Age	
Home Address					City		
Prov	vince	Postal Code	Email				
Stat	us _	Married (Years)	Separated	Divorced	Widowed	Single	
Chil	ldren			<i>P</i>	Age:		
	_				Age:		
	_				Age:		
	_				Age:		
					Age:		
Church Membership				How Long?			
Eme	ergency c	ontact name and phone numbe	r				
BR	IEFLY A	ANSWER THE FOLLOWIN	IG QUESTIONS				
1.	Briefly de	escribe why you have chosen to	seek counseling.				
2. What do you hope to achieve throughout the counseling process? Briefly list two or three goals.							
3.	3. Are you a believer in Jesus Christ? If yes, how long? If not, is there a specific area of doubt?						
4.	Have you	a had counseling before? If so,	what did you like or	· dislike?			



Please check all the following that apply to you currently:						
I feel: sad depressed hopeless	worthless fearful angry					
I struggle with: anger	☐ bitterness					
☐ I strongly fear rejection ☐ Do you have, or have you ever had, suicidal thoughts ☐ I view pornography	.?					
☐ I abuse alcohol ☐ I use illegal drugs	☐ I use prescription drugs ☐ I abuse prescription drugs					
☐ I am having marital problems ☐ I am a poor communicator ☐ I have committed adultery	My spouse is a poor communicatorMy spouse has committed adultery					
☐ I struggle sexually ☐ I struggle as a parent	☐ I struggle with my in-laws					
☐ I do not attend church regularly ☐ I do not read my Bible often	☐ I don't think about Jesus much ☐ Jesus is important in my life					
Are you currently experiencing anything so stressful that it keeps you from daily functioning (i.e. sleep, work, eating etc.)?						
Is there anything you would like us to know that hasn't been mentioned above?						