



Client History Information

Today's Date: _____

IDENTIFICATION INFORMATION

Name: _____

E-Mail: _____

Phone: _____ Additional phone: _____

Address: _____

City: _____, State: _____ Zip: _____

Occupation: _____

Office Phone: _____

Sex: (M) _____ (F) _____ Date of Birth: _____ Age: _____

Referred to *Cornerstone Counseling* by: _____

With whom are you now living? _____

HEALTH INFORMATION

Rate your health (check): Very Good ____ Good ____ Average ____ Declining ____

Other _____

Height _____ Your approximate weight _____ lbs.

Weight changes recently (+/-) _____

List all important present or past illnesses or injuries or handicaps:

Physician Name: _____

Physician Address:

Date of last medical examination:

Physician Findings:

Are you presently taking medication: Yes _____ No _____

If yes, what are you currently taking?

Have you used drugs for other than medical purposes? Yes _____ No _____

What kind of drugs have you used?

Have you ever been arrested? Yes _____ No _____

Are you willing to sign a release of information form so that your counselor may write for psychiatric or medical reports? Yes _____ No _____

Have you recently suffered a loss of someone who was close to you?

Yes _____ No _____ If yes, when? _____

Explain:

EDUCATION

Education (last grade you completed) _____

Other training (list type and years)

Include any degrees you have earned:

MARRIAGE AND FAMILY INFORMATION

Marital Status: Single___ Dating___ Engaged___ Married___ Separated___ Divorced___
Widowed___

Name of Spouse: _____

Address: _____

Occupation: _____

Telephone (H): _____ (W): _____

Your spouse's age: _____ Education (in years) _____

Is your spouse willing to come for counseling? Yes___ No___ Uncertain___

Have you ever been separated? Yes___ No___

When? _____ From _____ to _____

Have either of you ever filed for divorce? Yes___ No___

If yes, when? _____

Date of marriage: _____

Your ages when you married: Husband___ Wife___

How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____

Length of
engagement _____

In your own words, describe the purpose of marriage: _____

Give brief information about any previous marriages: _____

Information about children:

Name:	Age:	Sex:	Living?	Years/Education	Marital Status:

(Indicate in the column if child is by previous marriage)

PERSONALITY INFORMATION

Have you ever had any psychotherapy or counseling before? Yes ___ No ___

If yes, list counselor or therapists and dates:

What was the outcome?

As you see yourself, what kind of person are you? Describe yourself.

What, if anything, do you fear?

Is there any other information that would help me to help you?

Have you recently suffered a loss from serious social, business, or other reversals, etc.?

Yes___ No___ Explain:

RELIGION

Describe your "religious experience" as a child:

Describe your "religious experience" as an adult:

Circle any of the following words which best describe you now:

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible
Cruel

Uneducated Proud Embarrassing Active Ambitious Self-confident Persistent
Nervous

Hardworking Impatient Impulsive Moody Often-blue Excitable Imaginative
Calm Serious

Easy-going Shy Good-natured Introvert Extrovert Likable Leader Quiet-boiled
Hard-boiled

Submissive Lonely Self-conscious Sensitive Humorous Sloppy Well-groomed

Self-disciplined Whiner Selfish Lots of Friends Failure Success

Other _____

FAMILY AND CHILDHOOD INFORMATION:

What kind of home did YOU grow up in? (Check all that apply)

___ Traditional (Father, Mother, Kids)

___ Authoritarian (Father or Mother made all the rules without discussion. Would not allow
for other opinions)

___ Divorced (Who did you live with? ___ Mom ___ Dad ___ Other _____)

___ Alcoholic (___ Skid row ___ Functional, but affected ___ Dysfunctional effect on family)

___ Drug Affected (___ Cocaine ___ Heroin ___ Marijuana ___ Other _____)

___ Perfectionist (Everything had to be done just right to please ___ Mom ___ Dad ___ Both)

___ Critical (One or both parents could only remark about the negatives. Little praise for good things).

___ Affectionate (___ Demonstrative with hugs, kisses, etc. ___ Affection there, but not openly shown).

___ Emotional (___ Crying allowed, but controlled. ___ Anger, screaming freely allowed).

___ Repressed (___ Emotions not allowed to show. ___ Parents showed emotion, but kids not allowed to do so).

___ Religious (___ In name only ___ Strict, negative ___ Hypocritical ___ Genuine happy experience).

___ Step-family (Which of parents remarried? _____; ___ Had to live with step-brothers or step-sisters)

Other details regarding step-family situation

___ Abusive (In what way? ___ Sexual ___ Physical Beatings ___ Emotional

Other: _____

How many older brothers _____ How many older sisters _____

How many younger brothers _____ How many older brothers _____

Are you on good terms with your: Mother _____ Father _____ Brothers _____
Sisters _____

List the people that you hate or are extremely angry with, and the reasons:

What kind of home did your MOTHER grow up in?

☐ Traditional (Father, Mother, Kids)

☐ Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions).

☐ Divorced (Who did you live with? ☐ Mom ☐ Dad ☐ Other _____)

☐ Alcoholic (☐ Skid row ☐ Functional, but affected ☐ Dysfunctional effect on family)

☐ Drug Affected (☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Other _____)

☐ Perfectionist (Everything had to be done just right to please ☐ Mom ☐ Dad ☐ Both)

☐ Critical (One or both parents could only remark about the negatives. Little praise for good things).

☐ Affectionate (☐ Demonstrative with hugs, kisses, etc. ☐ Affection there, but not openly shown).

☐ Emotional (☐ Crying allowed, but controlled. ☐ Anger, screaming freely allowed).

☐ Repressed (☐ Emotions not allowed to show. ☐ Parents showed emotion, but kids not allowed to do so).

☐ Religious (☐ In name only ☐ Strict, negative ☐ Hypocritical ☐ Genuine happy experience).

☐ Step-family (Which of parents remarried? _____; ☐ Had to live with step-brothers or step-sisters)

Other details regarding step-family situation

☐ Abusive (In what way? ☐ Sexual ☐ Physical Beatings ☐ Emotional

Other: _____

What kind of home did your FATHER grow up in?

☐ Traditional (Father, Mother, Kids)

☐ Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.

☐ Divorced (Who did you live with? ☐ Mom ☐ Dad ☐ Other _____)

☐ Alcoholic (☐ Skid row ☐ Functional, but affected ☐ Dysfunctional effect on family)

☐ Drug Affected (☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Other _____)

☐ Perfectionist (Everything had to be done just right to please ☐ Mom ☐ Dad ☐ Both

☐ Critical (One or both parents could only remark about the negatives. Little praise for good things).

☐ Affectionate (☐ Demonstrative with hugs, kisses, etc. ☐ Affection there, but not openly shown).

☐ Emotional (☐ Crying allowed, but controlled. ☐ Anger, screaming freely allowed).

☐ Repressed (☐ Emotions not allowed to show. ☐ Parents showed emotion, but kids not allowed to do so).

☐ Religious (☐ In name only ☐ Strict, negative ☐ Hypocritical ☐ Genuine happy experience).

☐ Step-family (Which of parents remarried? _____; ☐ Had to live with step-brothers or step-sisters)

Other details regarding step-family situation

☐ Abusive (In what way? ☐ Sexual ☐ Physical Beatings ☐ Emotional

Other: _____

Would you characterize your FATHER as: (circle the appropriate words)

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible Cruel

Uneducated Proud Embarrassing Active Ambitious Self-confident Persistent Nervous

Hardworking Impatient Impulsive Moody Often-blue Excitable Imaginative Calm
Serious

Easy-going Shy Good-natured Introvert Extrovert Likable Leader Quiet-anger
Hard-anger

Submissive (to whom _____) Lonely Self-conscious Sensitive

Humorous Sloppy Well-groomed Self-disciplined Whiner Selfish Lots of friends
Failure

Success Other _____

Would you characterize your MOTHER as: (circle all the appropriate words)

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive Irresponsible Cruel

Uneducated Proud Embarrassing Active Ambitious Self-confident Persistent Nervous

Hardworking Impatient Impulsive Moody Often-blue Excitable Imaginative Calm
Serious

Easy-going Shy Good-natured Introvert Extrovert Likable Leader Quiet-anger
Hard-anger

Submissive (to whom _____) Lonely Self-conscious Sensitive

Humorous Sloppy Well-groomed Self-disciplined Whiner Selfish Lots of friends
Failure

Success Other _____

Where did you grow up? ___ Urban area ___ Suburban area ___ Small Town ___ Rural

___ Farm City _____ State _____

Population _____

What was your family's economic situation when you were a child? ___ Extremely poor

___ Poor ___ Lower-Middle Income ___ Higher-Middle Income ___ Wealthy

___ Extremely Wealthy

Were you ever sexually abused by anyone? ___No ___Yes

(Please detail: ___Were you abused by a relative? ___Were you abused by a stranger?

___A Neighbor

How old were you at the time? _____ Was the person who abused you ever prosecuted?

What was your happiest memory as a child? _____

What was your unhappiest memory as a child? _____

Did you experience a major trauma when you were a child? Detail:

___At home

___At school _____

___At a neighbor's house _____

___At a relative's house _____

___Other _____

TELEVISION & ENTERTAINMENT

How much television do you watch each day? ____ hrs.

List your favorite programs: _____

What is your favorite type of music?

List your favorite entertainers:

BIO-PSYCHOLOGICAL INFORMATION

Have you ever felt people were watching you? Yes ____ No ____

Do people's faces ever seem distorted? Yes ____ No ____

Do you ever have difficulty distinguishing faces? Yes ____ No ____

Do colors ever seem too bright? Yes ____ No ____

Are you sometimes unable to judge distance? Yes ____ No ____

Have you ever had hallucinations? Yes ____ No ____

Are you afraid of being in a car? Yes ____ No ____

Is your hearing exceptionally good? Yes ____ No ____

Do you have problems sleeping? Yes ____ No ____

PERSONAL BEHAVIORAL

1. Do you drink coffee or other caffeinated drinks? Yes ____ No ____ How much per day? ____.

2. Do you smoke? Yes ____ No ____ How much? ____

3. Do you explode when you get angry? Yes ____ No ____

4. Do you withdraw when you get angry or hurt? Yes ____ No ____

5. Do you frequently argue with significant other people? Yes ____ No ____

WOMEN ONLY

Have you had any menstrual difficulties? _____

If yes, please describe: _____

Do you experience tension, tendency to cry, or have other symptoms prior to your cycle? Please explain: _____

Is your husband willing to come for counseling? _____ If no, please explain _____

Is he in favor of your coming? _____ If no, please explain _____

RELIGIOUS BACKGROUND

Church Currently Attending: _____

Member of _____ (church)

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

Which Small Group do you participate in? _____

What church did you attend as a child? _____

Religious background of spouse (if married) _____

Do you consider yourself a religious person? Yes ___ No ___ Uncertain ___

Do you believe in God? Yes ___ No ___ Uncertain ___

Do you believe Satan exists? Yes ___ No ___ Uncertain ___

Have you ever "dabbled" with the "Occult"? Yes ___ No ___ Uncertain ___
(Séances, devil worship, witchcraft, etc.)

Do you pray to God? Yes ___ No ___ Never ___ Occasionally ___ Often ___

Would you say you are a Christian? Yes ___ No ___,
or would you say you are still in the process of becoming Christian? Yes ___ No ___

How often do you read the Bible? Never ___ Occasionally ___ Often ___

Do you have regular devotions? Yes ___ No ___ Not sure what you mean ___

Explain recent changes in your religious life, if any.

ANSWER THE FOLLOWING QUESTIONS:

(Initial Assessment)

1. What is the problem as you see it?
2. In what way(s) have you contributed to the problem?
3. What have you tried to do already to resolve the problem?
4. As you see yourself, what kind of person are you? Describe yourself.
5. What, if anything, do you fear?
6. What can we do? (What are your expectations in coming here?)
7. Is there any other information that we should know?

SPIRITUAL CONVICTIONS QUESTIONNAIRE

Finish the following sentences with two or three answers each.

1. God

2. Jesus Christ is (describe who you think He is, what He has done, what He is doing now, what place He has in your life, what He means to you, etc.)

3. My relationship to God and his Son Jesus Christ is (describe the kind of relationship you have with God and how important that relationship is—be specific)

4. A Christian is

5. I know that I am (or am not) a Christian because

6. The Bible is (describe what you think it is, what it means to you, what place it has in your life, how you use it, etc.)

7. Sin is

8. My chief sins are

9. When I sin, I (describe how you handle sin, what you feel when you sin, what you do after you sin)

10. I feel guilty when

11. I pray (when, how, why, what for, etc.)

12. My chief goals in life are

13. I want (or do not want) to attend and be involved in church (answer the questions "how" and "why")

14. I believe fellowship with other Christians is (define what it is, what it involves, how important it is, and how it can be developed)

15. I am promoting my spiritual growth and the spiritual growth of my spouse by

16. My spouse and I differ in spiritual matters (when, how, over what, etc.)

17. The changes I would like to make in my own spiritual life are

18. The changes I would like my spouse to make spiritually are

Review your answers. Are there any that you would like to change? Which ones? Why? Are there any to which you do not know the answer? Which ones? Compare and discuss your answers with your spouse. Write down your impressions of this study. What have you learned about yourself and what have you learned about your spouse? What changes do you need to make in light of this study?

DATA GATHERING – SENTENCE COMPLETION

Finish the following sentences with two or three answers each.

1. I am ____

2. I like ____

3. I am happy ____

4. I am unhappy ____

5. God is ____

6. A happy home ____

7. I want ____

8. I dislike ____

9. I have ____

10. When someone criticizes me ____

11. When I don't get my own way ____

12. I resent ____

13. I would like to change ____

14. I belong ____

15. I become angry ____

16. My greatest failures are ____

17. I can ____

18. I can't ____