

Tell Us A Little About Yourself

Today's Date: _____

Name: _____ Birthday: _____ Age: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Marital Status:

Single Married (Spouse's name, Year Married)

_____ Engaged (Fiancé's name, Wedding Date) _____

Divorced (Yr) _____ Cohabiting (Yr) _____ Widowed (Yr)

Children (Names and Ages): _____

Employment/Profession: _____

Annual Household Income:

of legal dependents: _____

<input type="checkbox"/> \$0 - \$15,000	<input type="checkbox"/> \$35,000 - \$40,000	<input type="checkbox"/> \$60,000 - \$65,000	<input type="checkbox"/> \$85,000 - \$90,000
<input type="checkbox"/> \$15,000 - \$20,000	<input type="checkbox"/> \$40,000 - \$45,000	<input type="checkbox"/> \$65,000 - \$70,000	<input type="checkbox"/> \$90,000 - \$95,000
<input type="checkbox"/> \$20,000 - \$25,000	<input type="checkbox"/> \$45,000 - \$50,000	<input type="checkbox"/> \$70,000 - \$75,000	<input type="checkbox"/> \$95,000 - \$100,000
<input type="checkbox"/> \$25,000 - \$30,000	<input type="checkbox"/> \$50,000 - \$55,000	<input type="checkbox"/> \$75,000 - \$80,000	<input type="checkbox"/> \$100,000 +
<input type="checkbox"/> \$30,000 - \$35,000	<input type="checkbox"/> \$55,000 - \$60,000	<input type="checkbox"/> \$80,000 - \$85,000	<input type="checkbox"/> I'M RETIRED

Please list any physical conditions:

Prescription & Dose	Reason	How Long?

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Do you have a history of:

- Depression Anxiety Insomnia Hallucinations
- ADHD or Learning Problems Drug or Alcohol Abuse Suicidal thoughts/attempts

Clinical Diagnosis: Date/By Whom? _____
(Bi-polar, Depression, Schizo-Affective D/O, Personality D/O, etc.)

Are you being treated currently? Yes No

What is the most important reason you are here today?

What other problems are also going on in your life?

Have you ever talked with a counselor/therapist/pastor?

Do you struggle with unforgiveness or bitterness toward others?

Do you struggle with anger, rage, or hatred toward others?

Do you suffer from any tormenting thoughts that just won't leave you alone?

Growing up:

Who lived in your home? (parents, aunts, grandparents, etc.)

What words might you use to describe the atmosphere? (loving, safe, stressful, distant, etc.)

How was conflict handled?

Describe your current relationship with your father.

Describe your current relationship with your mother.

Describe your current relationship with your siblings.

Did a parent have a drug or alcohol problem while you were growing up?

Who could you depend on when you were growing up?

Did you ever suffer physical or sexual abuse as a child or teenager?

Have you ever suffered physical or sexual abuse as an adult?

Is there now or have you ever experienced any kind of abuse in an intimate relationship?

Have you ever suffered through such a serious traumatic event in your life in which you feared you were going to die, such as combat, auto accident, or physical attack?

Tell us a little about your faith:

Have you ever talked with a pastor, priest, or rabbi about your present situation?