

Describe relationship to your father: _____

Describe relationship to your mother: _____

Number of siblings _____ Your sibling order _____

Did you live with anyone other than parents? _____

Are your parents living? _____ Do they live locally? _____

HEALTH

Describe your health: _____

Do you have any chronic conditions? _____ What? _____

List important illnesses and injuries or handicaps: _____

Last medical exam? _____ Report: _____

Physician's name and address: _____

Current medication(s) and dosages: _____

Have you ever used drugs for other than medical purposes? _____

If yes, please explain _____

Have you ever been arrested? _____

Do you drink alcoholic beverages? _____ If so, how frequently and how much? _____

Have you ever had a severe emotional upset? _____ If yes, explain: _____

Have you ever seen a psychiatrist or counselor? _____ If yes, explain: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records? _____

SPIRITUAL _____

Do you believe in God? _____ Do you pray? _____

Would you say you are a Christian? _____ or still in the process of becoming a Christian? _____

Have you been baptized? _____

How often do you read the Bible? Never _____ Occasionally _____ Often _____ Daily _____

How long have you been attending Grace Community Church? _____

Are you a member? _____ Where are you involved in ministry at Grace? _____

Have you ever been counseled by a pastor at Grace? _____ What was the situation about and what counsel did you receive? _____

Did you implement the counsel given? _____ If no, why not? _____

What is your current relationship with Jesus Christ? _____

WOMEN ONLY

Have you had any menstrual difficulties? _____ Do you experience tension, tendency to cry, other symptoms prior to your cycle, please explain? _____

Is your husband willing to come for counseling? _____

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

PROBLEM CHECK LIST

- | | | |
|---------------------------|---------------------|---------------------|
| _____ Anger | _____ Depression | _____ Loneliness |
| _____ Anxiety | _____ Drunkenness | _____ Lust |
| _____ Apathy | _____ Envy | _____ Memory |
| _____ Appetite | _____ Fear | _____ Moodiness |
| _____ Bitterness | _____ Finances | _____ Perfectionism |
| _____ Change in lifestyle | _____ Gluttony | _____ Rebellion |
| _____ Children | _____ Guilt | _____ Sex |
| _____ Communication | _____ Health | _____ Sleep |
| _____ Conflict (fights) | _____ Homosexuality | _____ Wife abuse |
| _____ Deception | _____ Impotence | _____ A vice |
| _____ Decision Making | _____ In-laws | _____ Other |

