

Counseling Information Form

Please answer all questions that apply

I. Personal

Name _____ Date _____ Date of Birth _____

If minor, give parent's or guardian's name _____

Address _____

Home Phone _____ Cell Phone _____ Work _____

Email _____

Employer _____ Job Title/ Description _____

Marital Status _____ Spouse's name _____

Length of Current Marriage _____ Any previous marriages _____

Children's Names	Age	Living Arrangements (home, college, single)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a regular attender at a church? _____ If so, name of church: _____

How did you find out about Emmaus Family Counseling Center? (circle)

Friend Church Internet Doctor Other _____

May we send a thank you note to the referral source? Yes/ No

Who referred? _____

II. Medical (please complete what is appropriate)

Family Physician _____ Date of last physical _____

Phone # _____ Address _____

Current Medications _____ Prescribed for ? _____

Recent major illnesses? _____

Previous Hospitalizations? (Medical or Psychiatric) _____

Current Medical Problems and symptoms _____

Family members with medical/psychological problems _____

III. Psychogocial

Previous counseling? _____ When and for how long? _____

With whom? _____ Address _____

Reason for previous counseling? _____

Reason for current counseling request? _____

Describe an significant events surrounding or leading up to problem situation? _____

What solutions have you tried or considered? _____

Who do you have who can support you? _____

Circle any of the following that you can identify with either currently or in your past:

- | | | | |
|-------------------|-------------------|---------------------|-----------------|
| Divorce (parents) | Family problems | Substance abuse | Legal problems |
| School problems | Behavior problems | Learning disability | Health problems |
| Sexual abuse | Physical abuse | Emotional problems | Trauma |

Other _____

Have you ever attempted suicide? _____ If so, when? _____

Have you ever considered suicide? _____ If so, when? _____

If you answered yes to either question, please explain the circumstances:

IV. Spiritual

Do you have a personal relationship with God? _____ IF so, how long? _____

Signed _____

