

General Information (Confidential)

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|--|---------------------|---------------------------|---------|
| Name: | | Age: | |
| Spouse: | | Age: | |
| Children: | | Age: | |
| | | Age: | |
| | | Age: | |
| Address: | | Email: | |
| | | Phone: | |
| Employment: | | | Phone: |
| Church Membership: | | | |
| Years Member: | | Pastor's Name: | |
| Born again? | How long? | Spirit filled? | Tither? |
| Previously Counseled? | When? | Where? | |
| Current Medications Taken: | | Describe: | |
| | | | |
| | | | |
| | | | |
| Presently under medical treatment? | | Type of ailment: | |
| Have you ever been sexually abused? | | | |
| Have you ever had thoughts of suicide? | | When? | |
| Reason for Seeking Counsel: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Are you sleeping well? | | Are you getting exercise? | |
| Are you praying? | Reading your Bible? | Attending church? | |
| Signature: | | | Date: |