



Personal Data

Complete this form, seal it in an envelope, and return it to the church office or counselor two days before the first counseling session. All information is confidential in accordance with our Informed Consent agreement.

Identification

Name _____

Phone _____

Address _____ City _____ Zip _____

Occupation _____

Phone: Home: _____ Work: _____ Cell (optional) _____

Sex: (M)___(F)___ Birthdate _____ Age _____

How did you learn about Capshaw's counseling ministry? (mark all that apply)

Announcement in Church___ Church member ___ Non-member___ Family member___
Friend___ Neighbor___ Coworker___ Church website___ Other website___(which other
website? _____)

Religious Background

Religion or Denomination _____

Member of (church) _____

How often do you attend church each month? (circle the avg #) 0 1 2 3 4 5 6 7 8 9 10+

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 ___

Do you have any experience with the occult, such as witchcraft or Wicca? Yes ___ No ___ Uncertain ___

If so, what kind of experience? _____

Do you pray to God? Never___ Sometimes___ Often___ Regularly___

Would you say you are a Christian? Yes___ No___; or would you say you are still in the process of becoming a 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. _____

Health Information

Rate your health (check): Very Good___ Good___ Average___ Declining___ Sick___

Height_____ Weight_____

Weight changes recently (+/—)_____

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

Date of last medical exam_____ Your health was... Excellent___ Good___ Fair___ Poor___

Your Physician's name_____

Address_____

Are you presently taking medication: Yes___ No___ List them:_____

Have you used drugs for other than medical purposes? Yes___ No___ List them:_____

Have you ever been arrested? Yes___ No___

Are you willing to sign a release of information form so that your counselor may see your social, psychiatric, or medical reports? Yes___ No___ Maybe (talk to me about this)___

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

Please explain:_____

Have you ever had any psychotherapy or psychology-based counseling? Yes___No___

If yes, name counselor or therapists and dates:

If yes, what was the outcome?

Education

High School Graduate or Equivalent___ Bachelor's Degree___ Master's Degree___ Doctorate___

Vocational training (list type and years)_____

If military, list significant military schools_____

Other_____

Military Experience

Are you, or have you, served in the military?_____

Army___ Navy___ Marines___ Air Force___ Coast Guard___

Years: From_____ To_____ Highest rank_____

Military specialty(ies)_____

Months of combat experience_____ If injured in combat, please explain when, where, how, type of injury, recovery process, and current affects from your injury:_____

Briefly explain how your military service had a positive or negative impact on you and your family.

Job History

Years From/To	Company/Organization & Job Title	City	State

If there are more, list them on the back of this page.

Marriage And Family Information

Marital Status (mark all that apply): Single___ Engaged___ Married___ Separated___

Divorced___ Widowed___

Date of marriage _____

Name of Spouse_____

Address_____

Occupation _____

Phone: (Home)_____ (Work)_____

Spouse's Age_____ Education (in years)_____

Spouse's Religion _____

Your ages when married: Husband _____ Wife_____

How long did you know your spouse before marriage?_____

Length of steady dating with spouse _____

Length of engagement _____

Is your spouse in favor of you coming to counseling? _____ If not, why not? _____

Do you believe your spouse might need to come to counseling, and why? _____

If necessary, is your spouse willing to come for counseling? Yes___ No___ Uncertain___

If no, why? _____

Have you ever been separated from your current spouse? Yes___ No___

If yes, dates: from _____ to _____ Reasons: _____

Have you ever filed for divorce from your current spouse? _____

If yes, when? _____ Reasons: _____

Previous marriages:

Yr Married	Yr Divorced	Reasons	Who has child custody?

If there are more, list them on the back of this sheet.

Children:

PM*	Name	Age	Sex	Living	Years, Level of Education	Marital Status

*Check column if child is by previous marriage)

Personality Information:

Describe your personality and character: _____

What, if anything, do you greatly fear? _____

Have you recently suffered a serious loss in business, personal matters, or other problems? _____

If so, explain: _____

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

- | | | | | |
|---------------|----------------|--------------|----------------|--------------|
| Godly | Proud | Moody | Extrovert | Sloppy |
| Ethical | Embarrassing | Often-blue | Likable | Groomed |
| Hypocritical | Active | Excitable | Leader | Disciplined |
| Strict | Ambitious | Imaginative | Quiet-boiled | Whiner |
| Angry | Self-confident | Calm | Hard-boiled | Selfish |
| Unreasonable | Persistent | Serious | Submissive | Many Friends |
| Abusive | Nervous | Easy-going | Lonely | Failure |
| Irresponsible | Hardworking | Shy | Self-conscious | Success |
| Cruel | Impatient | Good-natured | Sensitive | |
| Uneducated | Impulsive | Introvert | Humorous | |

List Other: _____

Family And Childhood Information:

If you were reared by anyone other than your own parents, briefly explain: _____

How many older siblings do you have? Brothers _____ Sisters _____

How many younger siblings do you have? Brothers _____ Sisters _____

Are you on good terms with your...(yes/no) Mother _____ Father _____ Brothers _____ Sisters _____?

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

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

___ Traditional (Birth Father, birth Mother, children)

___ Authoritarian (Father or Mother made all the rules, no discussion allowed.)

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

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

___ Drug Affected. Type of drug(s): _____

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

___ Critical (Almost always verbally criticized you. Little praise for good things.)

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

___ Emotional (Crying allowed, but controlled ___ / Angry ___ / Screaming freely allowed ___).

___ Repressed (Emotions were hidden, or parents showed emotion, but kids not allowed to do so).

___ Religious (In name only ___ / Strict, negative ___ / Hypocritical ___ / Genuine Happy Experience ___).

___ Step-family (Which parent remarried? _____ Lived with step-brothers/sisters ___)
 ___ Abusive (In what way? Sexual ___ Physical Beatings ___ Emotional ___)
 ___ Other (explain): _____

What kind of home did your Father grow up in? If known, check all the items that apply.

___ Traditional (Birth Father, birth Mother, children)
 ___ Alcoholic (Homeless ___ Family Affected, Not Seriously ___ Family Seriously Affected ___)
 ___ Drug Affected. Type of drug(s): _____
 ___ Affectionate (Demonstrative with hugs, kisses, etc. ___ Affection there, but not openly shown ___).
 ___ Religious (In name only ___ / Strict, negative ___ / Hypocritical ___ / Genuine Happy Experience ___).
 ___ Step-family (Which parent remarried? _____ Did he live with step-brothers or
 step-sisters? _____)
 ___ Abusive (In what way? ___ Sexual ___ Physical Beatings ___ Emotional ___)
 ___ Other (explain): _____

Would you characterize your Father as: (Circle all words that apply)

Godly	Proud	Moody	Extrovert	Sloppy
Ethical	Embarrassing	Often-blue	Likable	Groomed
Hypocritical	Active	Excitable	Leader	Disciplined
Strict	Ambitious	Imaginative	Quiet-boiled	Whiner
Angry	Self-confident	Calm	Hard-boiled	Selfish
Unreasonable	Persistent	Serious	Submissive	Many Friends
Abusive	Nervous	Easy-going	Lonely	Failure
Irresponsible	Hardworking	Shy	Self-conscious	Success
Cruel	Impatient	Good-natured	Sensitive	
Uneducated	Impulsive	Introvert	Humorous	

List Other _____

What kind of home did your Mother grow up in? If known, check all the items that apply.

___ Traditional (Birth Father, birth Mother, children)
 ___ Alcoholic (___ Homeless ___ Functional, but affected ___ Dysfunctional effect on family)
 ___ Drug Affected. Type of drug(s): _____
 ___ Affectionate (___ Demonstrative with hugs, kisses, etc. ___ Affection there, but not openly shown).
 ___ Religious (In name only ___ / Strict, negative ___ / Hypocritical ___ / Genuine Happy Experience ___).
 ___ Step-family (Which parent remarried? _____ Did she live with step-brothers or
 step-sisters? _____)
 ___ Abusive (In what way? ___ Sexual ___ Physical Beatings ___ Emotional ___)
 ___ Other: _____

Would you characterize your Mother as: (Circle all words that apply)

- | | | | | |
|---------------|----------------|--------------|----------------|--------------|
| Godly | Proud | Moody | Extrovert | Sloppy |
| Ethical | Embarrassing | Often-blue | Likable | Groomed |
| Hypocritical | Active | Excitable | Leader | Disciplined |
| Strict | Ambitious | Imaginative | Quiet-boiled | Whiner |
| Angry | Self-confident | Calm | Hard-boiled | Selfish |
| Unreasonable | Persistent | Serious | Submissive | Many Friends |
| Abusive | Nervous | Easy-going | Lonely | Failure |
| Irresponsible | Hardworking | Shy | Self-conscious | Success |
| Cruel | Impatient | Good-natured | Sensitive | |
| Uneducated | Impulsive | Introvert | Humorous | |
- List Other _____
-

When you were a child:

Your family income was...Poor___ Low___ Middle___ High___ Wealthy___

Where did you grow up? Big City ___ Suburbs ___ Small Town ___ Rural ___ Farm___

Name of City _____ Name of State _____

Were you ever sexually abused by anyone? No ___ Yes___

If you were abused, who abused you? relative ___ friend ___ neighbor___ stranger___?

How old were you? ___ Was the person prosecuted? ___ Were they found guilty? ___

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? If so, please explain:

___ At Home: _____

___ At School: _____

___ At Neighbor's Home: _____

___ At Relative's Home: _____

___ Elsewhere: _____

Television & Entertainment

How much television do you watch each day? Average of _____ hrs.

List your favorite programs: _____

What is your favorite type of music? _____

List your favorite entertainers: _____

3. What can we do to help you? (What are your expectations in coming here?)

4. Is there any other information would help us to help you?

Problem Check List: (Circle problems you currently experience)

Anger	Guilt	Depressed	Abusive	Impulsive	Sloppy
Envy	Rebellion	Impotent	Irresponsible	Moody	Whiner
Appetite	Change in	Spouse Abuse	Cruel	Often-blue	Selfish
Anxiety	Lifestyle	Sad	Uneducated	Excitable	Few friends
Fear	Health	Deception	Proud	Too Shy	Failure
Memory	Sex	In-laws	Embarrassed	Introverted	Can't keep a job
Apathy	Children	Relationship(s)	Nervous	Quiet-boiled	Vice(s)
Gluttony	Homosexuality	Hypocritical	Workaholic	Hard-boiled	Emotion(s)
Moodiness	Inattention	Too Strict	Gets in fights	Lonely	
Bitterness	Sleepless	Unreasonable	Impatient	Self-conscious	

List Other: _____

If "Vice(s)," please list them: _____

If "Emotion(s)," please list them: _____