

Life Source Counseling
OF
FIRST BAPTIST CHURCH, MORRISTOWN
Confidential Information Form

Today's Date _____

Personal Information

Name: _____

Age: _____ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

May I contact you at home? yes/no Leave a message? yes/no

May I contact you at work? yes/no Leave a message? yes/no

May I contact your cell #? yes/no Leave a message? yes/no

Marital Information

Marital Status: ___Single ___Engaged ___ Married ___Widowed ___Separated ___ Divorced

How long in current status? _____ How many times married? _____

Children

List name, birthdate, gender, relationship (parent or step parent) and whether they live at home with you:

Name Birthdate Gender Relationship Living at home?

Name	Birthdate	Gender	Relationship	Living at home?

Are you currently attending a church? ___Yes ___No

If yes, what is the name of the church you attend? _____

Have you reached the place in your relationship with God, where you know for certain that you will go to heaven when you die? ___Yes ___No ___Uncertain

If you checked yes, according to your beliefs, on what basis would God let you into His Heaven?

Have you received counseling before? ___Yes ___No

If yes, with whom? _____ Where? _____

When? _____

Reason? _____

Person to contact in emergency:

Name: _____ Relationship: _____
Address: _____ Phone: _____

HISTORY OF PROBLEM:

What is the specific problem that has prompted you to seek counseling? _____

What have you done about this problem up until this point? _____

On the following scale, please estimate the severity of your problem:

___ Mildly upsetting ___ Moderately upsetting ___ Very severe ___ Extremely severe
___ Totally incapacitating

When did your problems begin? _____

What seems to worsen your problems? _____

What have you tried that has been helpful? _____

What do you expect from your counselor to help you with your problems? _____

Problem Check List- Please indicate as follows:

0- not a problem, **1-** a mild problem, **2-** a moderate problem, **3-** a severe problem

Please read across-

- | | | | |
|-------------------|---------------------|---------------------|-----------------------|
| ___ marriage | ___ divorce | ___ being single | ___ premarital issues |
| ___ family | ___ children | ___ parents | ___ in-laws |
| ___ communication | ___ intimacy | ___ sexual intimacy | ___ child custody |
| ___ God/faith | ___ church/ministry | ___ work/career | ___ school/learning |
| ___ self esteem | ___ loneliness | ___ stress control | ___ fear/anxiety |
| ___ mood swings | ___ depression | ___ grief/loss | ___ past hurts |
| ___ codependency | ___ anger control | ___ weight control | ___ aging/dependency |
| ___ alcohol/drugs | ___ other addiction | ___ disabled | ___ money/budgeting |

Are you open to Biblical solutions? ___ Yes ___ No ___ Uncertain

CRISIS INFORMATION:

Have you had any suicidal thoughts, feelings, or actions? ___ Yes ___ No
If yes, explain: _____

Have you had any current homicidal or assaultive thoughts or feelings? Yes No
If yes, explain: _____

Have you had any problems with anger control? Yes No
If yes, explain: _____

Have you ever had any problems requiring hospitalization or jailing for suicidal or assaultive behavior? Yes No
If yes, describe _____

Have you or a family member ever been hospitalized for a mental or emotional illness?
 Yes No If yes, explain where and what reason: _____

Do you have any current threats of significant loss (including divorce, custody, job loss, etc.)?
 Yes No
If yes, describe _____

MEDICAL INFORMATION:

Name of physician _____
Address (if known): _____
Phone (if known): _____

Do you have any current illness? Yes No If yes, please explain: _____

Are you presently taking any medication? Yes No If yes, for what purpose? _____

Do you have any problems with the following?: eating sleeping chronic pain
 Recent weight change Please describe any that you have checked: _____

Please indicate preference for session availability: availability is on a first-come/first-serve basis

Mon.	9-10	10-11	11-12	1-2	2-3	3-4	4-5	
Tues.	9-10	10-11	11-12	1-2	2-3	3-4	4-5	
Wed.	9-10	10-11	11-12	1-2	2-3	3-4	4-5	5-6
Thurs.	9-10	10-11	11-12	1-2	2-3	3-4		