

FAMILY CHRISTIAN COUNSELING  
3035 N.W. 63rd Street  
Oklahoma City, OK 73116

CONFIDENTIAL

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Please indicate if you would like to receive our newsletter \_\_\_\_\_ yes \_\_\_\_\_ no

**BASIC INFORMATION**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_

Have you moved within the past five years? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security Number \_\_\_\_\_

Have you changed jobs within the past five years? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Circle the highest grade completed:

6 7 8 9 10 11 12 F S J S Grad

College attended \_\_\_\_\_

Degree(s) received \_\_\_\_\_

**MARITAL INFORMATION**

MARITAL STATUS.

( ) SINGLE ( ) MARRIED \_\_\_ YRS. ( ) SEPARATED \_\_\_\_\_ ( ) DIVORCED ( ) WIDOWED  
Date

Circle the number of times married:

1 2 3 4 5 6 or more  
Yourself

1 2 3 4 5 6 or more  
Your Spouse

Spouse's name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security Number \_\_\_\_\_

Circle the highest grade completed by spouse:

6 7 8 9 10 11 12 F S J S Grad

College attended \_\_\_\_\_

Degree(s) received \_\_\_\_\_

**FAMILY INFORMATION**

Names of Children	Check if Stepchild	Age if Living	Condition of Health	Still living with you?	Age at Death	Cause of Death
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**BACKGROUND INFORMATION**

	Yourself	Your Spouse
Total size of immediate family	_____	_____
Number of brothers	_____	_____
Number of sisters	_____	_____
Oldest, middle or youngest child?	_____	_____

	Age if Living	Condition of Health	Age at Death	Cause of Death	Separated/ Divorced	Number of Times Married	Alcoholic
Your:							
FATHER	_____	_____	_____	_____	_____	_____	_____
MOTHER	_____	_____	_____	_____	_____	_____	_____
STEP FATHER	_____	_____	_____	_____	_____	_____	_____
STEP MOTHER	_____	_____	_____	_____	_____	_____	_____
Your Spouse's:							
FATHER	_____	_____	_____	_____	_____	_____	_____
MOTHER	_____	_____	_____	_____	_____	_____	_____
STEP FATHER	_____	_____	_____	_____	_____	_____	_____
STEP MOTHER	_____	_____	_____	_____	_____	_____	_____

How would you describe your childhood. \_\_\_\_\_  
 \_\_\_\_\_

How would you describe the childhood of your spouse: \_\_\_\_\_  
 \_\_\_\_\_

Please characterize the following by checking the appropriate word(s):

		GOOD	DISTANT	STORMY	CALM	ANGRY	CLOSE	OTHER.
Home and family life	Yourself	( )	( )	( )	( )	( )	( )	_____
	Spouse	( )	( )	( )	( )	( )	( )	_____
Relationship with siblings	Yourself	( )	( )	( )	( )	( )	( )	_____
	Spouse	( )	( )	( )	( )	( )	( )	_____
Relationship between the parents of	Yourself	( )	( )	( )	( )	( )	( )	_____
	Spouse	( )	( )	( )	( )	( )	( )	_____
Relationship with parents of	Yourself	( )	( )	( )	( )	( )	( )	_____
	Spouse	( )	( )	( )	( )	( )	( )	_____
Relationship with current In-laws	Yourself	( )	( )	( )	( )	( )	( )	_____
	Spouse	( )	( )	( )	( )	( )	( )	_____
Relationship with grandparents	Yourself	( )	( )	( )	( )	( )	( )	_____
	Spouse	( )	( )	( )	( )	( )	( )	_____

Please evaluate the relationships between you and your parents while growing up. (Place a check for any of the answers that apply)

		FATHER	MOTHER	STEP FATHER	STEP MOTHER
Had the greatest effect on you	Yourself	( )	( )	( )	( )
	Spouse	( )	( )	( )	( )
Usually did the disciplining	Yourself	( )	( )	( )	( )
	Spouse	( )	( )	( )	( )
Was away a great deal	Yourself	( )	( )	( )	( )
	Spouse	( )	( )	( )	( )
Was affectionate to you	Yourself	( )	( )	( )	( )
	Spouse	( )	( )	( )	( )
You identify with most	Yourself	( )	( )	( )	( )
	Spouse	( )	( )	( )	( )
Was close to you	Yourself	( )	( )	( )	( )
	Spouse	( )	( )	( )	( )
Majors conflicts with	Yourself	( )	( )	( )	( )
	Spouse	( )	( )	( )	( )
Most dominant personality	Yourself	( )	( )	( )	( )
	Spouse	( )	( )	( )	( )

**HEALTH INFORMATION**

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Most recent physical exam \_\_\_\_\_

Are you presently under a doctor's care? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

What medications are you currently taking: (Give dosage and reason for medication) \_\_\_\_\_

Do you or any of your family members have any of the following conditions? (Please check any answers that apply)

	Condition Now Exists	Condition Existed 3 mo. ago	Did Condition Ever Exist?	Who had the condition? (Yourself or family member)
Surgery _____	( )	( )	( )	_____
Eyes, ears, nose, throat (Circle)	( )	( )	( )	_____
Underweight/overweight (Circle)	( )	( )	( )	_____
Recent loss/gain in weight (Circle)	( )	( )	( )	_____
High/low blood pressure (Circle)	( )	( )	( )	_____
Chronic headaches/migraine (Circle)	( )	( )	( )	_____
Nervous disorder/epilepsy (Circle)	( )	( )	( )	_____
Diabetes/hypoglycemia (Circle)	( )	( )	( )	_____
Gland disease/thyroid (Circle)	( )	( )	( )	_____
Cancer	( )	( )	( )	_____
Lung disease/tuberculosis (Circle)	( )	( )	( )	_____
Arthritis/rheumatism (Circle)	( )	( )	( )	_____
Ulcer/Stomach problems (Circle)	( )	( )	( )	_____
Pregnancy	( )	( )	( )	_____
Hormonal Imbalance	( )	( )	( )	_____
Blood disorders	( )	( )	( )	_____
Kidney/genito-urinary problems	( )	( )	( )	_____
Venereal disease (type _____)	( )	( )	( )	_____
Disorder of breast/female organs	( )	( )	( )	_____
Back/muscle problems	( )	( )	( )	_____
Heart disease	( )	( )	( )	_____
Insomnia	( )	( )	( )	_____
Exhaustion	( )	( )	( )	_____
Other _____	( )	( )	( )	_____

**PERSONAL HISTORY INFORMATION**

Do any of the following conditions exist for you or for members of your family?

	Condition Now Exists	Condition Existed 3 mo. ago	Did Condition Ever Exist?	Who had the condition? (Yourself or family member)
<b>CRIMINAL ACTIVITY/VIOLENCE</b>				
Child Abuse	( )	( )	( )	_____
Spouse Abuse	( )	( )	( )	_____
Traffic Violations (repeated/major)	( )	( )	( )	_____
Vandalism	( )	( )	( )	_____
Assault	( )	( )	( )	_____
Theft	( )	( )	( )	_____
Prostitution	( )	( )	( )	_____
Manslaughter	( )	( )	( )	_____
Rape	( )	( )	( )	_____
Exhibitionism	( )	( )	( )	_____
Other _____	( )	( )	( )	_____
<b>SEXUAL PROBLEMS</b>				
Adultery/Premarital sex	( )	( )	( )	_____
Incest	( )	( )	( )	_____
Impotence	( )	( )	( )	_____
Frigidity	( )	( )	( )	_____
Promiscuity	( )	( )	( )	_____
Homosexuality	( )	( )	( )	_____
Voyeurism/Pornography	( )	( )	( )	_____
Other _____	( )	( )	( )	_____
<b>OTHER PROBLEMS</b>				
Suicide	( )	( )	( )	_____
Suicide (attempted)	( )	( )	( )	_____
Delinquency	( )	( )	( )	_____
Absenteeism	( )	( )	( )	_____
Tardiness	( )	( )	( )	_____
School drop-out	( )	( )	( )	_____
Out-of-wedlock pregnancy	( )	( )	( )	_____
High need for achievement/approval	( )	( )	( )	_____
Workaholism	( )	( )	( )	_____
Hyper-activity	( )	( )	( )	_____
Hypochondria	( )	( )	( )	_____
Alcoholism	( )	( )	( )	_____
Street/habit forming drug use	( )	( )	( )	_____
Other _____	( )	( )	( )	_____

**OCCULT ACTIVITY**

Read/follow daily horoscope	( )	( )	( )	_____
Visited fortune teller/palm reader	( )	( )	( )	_____
Participation in seance	( )	( )	( )	_____
Played with a Ouija board	( )	( )	( )	_____
Involved in occult activity	( )	( )	( )	_____
Special interest in the occult	( )	( )	( )	_____
Other _____	( )	( )	( )	_____

**PERSONAL RELIGIOUS INFORMATION**

Are you a church member? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
 Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

How often do you attend? Weekly ( ) Monthly ( ) Seldom ( ) Never ( )  
 How often does your spouse attend? Weekly ( ) Monthly ( ) Seldom ( ) Never ( )

What is your religious background? \_\_\_\_\_  
 What is your spouse's religious background? \_\_\_\_\_  
 Have you had any significant religious experience? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you had any unexplainable experiences? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Have you made the discovery of knowing Jesus Christ personally? \_\_\_\_\_ Give details \_\_\_\_\_

Are you satisfied with your own personal faith? \_\_\_\_\_

Do you have daily time of devotional Bible reading? ( ) Always ( ) Sometimes ( ) Seldom ( ) Never

**PRESENTING PROBLEM INFORMATION**

Have you previously received counseling? \_\_\_\_\_ If yes, give details \_\_\_\_\_

Have you ever been hospitalized for emotional problems? \_\_\_\_\_ If yes, give details \_\_\_\_\_

Have you ever taken medication for emotional stress? \_\_\_\_\_ If yes, list type and when taken \_\_\_\_\_

Check any of the following that would characterize your feelings:  
 ( ) Happy ( ) Depressed ( ) Sad ( ) Fulfilled ( ) Anxious ( ) Hurt  
 ( ) Suicidal ( ) Defeated ( ) Angry ( ) Satisfied ( ) Fearful ( ) Bitter

Check any of the following that would characterize your spouse's feelings:

- Happy     Depressed     Sad     Fulfilled     Anxious     Hurt  
 Suicidal     Defeated     Angry     Satisfied     Fearful     Bitter

What emotion do you experience the most? \_\_\_\_\_

Do you dream? \_\_\_\_\_ Do you have nightmares? \_\_\_\_\_

If yes, give details \_\_\_\_\_

What has been your greatest disappointment? \_\_\_\_\_

\_\_\_\_\_

Explain briefly what you feel the problem is \_\_\_\_\_

\_\_\_\_\_

Explain briefly what you have attempted to do about the problem \_\_\_\_\_

\_\_\_\_\_

What do you want us to do about the problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_