

**Calvary Chapel Temecula Valley  
Personal Information Counseling Form**

NAME:  
PHONE:  
ADDRESS:  
OCCUPATION:  
BUSINESS PHONE:  
AGE:               SEX:  
MARITAL STATUS:

**EDUCATION:**

Last Grade Completed:                               Other Education:

**HEALTH INFORMATION:**

Rate your health: Very Good  Good  Average  Declining  Other   
Are you physically limited in any way?: Yes  No  Explain:  
Date of last medical examination:                               Outcome:  
Are you presently taking medication: Yes  No  Does this affect you?: Yes  No   
Have you used drugs for other than medical puposes? Yes No What?  
Have you ever had a severe emotional upset? Yes  No  When?  
If yes, explain:  
Have you ever been arrested? Yes  No  Outcome:  
Have you recently suffered the loss of someone close to you? Yes No  
Explain:  
Have you recently suffered loss from any serious social, financial, or other reversals? Yes No  
Explain:

**RELIGIOUS BACKGROUND:**

Denominational preference:  
What church do you currently attend?  
Pastor's name:   Pastor's phone:  
Church attendance per month: 0  1  2  3  4  5  6   
Church Attended as a child:  
Religious Background of spouse:  
Spouse's church attendance:  
Church:   Frequency of attendance:                               /month  
Do you know without a doubt that if you die tonight, you will go to heaven?  
yes  no  why?  
Have you received Jesus Christ personally as your savior? Yes  No  Uncertain   
How do you know that Jesus Christ is your savior?  
Describe your family devotions:  
How much do you read your bible? Never occasionally Often  
Have there been any recent changes in you spiritual life? Yes  No   
If yes, explain:

**PESONALITY INFORMATION**

Have you ever had any psychotherapy or counseling before? Yes No  
If yes list counselor and dates  
What was the outcome?  
Circle any of the following words which best describe you now:

Active ambitious self-confident persistent nervous hardworking impatient impulsive moody often blue  
excitable imaginative calm serious easy going shy good-natured introvert likable extrovert leader quiet  
hard-boiled submissive lonely self-conscious sensitive other

Have you ever felt people were watching you? Yes\_\_\_ No\_\_\_

Do people's faces ever seem distorted? Yes\_\_\_ No\_\_\_

Do you ever have difficulty distinguishing faces? Yes\_\_\_ No\_\_\_

Do colors seem too bright? Yes\_\_\_ No\_\_\_

Are you sometimes unable to judge distance? Yes\_\_\_ No\_\_\_

Have you ever had hallucinations? Yes\_\_\_ No\_\_\_

Are you afraid of being in a car? Yes\_\_\_ No\_\_\_

Is your hearing exceptionally good? Yes\_\_\_ No\_\_\_

Do you have trouble sleeping? Yes\_\_\_ No\_\_\_

#### **MARRIAGE & FAMILY INFORMATION:**

Name of spouse: \_\_\_\_\_ phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business phone: \_\_\_\_\_ spouses Age: \_\_\_\_\_ Years of education: \_\_\_\_\_ Religion: \_\_\_\_\_

Is your spouse willing to come in for counseling? yes  no  uncertain

Have you ever been separated? yes  no  if yes, when: \_\_\_\_\_

Has either of you ever filed for divorce? yes  no  when?: \_\_\_\_\_ who?: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Your ages when married: husband \_\_\_\_\_ wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Give brief information about any previous marriages \_\_\_\_\_

*Please list all children, both husband and wife. If you need more space use the back of this paper.*

<b>CHILD'S NAME:</b>	<b>AGE:</b>	<b>MALE OR FEMALE:</b>	<b>PREVIOUS OR CURRENT MARRIAGE?</b>

### **BASIC PROBLEM IDENTIFICATION**

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1. STATE FULLY THE PROBLEM THAT BRINGS YOU HERE:
2. WHAT HAVE YOU DONE ABOUT IT?
3. WHAT DO YOU EXPECT FROM THIS MEETING?
4. IS THERE ANY OTHER INFORMATION THAT YOU THINK WE SHOULD KNOW?