



PERSONAL INFORMATION FORM

Today's Date: _____

(Please print clearly)

THANK YOU for taking the time to fill out this information sheet. Your counselor will use this to best assist you in your counseling work. We will maintain your strict confidence regarding this information, subject to the exceptions noted in the Client Consent for Pastoral Counseling form.

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (hm) _____ (wk) _____ (cell) _____ Email: _____

Do we have your permission to: Call? Yes No Do we have your permission to leave a message? Yes No

Best number & time to call _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Employed? Yes No Where: _____

Who referred you to us? (Name & Relationship) _____

Current Relationship Status: Single Engaged Married (1st marriage? Y N) Separated Divorced

List name, birth date, sex, relationship of all children and whether they live at home with you:

Name	DOB	Age	Sex	Biological or Step	At Home

What is the problem or issue that led you to seek counsel? _____

How long have you experienced this problem? _____

Have you seen a pastor, counselor or psychiatrist before? Yes No If yes, please complete the following:

Name: _____ When: _____ Reason: _____

Name: _____ When: _____ Reason: _____

Are you currently seeing a pastor, counselor or psychiatrist for this problem or another? Yes No

If yes, who are you currently seeing? _____

Are you presently taking any prescription medication? Yes No If yes, list below. (Use back if necessary.)

Medication: _____ Dosage: _____ Purpose: _____ Physician: _____

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Any problems with: Eating Sleeping Recent weight changes

Have you ever thought about harming yourself? Yes No If yes, how recently? _____

Any past hospitalizations related to mental health, attempted suicide, or alcohol or substance use? Yes No

If yes, please explain: _____

Has anyone in your family committed suicide, been treated for alcohol or substance abuse or received treatment for mental or emotional problems? Yes No If yes, please state who and describe: _____

Describe your relationship with God: Close Distant Unsure

Church Member: Yes No What Church? _____ Church Attendance: Rarely Sometimes Regularly

How did you hear about us? _____

Having read and completed the above, I declare that the information I have given is correct and complete, to the best of my ability:

Signed: _____ **Date:** _____