

TRI-LAKES RELATIONAL CENTER
"Compassionate Christian Care and Counseling"
A ministry of Tri-Lakes Church

CONFIDENTIAL

GENERAL INFORMATION

PLEASE PRINT CLEARLY

Name _____ Birthdate _____ Gender: M / F

Address _____ Social Security # _____ - _____ - _____

City _____ State _____ Zip _____ Home phone _____ Cell phone _____

If we are trying to return your call or need to reschedule an appointment, when is the best time to reach you? _____

At what number(s)? _____

Person to contact in emergency _____ Phone(s) _____

Address _____ Relationship to you _____

List the persons with whom you are now living and their relationship to you (*include ages of children*) _____

Occupation _____ Education level _____

Employer _____ Work phone _____ Pager _____

Address _____

Length of employment at above _____

Were/are you a member of the armed services? _____ If so, when? _____ What branch? _____

Spouse's name _____ Birthdate _____ Social Security # _____ - _____ - _____

Spouse's occupation _____ Spouse's education level _____

Spouse's employer _____ Work phone _____

Address _____

Length of employment at above: _____

Referred by: (*circle one*) pastor, attorney, physician, school official, relative, former/other client, friend, Yellow Pages, other _____

Name of referring person/party _____

Name of referring church/office _____

Address of referring party _____

Phone # of referring party _____ Comments _____

Do you want to sign a release of information form to waive confidentiality in order for us to contact or consult with the referring party? _____

PROBLEM INFORMATION

Briefly describe your chief concern _____

Briefly describe the history and development of your concern from onset to present _____

Current stressors (*please describe how the following areas are stressful*):

- Marriage and home _____
- Children/parents _____
- Work/school _____
- Financial _____
- Social _____
- Spiritual _____
- Sexual _____
- Other _____
- Major present stress _____

Rate how strongly you want to change your present problem on the scale below:

(*do not want to change*) 1 2 3 4 5 6 7 8 9 10 (*desperately desire change*)

Identify any *specific* concerns or anxieties you have about counseling _____

What are your *specific* goals for counseling _____

Previous counseling? _____ When? _____ By whom? _____

How helpful was previous counseling? _____

FAMILY BACKGROUND

Father's name _____ If deceased, date and cause _____

Age _____ Occupation _____ Education level _____ Health _____

Describe his personality, attitude and relationship to you, past and present _____

Mother's name _____ If deceased, date and cause _____

Age _____ Occupation _____ Education level _____ Health _____

Describe her personality, attitude and relationship to you, past and present _____

Parents' marital status _____ Briefly describe your parents' marriage _____

How did they handle conflict in their relationship? _____

If divorced, when did it occur and what was your reaction to it? _____

If one or both parents remarried, give date(s) and your reaction _____

Step-mother's name _____ Age _____ Occupation _____

Step-father's name _____ Age _____ Occupation _____

Education level _____ Health _____ Describe their personality, attitude and relationship to you, past and present _____

If you were not brought up by your parents, who raised you? _____

Between what years? _____ Who took care of you as an infant? _____

How were you disciplined as a child and by whom? _____

Brothers and sisters (*list names, ages, marital status, occupations, and place of residence*) _____

Give your impression of the home atmosphere in which you grew up, including how compatible you and everyone else were _____

As you were growing up, how was love expressed in your home? _____

How was anger expressed? _____

What were your parents' attitudes about sex and was there any discussion of or instruction about sexuality in the home?

Were you or your siblings ever physically and/or sexually abused, assaulted or neglected? _____

MARITAL HISTORY

Marital status _____ How long did you know spouse before engagement? _____

Length of engagement _____ Date of marriage _____

Describe the strengths of your marital relationship _____

Describe the areas of conflict in your marital relationship _____

Describe your relationship with your in-laws _____

List names and ages of your children/step-children and indicate which (*if any*) are from a previous relationship _____

Dates of previous marriages/divorces _____

RELIGIOUS ORIENTATION

Describe the religious training you received while growing up and how God was viewed by your family _____

Denominational preference _____ Average monthly worship attendance _____

How would you describe your current spiritual life? _____

PHYSICAL HEALTH

Present health status (circle one): Excellent Good Fair Poor

Date of last physical exam: _____ Name of physician: _____

What serious illnesses have you had and when? _____

Hospitalizations (*reason/diagnosis/dates*) _____

Medications currently taken and their purpose (*include non-prescription medications, e.g. sleeping pills, diet pills, etc.*)

MEDICATIONS

DOSAGE

MEDICATIONS	DOSAGE
_____	_____
_____	_____
_____	_____
_____	_____

Prescribed by _____

Date and place of last vacation: _____

Current symptoms (*Please circle any that apply to you*):

Headaches, dizziness, fainting spells, nervousness, stomach trouble, no appetite, bowel disturbances, recent weight gain, recent weight loss, fatigue, sleep disturbances, racing thoughts, nightmares, alcoholism, drugs, take sedatives, apathetic, don't like weekends and vacations, feel lonely, grouchy-irritable, feel depressed, moody, unable to have a good time, suicidal thoughts/feelings, shy with people, can't make friends, unable to relax, over-ambitious, spiritual concerns, resentful, can't make decisions, persistent fears, financial concerns, sexual concerns, recurrent troubling thoughts, stubborn, bad home conditions, inferiority feelings, overly sensitive, (other) _____

List any current or past history of alcoholism or drug addiction for you or any family member _____

List any current or past history of nervous or emotional disorder for you or any family member _____

List any current or past history of legal difficulty or trouble with the law _____

Completed by: _____ Date: _____

Is the information you have provided on this form true and accurate? _____