



CONFIDENTIAL INFORMATION QUESTIONNAIRE

Please complete the attached questionnaire prior to our first meeting. It may seem like a lot of information; however, it will provide an insight and help in our journey to your wholeness, living life fuller and with greater purpose.

Confidential Information Sheet

Date \_\_\_\_\_

PLEASE PRINT ALL INFORMATION

GENERAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

CAN I EMAIL YOU FOR: (CIRCLE ALL THAT APPLY) SCHEDULING SERVICES UPDATES AVAILABLE GROUPS

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

OK to contact you at: Home- Y / N Mobile- Y /N Work- Y/ N

I typically will not identify myself as a Mental Health Counselor when I call to protect your privacy. Due to a variety of factors, sometimes people are difficult to reach or never receive messages. Please call me again if you do not hear from me. I am authorized to contact you as listed below:

Who I am authorized to communicate with:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Briefly tell us about the concerns that have brought you here.

Three horizontal lines for writing concerns.



MARITAL STATUS:

Married: \_\_\_ Separated: \_\_\_ Widowed: \_\_\_ Divorced: \_\_\_ Never Married: \_\_\_
How long in present status? \_\_\_
Name of Spouse or Partner: \_\_\_
Phone: \_\_\_ Ok to contact: Yes \_\_\_ No \_\_\_

Emergency Contact (Other Than Spouse/Partner):

Name: \_\_\_ Phone: \_\_\_ City: \_\_\_

CHILDREN:

Name: \_\_\_ Age: \_\_\_ Name: \_\_\_ Age: \_\_\_
Name: \_\_\_ Age: \_\_\_ Name: \_\_\_ Age: \_\_\_

COUNSELING HISTORY:

Have you received counseling before? Yes \_\_\_ No \_\_\_ How long \_\_\_ Dates: \_\_\_
Name and address of Therapist: \_\_\_

Results of your counseling as you see it: \_\_\_

Have you ever been hospitalized for: Mental/Emotional reasons? Yes \_\_\_ No \_\_\_
Drug/ Alcohol Addiction? Yes \_\_\_ No \_\_\_

If yes, when and where? \_\_\_

Have you had any previous suicide attempts? Y/N Briefly describe \_\_\_

How did you find about Living With Purpose? Referral \_\_\_ Internet \_\_\_ Church \_\_\_ Other \_\_\_

MEDICAL HISTORY:

Personal Physician: \_\_\_
Address: \_\_\_ Phone: \_\_\_

Are you on any medications now? Yes \_\_\_ No \_\_\_

List prescriptions you are presently taking: \_\_\_

List any major surgery, illnesses, accidents, or hospitalizations you have had: \_\_\_

**MEDICAL HISTORY (cont.):**

Do you have an ulcer? Yes \_\_\_ No \_\_\_

Do you have any allergies? If yes to what? \_\_\_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_

When did you begin smoking? \_\_\_\_\_ (age) For how long? \_\_\_\_\_

When did you quit smoking? \_\_\_\_\_ (age)

Do you have tension/pain in your body (e.g., neck, lower back, tremors, and fainting spells)?

Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_

Do you have nightmares? Yes \_\_\_ No \_\_\_ Sleepwalking? Yes \_\_\_ No \_\_\_

What drugs have you used for other than medical purposes? How long did you use these? \_\_\_\_\_

Please list: \_\_\_\_\_

How often do you drink alcoholic beverages?

Never \_\_\_ 1-2 times/wk. \_\_\_ 3-4 times/wk. \_\_\_ 5-6 times/wk. \_\_\_ more \_\_\_

Have you noticed any loss of interest in sex, social activities, exercise, purpose, or etc...?

If yes, please list which areas: \_\_\_\_\_

Do you have any anxiety attacks or panic of any kind?

Please describe: \_\_\_\_\_

Are you often "low" or depressed? Yes \_\_\_ No \_\_\_ Occasionally \_\_\_

Are you often "over-ambitious"? Yes \_\_\_ No \_\_\_ Occasionally \_\_\_

Are you unable to relax? Yes \_\_\_ No \_\_\_ Occasionally \_\_\_

Do you often feel "driven"? Yes \_\_\_ No \_\_\_ Occasionally \_\_\_

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

How often do you have suicidal thoughts? Occasionally \_\_\_ Rarely \_\_\_ Never \_\_\_

Often Do you ever have memory lapses? Yes \_\_\_ No \_\_\_ Rarely \_\_\_

Do you ever find yourself in consistently dependent relationships?

Yes \_\_\_ No \_\_\_ Occasionally \_\_\_ Never \_\_\_

Are you a War Vet? Yes \_\_\_ No \_\_\_ Is your spouse? Yes \_\_\_ No \_\_\_

**Please check any current or past issues that still affect you or you would like to cover in counseling.**

Abortion	Emotions	Recreation
Academic Issues	Faith	Relationship Concerns
Addiction	Family Issues ( <i>i.e. divorce, alcoholism, domestic violence</i> )	Relationship Issues
Alcohol	Finances	School/Education
Anger	Grief/Loss	Self-image
Anxiety	Health	Sexual Abuse
Business/Work	Homosexuality	Sexual Assault/Rape
Childhood Abuse ( <i>i.e. physical, sexual, emotional</i> )	In-laws	Sexual Identity Issues
Children	Marriage Problems	Sexual Issues
Co-dependency	Miscarriages	Social Activities
Communication	Occult	Spiritual Concerns
Conflicts	Organization	Spirituality
Death of someone close	Pregnancy Issues	Stress
Depression	Personality Enrichment	Suicidal thoughts
Depression	Pornography	Unwanted Weight
Drugs	Phobias ( <i>type:                   </i> )	Other ( <i>                                  </i> )
Eating Disorders		

***If you currently experience any of the following symptoms, please rate them using the key below.***

Never = 0 Seldom =1 Often = 2 Always = 3

- |  |  |
|--|--|
| <p>_____ Difficulty concentrating</p> <p>_____ Crying</p> <p>_____ Missing classes</p> <p>_____ Feeling helpless</p> <p>_____ Feeling uptight</p> <p>_____ Worrying</p> <p>_____ Feeling hopeless</p> <p>_____ Feeling afraid</p> <p>_____ Lying to others</p> <p>_____ Feeling out of control</p> <p>_____ Feelings of self-doubt</p> <p>_____ Injuring self</p> <p>_____ Nervous around others</p> | <p>_____ Memory loss or blackout</p> <p>_____ Difficulty sleeping</p> <p>_____ Stealing</p> <p>_____ Anger</p> <p>_____ Eating binges</p> <p>_____ Drinking heavily</p> <p>_____ Other drug use</p> <p>_____ Guilt feelings</p> <p>_____ Withdrawing socially</p> <p>_____ Sexual preoccupation</p> <p>_____ Physical symptoms (i.e. headaches, digestive)</p> <p>_____ List: _____</p> <p>_____ Suicidal Thoughts</p> <p>_____ Other: _____</p> |
|--|--|

***Please use the scale below to answer the following questions.***

4=True to a great extent    3=Mostly true    2=Somewhat true    1=Not at all true

- \_\_\_\_\_ My current concerns affect my success in life.
- \_\_\_\_\_ My current concerns affect my ability to interact and connect with others.
- \_\_\_\_\_ I am optimistic that I will be able to make some positive changes as a result of counseling.

**FAMILY HISTORY:**

*Your Family Background-*

Using 3 words, describe your father \_\_\_\_\_

Using 3 words, describe your mother \_\_\_\_\_

Using 3 words, describe your stepfather/foster-father, or adoptive father \_\_\_\_\_

Using 3 words, describe your stepmother/foster-mother or adoptive mother \_\_\_\_\_

What is one problem area you saw in their marriage? \_\_\_\_\_

What is one aspect you like about their relationship? \_\_\_\_\_

Please list your brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

*Spouse's Family Background-*

Using 3 words, describe your spouse \_\_\_\_\_

Using 3 words, describe your mother-in-law \_\_\_\_\_

Using 3 words, describe your father-in-law \_\_\_\_\_

What is the one problem area in their relationship? \_\_\_\_\_

What is one aspect you like about their relationship? \_\_\_\_\_

Please list your spouse's brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Describe \_\_\_\_\_

**RELIGIOUS BACKGROND:** *This section is optional, and each person's spiritual values will be respected.*

What is your spiritual or religious orientation? \_\_\_\_\_

Religious background in childhood \_\_\_\_\_

Name of religion I practice or church I attended then \_\_\_\_\_

Name of religion I practice or church I now attend \_\_\_\_\_

I am involved in spiritual/religious life: Very Committed 1 2 3 4 5 6 to Detached