

# The Mind of Christ Counseling Center

## Client's Personal History

(This information is necessary for our files and is strictly confidential)

### A. YOU AND YOUR FAMILY:

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Length at Job: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Church Member: YES NO

If you attend church, what is the church name? \_\_\_\_\_

Is your... FATHER LIVING MOTHER LIVING TOGETHER DIVORCED If divorced, how many years? \_\_\_\_\_

Was your family... POOR AVERAGE RICH

Was your home life... VERY HAPPY PLEASANT BEARABLE UNHAPPY

Number of Brothers: \_\_\_\_\_ Ages \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Your Marital Status: SINGLE ENGAGED MARRIED SEPARATED REMARRIED DIVORCED WIDOWED

Length of Current Marriage: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Length at Job: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ MALE FEMALE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ MALE FEMALE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ MALE FEMALE

### B. YOUR HEALTH:

Physical Condition: EXCELLENT GOOD FAIR POOR Color Blind: YES NO

Please describe any physical handicaps or health worries that bother you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you do to keep in good physical condition? \_\_\_\_\_

Are you able to relax easily after strenuous effort? \_\_\_\_\_ Are you happy most of the time? \_\_\_\_\_

What worries, anxieties, or strong prejudices do you have? \_\_\_\_\_

When was your last complete physical examination? \_\_\_\_\_ What was the result? \_\_\_\_\_

When did you last visit a doctor? \_\_\_\_\_ Why? \_\_\_\_\_

**C. YOUR FINANCES:**

Do you have an independent income? \_\_\_\_\_ Are you currently in financial crisis? \_\_\_\_\_

How many dependents do you have? \_\_\_\_\_ Their Ages: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**D. YOUR ISSUES:**

What concerns have brought you to counseling? \_\_\_\_\_

Where are your concerns causing the most problems for you? *(Please circle ALL that apply)*

HOME      WORK      MARRIAGE      RELATIONSHIP WITH OTHERS      GOD

What concerns about you have others identified? \_\_\_\_\_

Please rate the severity of your current concerns on the following scale:

0      1      2      3      4      5      6      7      8      9      10

MILD                                  MODERATE                                  SEVERE                                  INCAPACITATING

Are you now or have you in the past seen another counselor about your concerns, please explain? \_\_\_\_\_

Briefly describe the issues that are important to you. Please mention any ambitions, difficulties, obstacles, etc., even if they seem relatively unimportant: \_\_\_\_\_

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How long have these issues been important? \_\_\_\_\_ What avenues have you explored to work on them? \_\_\_\_\_

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With whom do you usually talk over your problems or plans? \_\_\_\_\_

In what ways is your family sympathetic/unsympathetic toward your issues? \_\_\_\_\_

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Do you have any special dreams or goals that currently influence you? \_\_\_\_\_

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**E. YOUR INTERESTS AND TRAITS:**

What are your present hobbies or keen interests? \_\_\_\_\_

Past hobbies or interests (*if different*)? \_\_\_\_\_

Is your social activity chiefly with groups of your own age? Older? Younger? \_\_\_\_\_

In what activities have you taken a leading role? \_\_\_\_\_

For what activities do you wish you had more money or time? \_\_\_\_\_

In sports, would you rather be a player or a spectator? \_\_\_\_\_

What do you enjoy more than anything else? \_\_\_\_\_

What habits do you have that might hinder your greater success? \_\_\_\_\_

What sort of person do you like best? \_\_\_\_\_

What kind of person do you dislike? \_\_\_\_\_

Do you have many acquaintances? \_\_\_\_\_ How many close friends? \_\_\_\_\_

Do you have feelings of failure, if so about what? \_\_\_\_\_

In what ways, if any, do you lack confidence in yourself? \_\_\_\_\_

List four or five of your prominent character traits:

**Strengths**

**Weaknesses**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**F. YOUR EDUCATION:**

List schools and colleges attended. *(Name the most recent first.)*

Name	Dates	Grade Completed/Degree

In what fields of learning are you best informed? \_\_\_\_\_

In what extracurricular activities have you been active? \_\_\_\_\_

What achievements in school gave (or give) you great satisfaction? \_\_\_\_\_

If you had the time, what books would you like to read? \_\_\_\_\_

Of books you have read, did any make a great impression on you? If so, which? \_\_\_\_\_

G. **YOUR STORY:** On another page, write anything you wish to tell about your life that you think is important. Especially describe the events that gave you great joy or great disappointment.