



Counseling Application

Please complete this application carefully.

Personal Identification

Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Age: _____ Sex: _____ Referred By: _____

Marital Status: Single: _____ Engaged: _____ Married: _____
 Separated: _____ Divorced: _____ Widowed: _____

Education (highest level completed): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Position: _____

Years: _____

Marriage and Family

Spouse: _____ Birth Date: _____

Age: _____ Occupation: _____ How long employed: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Marriage: _____ Length of Dating: _____

Give a brief statement of circumstances of meeting and dating: _____

Have either of you been previously married: _____ To Whom: _____

Have you ever been separated: _____ Filed for divorce: _____

Is your spouse willing to come in for counseling: _____

Is your spouse in favor of your coming: _____ If not, please explain: _____

Information about Children:

Name: _____ Age: _____ Sex: _____ Living: _____ Year Ed.: _____ Step-Child: _____

Describe your relationship to your father: _____

Describe your relationship to your mother: _____

Number of sibling(s): _____ Your sibling order: _____

Did you live with anyone other than parents: _____

Are your parents living: _____

Health

Describe your health:

Do you have any chronic conditions: _____ What: _____

List important illnesses and injuries or handicaps:

Date of last medical exam: _____ Report: _____

Physician's name and contact information:

Current medication(s) and dosage:

Have you ever-used drugs for anything other than medical purposes: _____

If yes, please explain:

Have you ever been arrested: _____

Do you drink alcoholic beverages: _____ If so, how frequently and how much: _____

Do you drink coffee: _____ How much: _____ Other caffeine drinks: _____

_____ How much: _____

Do you smoke cigarettes or use tobacco products: _____ Frequency: _____

Have you ever had interpersonal problems on the job:

Have you ever had a severe emotional upset: _____ If yes, please explain: _____

Have you ever seen a psychiatrist or counselor: _____ If yes, please explain: _____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records: _____

Spiritual

Denominational preference: _____

Church attending: _____ Member: _____

Sunday School class/teacher (if FBC Jax member): _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8+

Do you believe in God: ___ Do you pray: ___ Would you say you are a Christian: _____,

or still in the process of becoming a Christian: _____

Have you ever been baptized: _____

How often do you read the Bible: Never: ___ Occasionally: ___ Often: ___ Daily: _____

Explain any recent changes in your religious life:

Financial

Approximate yearly family income: _____

Do you own your home: _____ yes _____ no

Do you have significant debt in any of the following areas:

_____ home _____ car _____ school _____ credit cards

Are you saving money: _____ yes _____ no

Do you give money to your church or other charities: _____ yes _____ no

Is money a source of struggle or discomfort in your life: _____ yes _____ no

Are you involved in or anticipate being involved in legal actions: _____ yes _____ no

Women Only

Have you had any menstrual difficulties: _____ If you experience tension, tendency

to cry, other symptoms prior to your cycle, please explain: _____

Problem Check List

_____ Anger _____ Drunkenness _____ Loss of Loved One

_____ Anxiety _____ Eating problems _____ Lust

_____ Apathy _____ Envy _____ Memory

_____ Appetite _____ Fear _____ Moodiness

_____ Bitterness	_____ Finances	_____ Perfectionism
_____ Change in lifestyle	_____ Gluttony	_____ Pornography
_____ Children	_____ Guilt	_____ Rebellion
_____ Communication	_____ Health	_____ Sex
_____ Conflict (fights)	_____ Homosexuality	_____ Sleep
_____ Deception	_____ Impotence	_____ Spousal Abuse
_____ Decision Making	_____ In-laws	_____ A Vice
_____ Depression	_____ Loneliness	_____ Other

INFORMATION

We are grateful to the LORD for the opportunity to meet with you and sincerely desire to understand what is happening in your life. The below questions are a way for us to gather more information about what is going on. Your answers can be as long as you like but please write at least a few sentences for each question. **(If additional space is needed, please feel free to answer the questions in a separate document.)** Thank you for your help, and we will be prayerfully anticipating our meeting.

Situation: What is the main problem?

Thinking: What do you think or wonder about yourself in relation to the situation?
What do you think of others in relation to the situation?

Others: How are others involved? How does this issue impact others? What have others done to compound or alleviate the problem?

Response: What are you doing about this issue? What have you done to try to address this issue in the past? What are your typical actions or reactions to this problem (e.g. “I get angry and go for a drive”)? In general, when you are feeling pressure in life, how does it come out? What do you do? How are you sleeping?

Emotions: What do you fear? What would give you peace, related to this situation? What is the emotion you are struggling with the most?

Desires/Expectations: How do you hope we can help you? What do you want the most related to this situation?

Is there anything else we should know?