

CONFIDENTIAL PERSONAL HISTORY

GENERAL INFORMATION

Date _____
 Name _____ Date of Birth _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (H) _____ (M) _____ (W) _____
 Email Address _____

Education (Highest grade completed) _____ Degrees Earned _____
 Current Occupation _____ How long? _____
 Previous Occupations _____

MARITAL HISTORY

Current Marital Status _____ If married, how long? _____
 Spouse's Name _____
 Spouse's Occupation _____
 Previous Marital History _____

In what areas are you and your spouse most compatible?

On a scale of 1 to 10 (1-low, 10-high) rate your level of communication with your spouse. Briefly explain.

What does your spouse like and dislike about you?

What do you like and dislike about your spouse?

From your perspective, what are the three top concerns in your marriage?

Name(s) of Children	Age	Sex	Relationship
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Who is currently living in your household? _____

SPIRITUAL HISTORY

What is your religious affiliation?

Are you currently involved in a church body?

What has your experience of church been like?

What is your relationship with the Lord like now?

PRESENTING CONCERN:

State in your own words, the nature of your chief concern and why you are seeking counseling at this time. Be as specific as possible and give examples as appropriate.

CHILDHOOD HISTORY

Were you a planned child?	Yes	No	Unknown
Were you the "right" sex?	Yes	No	Unknown
Were you conceived out of wedlock?	Yes	No	Unknown
Were you adopted?	Yes	No	Unknown
Did your mother suffer any trauma during her pregnancy?	Yes	No	Unknown
Did you have a complicated birth?	Yes	No	Unknown
Were you and your mother bonded at birth?	Yes	No	Unknown
Were you a breast-fed baby?	Yes	No	Unknown
Any other important details?			

Do you have brothers and sisters?

Name	Age	Description (marital status, occupation, stability)
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How was your relationship with them growing up?

What is it like now?

Who was your father's favorite?

Your mother's?

From birth to age 10, what was your health like? Any illnesses, hospitalizations, broken bones?

What were your fears as a child? Any problems with nightmares or night terrors?

What are three of your earliest memories (before the age of seven)?

What was school like for you growing up?

How would you describe your teen years? What were significant memories for you?

What was your spiritual environment growing up?

RELATIONSHIP WITH YOUR FATHER

Describe your relationship with your father during your childhood.

Did he spend quality time alone with you? Why or why not and how did that make you feel towards him?

How did that make you feel about yourself?

How would you describe your father's personality, temperament, and character?

How did your father show you affection? (e.g. Did he say, "I love you.")?

How did your father give you praise or affirmation?

What did your father criticize you or others for?

How did you handle it when he criticized you (i.e. did you clam up, argue, make excuses, promise yourself to try harder, defend yourself, give up)?

Summarize the most hurtful things he ever did or said to you.

How do you think this affected your self-perception?

Describe how your relationship with your father (good or bad) has had a positive or detrimental effect on how you perceive yourself, others, and life in general.

RELATIONSHIP WITH YOUR MOTHER

Describe your relationship with your mother during your childhood.

Did she spend quality time alone with you? Why or why not and how did that make you feel towards her?

How did that make you feel about yourself?

How would you describe your mother's personality, temperament, and character?

How did your mother show you affection? (e.g. Did she say, "I love you.")?

How did your mother give you praise or affirmation?

What did your mother criticize you or others for?

How did you handle it when she criticized you (i.e. did you clam up, argue, make excuses, promise yourself to try harder, defend yourself, give up)?

Summarize the most hurtful things she ever did or said to you.

How do you think this affected your self-perception?

Describe how your relationship with your mother (good or bad) has had a positive or detrimental effect on how you perceive yourself, others, and life in general.

PARENTS RELATIONSHIP WITH EACH OTHER

Are your parents currently living? If not, what year did he/she die?

Did your parents divorce? If so, how old were you when this occurred?

How did your father treat your mother?

How did she respond to him?

Did your father treat women with respect?

Did your mother treat men with respect?

Was your father the leader in the home or were the roles reversed?

How did you respond at the time family conflicts occurred?

Who was the disciplinarian in your home when you were growing up? How did that person discipline you?

Is there a history of physical or sexual abuse in your past?

Did your parents provide guidance and direction concerning the important issues in life (i.e. moral choices, education, relationships, sex, dating, church, work, career, health, finances, etc.)? In what areas would you have liked them to have given you more guidance and direction?

How has their instruction and guidance (or lack thereof) affected your life?

Are there any fearful or traumatic experiences not mentioned here that may be relevant?

COPING MECHANISMS

Review the following list of coping mechanisms that we use to keep us living independent from God. Check any of the mechanisms that have been a pattern in your life as a means to meet your needs for acceptance, security, and significance, or a means to cope, succeed and survive. **In addition, circle those with which you currently struggle.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Addiction _____ | <input type="checkbox"/> Gluttony | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Greed | <input type="checkbox"/> Rebellious |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gossip | <input type="checkbox"/> Resentful |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Hateful | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Idolatry | <input type="checkbox"/> Revengeful |
| <input type="checkbox"/> Avoid intimacy | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Avoid others | <input type="checkbox"/> Impure thoughts | <input type="checkbox"/> Sarcastic |
| <input type="checkbox"/> Blame others | <input type="checkbox"/> Indecisive | <input type="checkbox"/> Seductive behavior |
| <input type="checkbox"/> Boastful | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Self-condemning |
| <input type="checkbox"/> Bossy | <input type="checkbox"/> Intimidate people | <input type="checkbox"/> Self-depreciation |
| <input type="checkbox"/> Busyness | <input type="checkbox"/> Introspective | <input type="checkbox"/> Self-hatred |
| <input type="checkbox"/> Complacent | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Self-indulgence |
| <input type="checkbox"/> Compulsive | <input type="checkbox"/> Irritable | <input type="checkbox"/> Self-justification |
| <input type="checkbox"/> Conceited | <input type="checkbox"/> Jealous | <input type="checkbox"/> Self-pity |
| <input type="checkbox"/> Control others | <input type="checkbox"/> Lazy | <input type="checkbox"/> Self-righteous |
| <input type="checkbox"/> Controlled by emotions | <input type="checkbox"/> Loner | <input type="checkbox"/> Self-serving |
| <input type="checkbox"/> Covetousness | <input type="checkbox"/> Lying | <input type="checkbox"/> Self-sufficient |
| <input type="checkbox"/> Crave intimacy | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Selfish ambition |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Materialistic | <input type="checkbox"/> Sensuality |
| <input type="checkbox"/> Deceptive | <input type="checkbox"/> Moody | <input type="checkbox"/> Sexual fantasy |
| <input type="checkbox"/> Defensive | <input type="checkbox"/> Negative | <input type="checkbox"/> Sexual lust |
| <input type="checkbox"/> Deny feelings | <input type="checkbox"/> Obsessive thoughts | <input type="checkbox"/> Silent treatment |
| <input type="checkbox"/> Deny reality | <input type="checkbox"/> Opinionated | <input type="checkbox"/> Slanderous |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Overly submissive | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Dominance | <input type="checkbox"/> Sensitive to criticism | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Drug dependency | <input type="checkbox"/> Passive | <input type="checkbox"/> Temper |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Passive-aggressive | <input type="checkbox"/> Trouble receiving love |
| <input type="checkbox"/> Envy | <input type="checkbox"/> People-pleaser | <input type="checkbox"/> Unforgiving |
| <input type="checkbox"/> False modesty | <input type="checkbox"/> Possessive | <input type="checkbox"/> Vanity |
| <input type="checkbox"/> Exaggeration | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Prejudice | <input type="checkbox"/> Workaholic |
| <input type="checkbox"/> Fear of failure | <input type="checkbox"/> Pride | <input type="checkbox"/> Worrier |

NEGATIVE EMOTIONS (Check the ones which describe how you currently feel about yourself.)

- | | | | |
|------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Abandoned | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Nobody | <input type="checkbox"/> Unaccepted |
| <input type="checkbox"/> Alone | <input type="checkbox"/> Inadequate | <input type="checkbox"/> No good | <input type="checkbox"/> Unimportant |
| <input type="checkbox"/> Bad | <input type="checkbox"/> Inferior | <input type="checkbox"/> Rejected | <input type="checkbox"/> Unloved |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Insecure | <input type="checkbox"/> Self-condemning | <input type="checkbox"/> Unwanted |
| <input type="checkbox"/> Helpless | <input type="checkbox"/> Insignificant | <input type="checkbox"/> Stupid | <input type="checkbox"/> Worthless |