



SoulCare Counseling

405 Harwood Bedford, Texas 76021

Client Information and History

Name: _____ Male Female

Birth Date: _____ Age: _____

Address: _____
(street) (city) (zip code)

Phone: _____ (home) _____ (work) _____ (cell)

Email: _____

Marital status: _____ If married, for how long? _____

Spouse's name/age: _____ Number of dependent children _____

Employer: _____ Position: _____

Education: _____

Emergency contact name and phone #: _____

How did you hear about SoulCare Counseling? _____

For what problem(s) or issue(s) are you seeking counseling at this time?

What have you done so far to handle or resolve the problems or issues?

What do you expect from counseling regarding this problem?

Please circle any substances you currently use and give the amount you use each day

| <u>Substance</u> | <u>Amount each day</u> |
|---------------------------------|------------------------|
| Cigarettes | _____ |
| Alcohol | _____ |
| Non-prescription pain relievers | _____ |
| Prescription pain relievers | _____ |
| Pills not prescribed for me | _____ |
| Marijuana | _____ |
| Cocaine or crack | _____ |
| Crystal Meth | _____ |
| Other illegal drug(s) | _____ |

Please indicate if you are having any of the following problems:

- ___ Difficulty falling asleep or staying asleep
- ___ Sleeping too much
- ___ Change in appetite: increased or decreased
- ___ Rapid change in weight: lost gained How much? _____
- ___ Vomiting, nausea, or diarrhea several times a week
- ___ Frequent crying spells
- ___ Panic attacks or anxiety attacks
- ___ Suicidal thoughts
- ___ Suicide plans/intentions
- ___ Self-harming behaviors (cutting, inducing vomiting or bowel movements)
- ___ Problems concentrating or focusing on daily living tasks or work-related tasks
- ___ Difficulty remembering names, important dates, directions, or recent events
- ___ Easily startled or jumpy
- ___ Recurring flashbacks of traumatic past events
- ___ A vague sense that something bad happened in the past, but unable to recall it
- ___ Difficulty controlling anger or easily "ticked-off"
- ___ Verbally or physically abusive (yelling, calling names, hitting, slapping, kicking)
- ___ Frequent arguments/conflict with family members or co-workers
- ___ Feeling like "I just can't stand this any longer"
- ___ Feeling enraged when people don't cooperate with you or agree with you
- ___ Mood swings
- ___ Seeing things or hearing things that other people don't see or hear
- ___ Hearing voices inside your head
- ___ Thinking that other people are talking bad about you or are planning to get you
- ___ Feeling tired almost everyday
- ___ Little or no interest in sex
- ___ Obsessed with sex (masturbating 4-5 times per week, viewing pornography daily)
- ___ Feeling depressed when criticized
- ___ Avoid situations where you would have to talk to people you don't know
- ___ Difficulty making decisions on how to start or complete a task
- ___ Unable to discard things which are no longer needed (newspapers, magazines)
- ___ Feel "put out" or irritated if asked to do something that you feel is beneath you
- ___ Feel upset when others do not do a task in the way you want it done

Marriage and Family Information

Name of spouse: _____ How long have you been married? _____

Ages when married: Husband ____ Wife ____

How many times have you been married before? _____

How many times has your spouse been married before? _____

In your current marriage, have you ever been separated? _____ How many times? _____

For what reason did you separate? _____

For what reason did you reconcile? _____

How long were you separated? _____ Are you currently separated? _____

Is your spouse willing to come to counseling? _____

Give brief information about your previous marriages such as length of marriage, reason for divorce, and any children born from those previous marriages:

How many children do you have? _____

Have you had any children die? _____ Please explain: _____

Do you have any grown children? _____

How many children are living in your home? _____

Please list first and last name of each child, age, sex, and any current problems.

Family Background Information

How many brothers and/or sisters do you have? _____ brother(s) _____ sister(s)

Were you ever physically abused as a child or teenager? _____

By whom? _____

At what age did it begin and how old were you when it stopped? _____

What brought it to an end? _____

Have you ever told anyone before now? _____ Who? _____

What was their response? _____

Have you ever gone to counseling to cope with your abuse? _____

Were you ever sexually abused as a child or a teenager? _____

By whom? _____

At what age did it begin and how old were you when it stopped? _____

What brought it to an end? _____

Have you ever told anyone before now? _____ Who? _____

What was their response? _____

Have you ever gone to counseling to cope with your abuse? _____

What was it like growing up in your home? Circle all that apply:

happy warm fun close angry fearful shameful safe relaxed
blaming critical cold distant strict tolerant punishing controlling
other _____

Who had the power and control in your home, i.e. who made most of the decisions?

How would you describe your mother?

How would you describe your father?

How would you describe their relationship with each other?

What was your relationship like with your mother?

What was your relationship like with your father?

What is your relationship like with each of them now?

Religious/Spiritual Background

Do you currently attend church? _____

How often? _____

Did you attend church as a child or as a teenager? _____

Were you made to go by your parents or did you go because you wanted to? _____

Are you a Christian? _____

How old were you when you became a Christian? _____

If so, briefly describe your conversion experience: _____

Are you satisfied with your relationship to God? _____

Why or why not? _____

Is this an area of your life that you would like to improve? _____

What would you like to see change concerning your relationship to God? _____

What do you think counseling can do to help you with your spiritual problems?

What issues are you currently struggling with in your relationship with God? Explain:

What is your spouse's religious background? _____

Do you attend church together? _____

How often? _____

What is your spiritual relationship like with your spouse? _____