



**Christ Community Church**  
 Discipleship & Counseling Ministries  
 1259 Route 12A, P.O. Box 276, Plainfield, NH 03781  
 (603) 675-5673

**Background Information**

**Personal Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business phone \_\_\_\_\_  
 Employer \_\_\_\_\_ How long? \_\_\_\_\_  
 Education (last year completed) \_\_\_\_\_ (grade) Other training (list type and years) \_\_\_\_\_

Referred by \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Have you ever been arrested?  Yes  No Reason / Result \_\_\_\_\_

**Marriage & Family:**

Marital status:  Single  Dating  Married  Separated  Divorced  Widowed  
 Name of spouse \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business phone \_\_\_\_\_  
 Employer \_\_\_\_\_ How long? \_\_\_\_\_  
 Education (last year completed) \_\_\_\_\_ (grade) Other training (list type and years) \_\_\_\_\_

Is your spouse willing to come for counseling?  Yes  No  Uncertain  
 Have you ever been separated?  Yes  No When? from \_\_\_\_\_ to \_\_\_\_\_  
 Has either of you ever filed for divorce?  Yes  No When? \_\_\_\_\_  
 Date of marriage \_\_\_\_\_ Your ages when married \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_  
 How long did you date \_\_\_\_\_ Length of engagement \_\_\_\_\_  
 Give brief information about any previous marriages \_\_\_\_\_

Are you now, or have you ever been involved in an abusive relationship? If so, explain \_\_\_\_\_

Information about children (\* Check this column if child is by a previous relationship):

* Name	Age	Sex	Living?	Education (in years)	Marital status
<input type="checkbox"/> _____	_____	_____	yes no _____	_____	_____
<input type="checkbox"/> _____	_____	_____	yes no _____	_____	_____
<input type="checkbox"/> _____	_____	_____	yes no _____	_____	_____
<input type="checkbox"/> _____	_____	_____	yes no _____	_____	_____

If you were reared by anyone other than your parents, briefly explain \_\_\_\_\_

How many older siblings do you have? \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

How many younger siblings do you have? \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Describe your relationship to your father \_\_\_\_\_

Describe your relationship to your mother \_\_\_\_\_

**Health Information:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Any recent changes? Lost \_\_\_\_\_ Gained \_\_\_\_\_

Rate your health (check):  Very Good  Good  Average  Declining  Other

Do you have any chronic or permanent health conditions? If so, what? \_\_\_\_\_

List all important present or past illnesses, injuries, handicaps or medical procedures \_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Report \_\_\_\_\_

Your physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever seen a psychiatrist or other counselor?  Yes  No Dates \_\_\_\_\_

What was your reason for seeking counseling? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Are you presently taking any medications?  Yes  No What? \_\_\_\_\_

Have you used drugs for other than medical purposes?  Yes  No What? \_\_\_\_\_

Do you drink alcoholic beverages?  Yes  No If yes, how much and how often? \_\_\_\_\_

Do you drink coffee/caffeinated drinks?  Yes  No If yes, how much and how often? \_\_\_\_\_

Have you ever had a severe emotional upset or breakdown?  Yes  No Explain \_\_\_\_\_

Have you ever had hallucinations?  Yes  No Do you have problems sleeping?  Yes  No

Do you have any hearing problems?  Yes  No Do you have nightmares?  Yes  No

Have you recently suffered the loss of someone who was close to you?  Yes  No Explain \_\_\_\_\_

Women, have you ever had an abortion? If yes, please give dates and circumstances \_\_\_\_\_

Are you willing to sign an information release form so that your counselor may write for social, psychiatric, or medical reports?  Yes  No

**Religious Background:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Do you presently attend a church (please name)? \_\_\_\_\_ Are you a member?  Yes  No

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Previous churches attended \_\_\_\_\_ Have you ever been baptized?  Yes  No

Religious background of spouse (if married) \_\_\_\_\_

Do you consider yourself a religious person?  Yes  No  Uncertain

Do you believe in God?  Yes  No  Uncertain

Are you saved (or, "born again")?  Yes  No  Not sure what you mean

Do you pray to God?  Never  Occasionally  Often  Daily

How often do you read the Bible?  Never  Occasionally  Often  Daily

Do you have regular family devotions?  Yes  No

Explain recent changes in your religious life, if any \_\_\_\_\_

**Problem Checklist:**

- |  |  |                                   |   |   |
|--|--|-----------------------------------|---|---|
| <input type="checkbox"/> Anger         | <input type="checkbox"/> Conflict (fights) | <input type="checkbox"/> Envy     | <input type="checkbox"/> Laziness           | <input type="checkbox"/> Rebellion                              |
| <input type="checkbox"/> Anxiety       | <input type="checkbox"/> Deception (lying) | <input type="checkbox"/> Fear     | <input type="checkbox"/> Loneliness         | <input type="checkbox"/> Sexual issues                          |
| <input type="checkbox"/> Bitterness    | <input type="checkbox"/> Decision making   | <input type="checkbox"/> Finances | <input type="checkbox"/> Lust (pornography) | <input type="checkbox"/> Sleep                                  |
| <input type="checkbox"/> Children      | <input type="checkbox"/> Depression        | <input type="checkbox"/> Gluttony | <input type="checkbox"/> Moodiness          | <input type="checkbox"/> A particular sin                       |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Drunkenness       | <input type="checkbox"/> Guilt    | <input type="checkbox"/> Perfectionism      | <input type="checkbox"/> Other issue<br>(please write in below) |