



a biblical counseling ministry of Calvary Baptist Church

SoulCare Counseling Request

(If seeking counseling for a child or teen, please fill out the yellow form marked "Under 18")

Date: _____

Welcome to SoulCare! Please complete with as much detail as you feel comfortable sharing. Be assured that your information is seen only by the counselor and appropriate SoulCare leadership.

PERSONAL INFORMATION

Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Mailing Address: _____ City _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Preferred Method of Contact (Consider Confidentiality): _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Who referred you or how did you hear about SoulCare? _____

(Website, Church Bulletin, Pastor Friend, Redemption Group, Other) Please name person above. _____

Your Occupation: _____ Employer: _____

FAMILY INFORMATION

Marital Status: _____ Wedding Date of Current Marriage (if applicable): ____/____/____

Spouse's Name (if applicable): _____ Phone: _____

Have you ever been separated? Yes No Ever filed for divorce? Yes No If so, when? _____

Have you ever had any prior marriages? _____

Number of Children/Ages: _____

Describe any significant event/information about your family that would be beneficial for counseling: _____

REASON FOR SEEKING HELP

What concerns have led you to pursue counseling? _____

What areas of your life are being most affected by this issue? **(Check all that apply):**

Home Work Marriage Other Relationships Relationship with God

When did the present concern begin to be a problem for you? _____

Were there any significant events occurring in your life / family when this issue began? _____

How have you already tried to resolve the issue? _____

Have you ever gone to a counselor? Yes No If yes, was the counseling Christian or secular **(circle one)**?

How do you feel about the results of your previous counseling? _____

What do you hope to gain from SoulCare? _____

Please rate the severity of your present concerns on the following scale **(Check one)**:

Mild Moderate Severe Totally incapacitating

What do you desire most in life? _____

What do you fear most in life? _____

MEDICAL HEALTH

Rate your health **(Check one)**:

Excellent Good Average/Fair Poor Other

Have there been any significant weight changes in the past year? Yes No

List any major present or past illnesses, injuries or disabilities: _____

Are you presently taking any psychiatric medication? Yes No

If so, for what purpose? _____

Have you been previously hospitalized or seen a doctor for psychiatric reasons? Yes No

RELATIONSHIP WITH GOD AND CHURCH

Do you attend Calvary? Yes (once or twice a month) Yes (more than twice a month) No

Are you a member of Calvary? Yes No No, but I am interested in becoming a member

What ministries are you currently being blessed by? _____

Are you serving in any ministry at Calvary? Yes No If yes, describe: _____

Are you involved in another church? Yes No

Are you involved in a Community Group? Yes No

Are you trusting in Jesus and His death and resurrection for your salvation? Yes No Not sure

Please describe how your relationship with Jesus Christ began and where it is now: _____

Describe your sense of God's involvement in your daily life: _____

EMOTIONAL ASSESSMENT

Have you experienced abuse in your past? Yes No Are you experiencing abuse now? Yes No

Do you ever feel suicidal? No Yes (sometimes) Yes (Past attempts) Yes (I have an active plan)

Do you feel depressed? No Mildly Moderately Severely

Do you feel anxious? No Mildly Moderately Severely

Do you feel overwhelmed? No Mildly Moderately Severely

Please provide additional details, if any, regarding your level of feeling suicidal, depressed, anxious, and/or overwhelmed: _____

Do you use drugs? Yes No

Do you use alcohol? Yes No

If yes, drug/alcohol of choice _____

Last use: _____ Frequency: _____

Please list any addiction-like struggles: _____
(Examples: drugs, alcohol, food, exercise, sex, pornography, work, video games/cyber, shopping, television, etc.)

Please check how often the following thoughts or experiences occur to you?

- | | | | | |
|---------------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| 1. Life is hopeless. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 2. I am lonely. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 3. No one cares about me. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 4. I am a failure. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 5. Most people do not like me. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 6. I want to die. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 7. I want to hurt someone. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 8. I am stupid. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 9. I am going crazy. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 10. I cannot concentrate. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 11. I am depressed. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 12. God is disappointed in me. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 13. I cannot be forgiven. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 14. Why am I so different? | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 15. I cannot do anything right. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 16. People hear my thoughts. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 17. I have emotional numbness. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 18. I am out of control. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

Please comment about each of the above thoughts that occurred frequently or are a concern to you:

Please indicate which of the following areas currently are problems for you. **(Check all that apply):**

- | | |
|---|---|
| <input type="checkbox"/> Angry feelings/outbursts | <input type="checkbox"/> Difficulty making decisions |
| <input type="checkbox"/> Concern about finances | <input type="checkbox"/> Loss of interest in sexual relationships |
| <input type="checkbox"/> Excessive fear of specific places/objects | <input type="checkbox"/> Feeling sexually attracted to same sex |
| <input type="checkbox"/> Difficulty making friends | <input type="checkbox"/> Concerns about physical health |
| <input type="checkbox"/> Feeling as if you would be better off dead | <input type="checkbox"/> Blackouts or temporary loss of memory |
| <input type="checkbox"/> Feeling that people are out to get you | <input type="checkbox"/> Loss of appetite/increased appetite |
| <input type="checkbox"/> Delusions | <input type="checkbox"/> Issues with food and/or weight |
| <input type="checkbox"/> Crying episodes | <input type="checkbox"/> Feeling distant from God |
| <input type="checkbox"/> Loss of interest in usual activities | <input type="checkbox"/> Nightmares Obsessions/compulsions with specific activities |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Feeling trapped in rooms/buildings |
| <input type="checkbox"/> Inability to control thoughts | <input type="checkbox"/> Visual hallucinations |
| <input type="checkbox"/> Hearing voices | <input type="checkbox"/> Excessive feelings of guilt/shame |
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Feeling manipulated or controlled by others |
| <input type="checkbox"/> Feeling worthless | <input type="checkbox"/> Insomnia (no sleep) or hypersomnia (sleep all the time) |
| <input type="checkbox"/> Issues with transgender identity | <input type="checkbox"/> Other: _____ |

SETTING UP AN APPOINTMENT

Please check **ALL** possible times you are available to meet for counseling.

(Sessions are 45 minutes long)

	9 am	10 am	11 am	Noon	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm
Mondays												
Tuesdays												
Wednesdays												
Thursdays												
Fridays												

ONCE YOU HAVE COMPLETED THIS FORM, PLEASE...

1. Drop the form off at the church office, or in the SoulCare mailbox next to the church office window,
OR
2. Submit online using the online request form
- 3. OR**
4. Email it to Pastor Paul at pwilson@calvarybaptistpa.org
OR
5. Mail it to:
Pastor Paul Wilson
Calvary Baptist Church
5300 Green Pond Rd.
Easton PA 18045

Pastor Paul and/or a counselor will contact you as soon as they are able, to discuss when counseling can begin. If you have any questions, please feel free to call the church office to speak with Pastor Paul 610.365.5300.