

CONFIDENTIAL INFORMATION FORM

This form will enable us to gain a better understanding of you and it will become a part of your confidential file. Please answer each question as completely as possible. *Couples: Please fill out two forms, one for each person.*

Date: _____

Name _____ M _____ F _____ DOB _____ Age _____

Address _____

City _____ State _____ Zip _____

Please prioritize the best way to reach you (Ex. 1, 2, 3) and indicate whether we may leave a message at each number (yes or no).

_____ Home Phone _____ Yes No

_____ Cell Phone _____ Yes No

_____ Work Phone _____ Yes No

Email _____

Occupation _____ Employer _____

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

How long? _____

If Married:

Spouse's Name _____ DOB _____ Age _____

This is your _____ marriage. This is your spouse's _____ marriage. (Indicate 1st, 2nd, 3rd, etc.)

Please give brief information about any of your previous marriage(s):

Spouse's Name	Year Married	Length of Marriage	Reason for Divorce	# Children

Have you & your current spouse ever separated? _____ When/How long? _____

Name and ages of any children: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

SPIRITUAL/RELIGIOUS INFORMATION

Where do you attend church? _____ How long have you attended? _____

If Liberty Church, which service do you usually attend? 9:00 AM 10:30 AM 12:00 PM

Church Attendance: _____ times per month Are you part of a Life Group? Yes No

If yes, who is your Life Group leader? _____

Do you currently serve in your church? Yes No If so, in what area/capacity? _____

Have you surrendered your life to Christ and received Jesus personally as your savior? (Circle One)

Yes No Uncertain

If yes, when? _____

Have you been baptized since accepting Jesus? (Circle One)

Yes No Uncertain

If yes, when? _____

If applicable, what is the religious background of your spouse? _____

Spouse's church attendance: _____ times per month Have they received Christ as their savior? _____

Do you and your spouse openly discuss and encourage one another in your faith? Yes No

Do you regularly pray to God? Yes No

Do you read and study your Bible? Yes No If yes, how often? _____

If yes, what are you currently reading/studying? _____

How would you describe the character of God? _____

Please note any recent changes or struggles in your spiritual life: _____

HEALTH/MEDICAL HISTORY

Have you ever had counseling before? YES NO

Age	Duration	Counselor's Name	Issue/Diagnosis	Was it helpful?

Have you ever been hospitalized for mental illness or substance abuse? YES NO

If so, for what *specific* reason? _____

Are you currently taking any medications? YES NO Primary Physician: _____

Medication	Dosage	Frequency	Prescribed for...	Date began taking...

***Use back of page if necessary**

Approximately how many hours of sleep do you get each night? _____

What time do you normally go to bed? _____ Fall asleep? _____ Wake Up? _____ Get out of bed? _____

Do you currently view pornography? YES NO

If so, how often? DAILY WEEKLY MONTHLY RARELY

If you are married, does your spouse view pornography? YES NO

In the last month, have you had suicidal thoughts? YES NO

Have you seriously considered attempting suicide in the past? YES NO

If YES to either of the above questions, please explain. _____

Have you ever made a suicide attempt? YES NO

If YES, please describe when and the nature of the attempt. _____

Did you receive help? YES NO

If YES, please describe when and the nature of the help you received. _____

PRESENTING PROBLEMS

Please tell me, in your own words, the problems you are experiencing:

Please tell me what you would like to change or work on in counseling:

What have you already tried in an attempt to alleviate this issue?

How long has this been a significant issue for you? Please be specific (i.e. not “all my life”).

Is there any other information you think we should know to help you?

How did you hear about Liberty Christian Counseling? (Check One)

Website _____ Church _____ Friend _____ Other _____

Referral _____

May we contact this person to thank them? YES NO

(Please note we will only contact them to thank them for their recent referral. We will NOT provide your information.)