





Describe the kind of relationship you now have with your parents. \_\_\_\_\_

\_\_\_\_\_

Describe the relationship your children have with their grandparents. \_\_\_\_\_

\_\_\_\_\_

**YOUR CURRENT FAMILY:**

It is sometimes difficult for us to keep significant events (positive and negative) in chronological order. Please list these events below. Include dates of marriage, separation, divorce, children's births, adoptions, deaths, traumatic events, moves, etc. Be as brief as possible.

<u>Date</u>	<u>Significant event</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How would you characterize yourself presently? ( Check all answers that apply.)

- Happy    Depressed    Sad    Fulfilled    Anxious    Hurt  
 Suicidal    Defeated    Angry    Satisfied    Fearful    Bitter

If applicable, how would you characterize your spouse?

- Happy    Depressed    Sad    Fulfilled    Anxious    Hurt  
 Suicidal    Defeated    Angry    Satisfied    Fearful    Bitter

What has been your greatest disappointment for yourself? for your family? \_\_\_\_\_

\_\_\_\_\_

Briefly describe your family's interaction with one another: \_\_\_\_\_

\_\_\_\_\_

How does your family communicate differences of opinion? \_\_\_\_\_

\_\_\_\_\_

What kinds of things does your family do together? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe the atmosphere of your family? (Check all answers that apply)

- encouraging    permissive    busy    critical    easy going  
 affectionate    stressful    tense    painful    strict  
 disruptive    distant    moody    hostile    other \_\_\_\_\_

How does your family communicate their feelings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of things would you like to see changed within your family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your personal style of disciplining? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, what is your spouse's style of disciplining? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH INFORMATION:**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Last time you had a physical \_\_\_\_\_  
Are you presently under a doctor's care \_\_\_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

What medications are you currently taking? \_\_\_\_\_  
\_\_\_\_\_

Have you previously received counseling? \_\_\_\_\_ If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for emotional problems? \_\_\_\_\_ If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

**You may complete the following information on one of the parent intake forms instead of filling out both copies. Please indicate if any of the following conditions exist or have existed for you or any members of your families. Please indicate for whom the condition existed.**

	Condition Now Exists	Condition Existed 3 mo. ago	Did Condition Ever Exist?	Who had the condition? (Yourself or family member)
Surgery _____	( )	( )	( )	_____
Eyes, ears, nose, throat (Circle)	( )	( )	( )	_____
Underweight/overweight (Circle)	( )	( )	( )	_____
Recent loss/gain in weight (Circle)	( )	( )	( )	_____
High/low blood pressure (Circle)	( )	( )	( )	_____
Chronic headaches/migraine (Circle)	( )	( )	( )	_____
Nervous disorder/epilepsy (Circle)	( )	( )	( )	_____
Diabetes/hypoglycemia (Circle)	( )	( )	( )	_____
Gland disease/thyroid (Circle)	( )	( )	( )	_____
Cancer	( )	( )	( )	_____
Lung disease/tuberculosis (Circle)	( )	( )	( )	_____
Arthritis/rheumatism (Circle)	( )	( )	( )	_____
Ulcer/Stomach problems (Circle)	( )	( )	( )	_____
Pregnancy	( )	( )	( )	_____
Hormonal Imbalance	( )	( )	( )	_____
Blood disorders	( )	( )	( )	_____
Kidney/genito-urinary problems	( )	( )	( )	_____
Venereal disease (type _____)	( )	( )	( )	_____
Disorder of breast/female organs	( )	( )	( )	_____
Back/muscle problems	( )	( )	( )	_____
Heart disease	( )	( )	( )	_____
Insomnia	( )	( )	( )	_____
Exhaustion	( )	( )	( )	_____
Allergies	( )	( )	( )	_____
Other _____	( )	( )	( )	_____

**PERSONAL HISTORY INFORMATION**

Do any of the following conditions exist for you or for members of your family?

	Condition Now Exists	Condition Existed 3 mo. ago	Did Condition Ever Exist?	Who had the condition? (Yourself or family member)
<b>CRIMINAL ACTIVITY/VIOLENCE</b>				
Child Abuse	( )	( )	( )	_____
Spouse Abuse	( )	( )	( )	_____
Traffic Violations (repeated/major)	( )	( )	( )	_____
Vandalism	( )	( )	( )	_____

CRIMINAL ACTIVITY CONT.

	Condition Now Exists	Condition Existed 3 Mo. Ago	Did Condition Ever Exist?	Who had the condition? (Yourself or family member)
Assault	( )	( )	( )	_____
Theft	( )	( )	( )	_____
Prostitution	( )	( )	( )	_____
Manslaughter	( )	( )	( )	_____
Rape	( )	( )	( )	_____
Exhibitionism	( )	( )	( )	_____
Other _____	( )	( )	( )	_____

SEXUAL PROBLEMS

Adultery/Premarital sex	( )	( )	( )	_____
Incest	( )	( )	( )	_____
Impotence	( )	( )	( )	_____
Frigidity	( )	( )	( )	_____
Promiscuity	( )	( )	( )	_____
Homosexuality	( )	( )	( )	_____
Voyeurism/Pornography	( )	( )	( )	_____
Other _____	( )	( )	( )	_____

OTHER PROBLEMS

Suicide	( )	( )	( )	_____
Suicide (attempted)	( )	( )	( )	_____
Delinquency	( )	( )	( )	_____
Absenteeism	( )	( )	( )	_____
Tardiness	( )	( )	( )	_____
School drop-out	( )	( )	( )	_____
Out-of-wedlock pregnancy	( )	( )	( )	_____
High need for achievement/approval	( )	( )	( )	_____
Workaholism	( )	( )	( )	_____
Hyper-activity	( )	( )	( )	_____
Hypochondria	( )	( )	( )	_____
Alcoholism	( )	( )	( )	_____
Street/habit forming drug use	( )	( )	( )	_____
Other _____	( )	( )	( )	_____

OCCULT ACTIVITY

Read/follow daily horoscope	( )	( )	( )	_____
Visited fortune teller/palm reader	( )	( )	( )	_____
Participation in seance	( )	( )	( )	_____
Played with a Ouija board	( )	( )	( )	_____
Involved in occult activity	( )	( )	( )	_____
Special interest in the occult	( )	( )	( )	_____
Other _____	( )	( )	( )	_____

**PERSONAL RELIGIOUS INFORMATION**

Are you a church member? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

How often do you attend? Weekly ( ) Monthly ( ) Seldom ( ) Never ( )

How often does your spouse attend? Weekly ( ) Monthly ( ) Seldom ( ) Never ( )

What is your religious background? \_\_\_\_\_

What is your spouse's religious background? \_\_\_\_\_

Have you had any significant religious experience? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you had any unexplainable experiences? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you made the discovery of knowing Jesus Christ personally? \_\_\_\_\_ Give details \_\_\_\_\_

Are you satisfied with your own personal faith? \_\_\_\_\_

Do you have daily time of devotional Bible reading? ( ) Always ( ) Sometimes  
( ) Seldom ( ) Never

How do you relate your Christian faith with your family? \_\_\_\_\_

**SPECIFIC AREA(S) OF CONCERN**

Briefly describe your reasons for seeking counseling \_\_\_\_\_

What have you attempted to do about your concerns \_\_\_\_\_

Has the child you are most concerned about been recommended for any academic, developmental or personality/behavioral testing? \_\_\_\_\_ If yes, describe the kind of recommendation and the results \_\_\_\_\_

Briefly describe your relationship with the child \_\_\_\_\_

Describe the child's relationship with your spouse \_\_\_\_\_

How would you describe the child's personality and behavior \_\_\_\_\_

---

---

---

How would you describe the child's performance in school \_\_\_\_\_

---

---

---

How can we be of the most help to you \_\_\_\_\_

---

---

---

Is everyone in your family willing to assist/participate in the counseling process? \_\_\_\_\_

If not, please give details \_\_\_\_\_

---

---

---