J. Lynne Weilert Counseling Services
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Today's Date: _____

Last Name: _____ **First Name:** _____

Birth date: _____ **Age**: _____

Address: _____ **City/State/Zip:** _____

How long at this address: _____

Home Phone: _____ **Cell Phone:** _____

OK to leave message?: ___ Yes ___No **Number Preferred**: ____ Home _____Cell

Email address: _____

Status:

___ Married ___Single __Separated _ Divorced __Widowed __Committed Relationship

Spouse Name: _____ Birth date: _____ Age: _____

Date of current marriage: _____

Previous marriage(s):

For husband? How many? _____ Duration of each: _____

For wife? How many? _____ Duration of each: _____

Names and ages of children: _____

Names and ages of present household members and their relationship to you:

_____

Are there any serious medical problems or physical disabilities in your immediate family (parents, siblings, children)?:

Please explain:_____

Last Grade completed/degree(s)?: You: _____Spouse: _____

Employer: _____Phone: _____

Occupation: _____

Spouse's employer: _____Phone: _____

Occupation: _____

Nearest relative not living with you: _____ Phone: _____

Whom may we thank for referring you? _____

Address: _____ Phone: _____

Whom may we contact in case of an emergency who does not reside with you?

Name_____ Phone: _____

Briefly, how would you describe the situation or problem that brings you here:

Are you taking any medications? If yes, what, how much, and with what results:

Role of religion and/or spirituality in your life:

a. In childhood: _____
b. As an adult: _____

Present interests, hobbies, and activities:

_____

How is most of your free time occupied?

_____

_____

What actions, if any, have you taken toward finding a solution?

_____

_____

Have you or any other family member ever received prior counseling or treatment? ____Yes ____No

If yes, with whom and when?

_____

What do you expect to accomplish from therapy, and how long do you expect therapy to last?

_____

_____

What is there about your present behavior that you would like to change?

_____

_____

In a few words, what do you think therapy is all about?:

_____

_____

I would like Christian principles incorporated into my therapy ___ Yes ___ No

If yes, does this include scripture? ___ Yes ___No
If yes, does this include prayer? ____ Yes ____No