

NEED FOR COUNSELING

State in your own words the nature of your concern, and/or what you would like to see happen as a result of the counseling..

If your problem is something that you think happens too often, state approximately how often it occurs, how long it lasts and any other information you feel might be helpful in understanding your problem.

If your problem concerns something not happening as often as you would like, state what you would like to see happen more often, how often you think it should occur, etc.

If you have had previous counseling for this problem, state with whom and describe the outcome

YOUR DESIRES

How do you hope to use your healing to bless others?

BEGINNINGS

Place a check mark in each box that applies to you or write the facts as they pertain to each item:

Place of Birth: _____ Weight at Birth: _____pounds _____ounces

I was born: on time late: How late? _____ premature: How premature? _____

I was delivered Cesarean Section

I was a wanted baby. How do you know? _____

Birth mother and natural father were not married to each other before my conception.

Birth mother and natural father were not happily married during my time in the womb.

Natural father was gone much of the time while I was in the womb.

Medications or forceps had to be used for my delivery.

Birth mother and /or natural father were grieving the loss or potential loss of a loved one during my womb life

Birth mother had a difficult previous pregnancy.

Birth mother had a difficult pregnancy with me. What made it difficult? _____

Birth mother and natural father were struggling with difficulties of life while I was in the womb. If yes, what were they?

What is the story your family tells about your coming into the world?

What significant events occurred in your early childhood?

List the number of "moves" you made in your first 18 years of life.

Age	Moved From	Moved To	Reason

HEALTH INFORMATION

Your present height: _____ weight: _____

List the number of hospitalizations or serious injuries you experienced in your first 18 years.

Incident:	Age:	Reaction & Present Effects:

HEALTH INFORMATION (continued)

Does any of your health history or experiences relate to your present problem?

List all prescription and non-prescription drugs you now take (include dosage):

When was the last time you felt well, both physically and emotionally, for a fair amount of time and why?

Menstrual History

Age of first period:_____ Were you informed, or did it come as a shock?

How did others respond to you?

Are you regular? Yes No Duration:_____ Do you have pain?. Yes No

Do your periods affect your moods? Yes No If so, how?

EDUCATIONAL HISTORY (List from most recent to oldest)

School/College/University	Major/Degree	Date Received:

Were you ever bullied or given a nickname? Yes No If yes, by whom and why?

Do you make friends easily? Yes No Do you keep them?

EMPLOYMENT HISTORY (List from most recent to oldest)

Age	Job	Type of work	Reason for Leaving

EMPLOYMENT (continued)

Do you enjoy your present job? Yes No Please explain further:

How much money do you and your spouse earn? _____ Are you satisfied? Yes No

What are your ambitions and aspirations?

SEX INFORMATION

What was the attitude towards sex in the home in which you grew-up? How was it discussed or instructed?

At what age did you derive your knowledge of sex? _____ How did you learn?

When did you become aware of your sexual impulses? What happened?

Did someone ever touch you inappropriately in a sexual way? Yes No If yes, please explain:

Did you ever have any anxieties, or guilt feelings, or trauma arising out of:

- Masturbation? Yes No If yes, please explain:

- Sexual Experience with the opposite sex? Yes No If yes, please explain:

- Sexual Experience with the same sex (homosexuality)? Yes No If yes, please explain:

Are there any questions, concerns and/or events you have about sex, sexual experiences and/or sexual identity past/present or future?

FAMILY DATA

List all of your brothers and sisters from oldest to youngest, including yourself. Please list in birth order, including any miscarriages, or abortions of which you are aware?

Name	Sex	Age	Marital Status	Job	Brief Description of Their Personality

What was your relationship with your brothers and sisters in the past? Explain why.

What is your present relationship with your brothers and sisters? Explain why.

Which brother or sister is most like you, and in what respect?

Which brother or sister is most different from you, and in what respect?

Who played together and why?

Have you ever lived with anyone other than your parents? Yes No

If yes, how old were you? _____ For how long? _____

With whom did you live?

How would you describe the home atmosphere in which you grew-up?

Were you able to confide in your parents? Yes No Why or why not?

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, or other aspects of your personal life? Yes No If yes, in what ways?

List any fearful or distressing experiences not previously mentioned:

DESCRIBE YOUR PARENTS

Answers on this page describe the mother and father who took primary responsibility for rearing you. If either person is other than your biological (birth) parent, **please copy these description pages**, complete them for your biological parent/s and attach that page to the back of this life history

FATHER's Name:	Current age:	MOTHER's Name:	Current age:
Occupation before retiring			
If deceased, what was the cause of death and their age?			
What was your age then?			
Personality			
Values			
Kind of home environment he/she provided			
Relationship to each other			
Was in charge - real head of house			

(Continued)	FATHER	MOTHER
Relationship to the children		
How he/she showed Love		
Ambition for the Children		
Describe your ability to confide in him/her		
Form of punishment he/she used		
As a child, what I liked about him/her		
As a child, what I disliked about him/her		
His/her favorite child and why		

(Continued)	FATHER	MOTHER
	Child most like him/her	
	Child most different from him/her	
	Attitude towards sex	
	Had a problem with addictions or immorality	

PARENTING STYLE IN YOUR FAMILY OF ORIGIN

For each issue, please circle the number which best describes your opinion of the home in which you grew-up..

	Too Permissive	Permissive	Average	Strict	Too Strict
Church attendance	5	4	3	2	
Clothing	5	4	3	2	1
Computer use	5	4	3	2	1
Dating	5	4	3	2	1
Drinking alcohol	5	4	3	2	1
Free will	5	4	3	2	1
Home chores	5	4	3	2	1
Literature	5	4	3	2	1
Movies	5	4	3	2	1
Music	5	4	3	2	1
School work	5	4	3	2	1
Sex	5	4	3	2	1
Smoking	5	4	3	2	1
Television	5	4	3	2	1

MARITAL INFORMATION

	Name of Spouse	Length of Engagement	Age When Married		Length of Marriage	Reason Why It Ended	# Children from that Marriage
			You	Spouse			
1 st Marriage							
2 nd Marriage							
3 rd Marriage							
4 th Marriage							

PRESENT MARRIAGE Anniversary Date: _____

What I liked the first few years:

What my spouse liked the first few years:

What I disliked the first few years:

What my spouse disliked the first few years:

What I liked/disliked in the last few months:

What my spouse liked/disliked in the last few months:

Place the letter "C" or "I" in each blank below as it applies to your present marriage.

C = Most Compatible I = Incompatible

_____ value system	_____ commitment to God	_____ devotion to spouse	_____ child discipline
_____ Intellect	_____ sleep requirements	_____ financial planning	_____ devotion to work
_____ energy level	_____ food appetite	_____ spending money	_____ household duties
_____ social time	_____ exercise needs	_____ parenting style	_____ in-law relationships
_____ Planning	_____ sexual needs	_____ recreational interests	_____ hobbies
_____ Goals	_____ need for touch	_____ educational preparation	_____ other _____
_____ Neatness	_____ need for time alone	_____ sensitivity to feelings	_____ other _____
_____ Friends	_____ conversation	_____ spiritual growth	

Give three specific examples of those things you would like to see your spouse do more often (eg. take out the garbage, bring you a cup of coffee, spend more time with you, etc.)

- 1.
- 2.
- 3.

Give three specific examples of those things you would like to see your spouse stop doing (three particular things that irritate you).

- 1.
- 2.
- 3.

List the names of **your children**, from oldest to youngest. State if any of these children are from previous marriages, or adopted. Also, in order of birth include any miscarriages or abortions. Include step-children.

First Name	Sex	Age	Marital Status	Job	Brief Description of Personality

PREVIOUS MARRIAGE(S) (If you have more than one prior marriage, turn sheet over and describe).

What I liked about them:

What I disliked about them:

What my previous spouse liked about me:

What my previous spouse disliked about me:

What ended the relationship?

SPIRITUAL EXPERIENCES

Please place a check mark beside each item in which you or your family members have participated. Key: S = self , F = family

S	F		S	F		S	F	
		Islam			Masons (Freemasonry)			astral-projection
		Wicca			Christian Science			astrology
		Bahatism			Children of God			automatic writing
		EST			Church of the Living Word			black magic/ white magic
		Echkankar			Cult of Diana			blood pacts
		Father Divine			Herbert W. Armstrong			clairvoyance
		Hare Krishna			(Radio Church of God)			dowsing (water witching)
		Hinduism			Jehovah Witness			fetishism
		Science of Creative Intelligence			Scientology			fortune telling
		Rosicrucian			Mormonism			ghosts
		Roy Masters			New Age			healing magnetism
		Science of the Mind			Swedenborgianism			hypnosis
		Silva Mind Control						incubi or succubae (sex spirits)
		Theosophical Society			The Way International			magic charming
		Transcendental Meditation			Unification Church			materialization
		Yoga			Unitarianism			mental suggestions
		Zen Buddhism			Unity			ouija board
		Satanism			Witchcraft			palm reading
		Other:			Other:			pendulum &rod
		Other: _____			Other: _____			spells
								reading tea leaves, etc.
								séance
								tarot cards
								telekinesis (i.e., table lifting)
								telepathy
								trance speaking
								visionary dreams
								drugs

How have any of the items you checked affected your life?

SELF-DESCRIPTION

In what situations do you lose control?

In what situations do you maintain self-control?

How do you believe you would be described by:

- Your spouse:
- Your best friend:
- Your worst enemy (even if you don't really have one):

How would you describe yourself?

COMPLETE THE FOLLOWING SENTENCES

1) As a child, I . . .

2) For me, school was . . .

3) My childhood fears were . . .

4) My childhood ambitions were . . .

5) My role in my group of friends was . . .

6) The significant events in my physical and sexual development were . . .

7) The significant events in my social development were . . .

8) The most important values in my family were . . .

9) What stands out the most for me about my family life is . . .

10) My parents' relationship to each other was . . .

11) My brother' and sister' relationships to Dad were . . .

12) My brother' and sister' relationships to Mother were . . .