



First & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Gender:

Male

Female

Marital Status:

Married

Single

Separated

Divorced

Where do you attend church?

Lynnhaven Campus  Norfolk Campus  Other \_\_\_\_\_

Employment Status:  Full-time  Part-time  Unemployed Annual Job Wages: \_\_\_\_\_  Don't Know

## PREVIOUS COUNSELING INFO

Have you received counseling before?  Yes  No If so, when? \_\_\_\_\_

Are you under the care of a physician or psychiatrist?  Yes  No

If so, please provide the name of your physician or psychiatrist. \_\_\_\_\_

Please list any medications you are currently taking. \_\_\_\_\_

(More on the reverse side.)

# GETTING TO KNOW YOU BETTER

Today I felt..

I wish I could change..

Sometimes I wonder if..

Ideally, I picture myself as..

My childhood was..

What really hurts me is..

I feel uncertain about..

My mother/father..

In order to understand me..

Have you reached the place in your spiritual life where you know for certain that were you to die today that you would go to Heaven?

Yes  No  I don't know.

If you checked yes, on what basis would God let you into Heaven?

What is the specific problem or concern that has caused you to come for counseling at this time?

What have you done about this problem up to this point in time?

What specifically do you expect your counselor to do to help you with this concern?