

**Pat Bramlett, Staff Counselor  
Susan Sowell, MA, LPC-S  
Kingsland Baptist Church  
20555 Kingsland Blvd.  
Katy, Texas 77450  
281.492.0785**

We are honored by your decision to seek assistance from our Counseling Ministry. This program strives to glorify Jesus Christ and to produce sound minds and Christian behavior. The counseling we provide, both pastoral and professional, is guided by principles which are scripturally based and psychologically sound.

Date: \_\_\_\_\_

**PERSONAL HISTORY**

Please answer all questions honestly.

The degree of your healing is relevant to the degree of transparency.

All information is confidential.

**GENERAL INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

IF MARRIED, SPOUSE'S NAME: \_\_\_\_\_ NUMBER OF YEARS: \_\_\_\_\_

NUMBER OF CHILDREN: \_\_\_\_\_

AGES: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOBBIES/INTERESTS: \_\_\_\_\_

**HEALTH INFORMATION**

Rate your health:

\_\_\_\_\_ very good \_\_\_\_\_ good \_\_\_\_\_ average \_\_\_\_\_ declining \_\_\_\_\_ other

If you are currently under a physicians care, please explain.

Please list any (past/present) significant illnesses, injuries and/or handicaps:

When was your last medical examination?

Results: \_\_\_\_\_

Are you presently taking medication? If yes, please describe. \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you ever had a severe emotional upset? If yes, what were the circumstances?

Have you ever been admitted to a hospital or treated for any psychotherapy or counseling?

Please list below any previous counseling you have had and dates of treatment.

Have you recently suffered the loss of someone who was close to you? If yes, please explain:

Have you recently experienced a significant change or traumatic experience? If yes, please explain.

Are you able to cope with all of your present circumstances? If no, please explain.

If you could change your present circumstances, what would you change?

Why are you seeking counseling?

Would you say your problems are more:

\_\_\_\_\_ Physical \_\_\_\_\_ MENTAL \_\_\_\_\_ EMOTIONAL \_\_\_\_\_ SPIRITUAL IN NATURE

### **CURRENT SYMPTOMS**

**Check all that apply**

- \_\_\_\_\_ Anxious thoughts
- \_\_\_\_\_ Excessive dieting
- \_\_\_\_\_ Excessive eating
- \_\_\_\_\_ Compulsive exercising
- \_\_\_\_\_ Compulsive sexual behaviors
- \_\_\_\_\_ Feelings of hopelessness
- \_\_\_\_\_ Disturbance of thought
- \_\_\_\_\_ Unusual fears
- \_\_\_\_\_ Thoughts of suicide
- \_\_\_\_\_ Change in weight
- \_\_\_\_\_ Change in sleep
- \_\_\_\_\_ Sleep disturbances
- \_\_\_\_\_ Hearing voices
- \_\_\_\_\_ Change in appetite
- \_\_\_\_\_ Change in personal relationships
- \_\_\_\_\_ Health problems
- \_\_\_\_\_ Increase/decrease in sex drive
- \_\_\_\_\_ Panic attacks
- \_\_\_\_\_ Anger outbursts
- \_\_\_\_\_ Obsessions/Compulsions
- \_\_\_\_\_ Hyperactivity
- \_\_\_\_\_ Depressed mood
- \_\_\_\_\_ Feelings of being overwhelmed
- \_\_\_\_\_ Loss of interest in activities
- \_\_\_\_\_ Poor memory
- \_\_\_\_\_ Daydreaming
- \_\_\_\_\_ Forgetfulness
- \_\_\_\_\_ Guilt
- \_\_\_\_\_ Feelings of helplessness
- \_\_\_\_\_ Feeling unloved by others
- \_\_\_\_\_ Feeling unloved by God
- \_\_\_\_\_ Recurrent distressing dreams
- \_\_\_\_\_ Sense of reliving traumatic events
- \_\_\_\_\_ Delusions (unreasonable thoughts or beliefs)
- \_\_\_\_\_ Do you hear or see things that others don't
- \_\_\_\_\_ Physical abuse (past or current)

- \_\_\_\_\_ Sexual abuse (past or current)
- \_\_\_\_\_ Psychological abuse (emotional/verbal)
- \_\_\_\_\_ Binging/compulsive overeating
- \_\_\_\_\_ Intentional vomiting
- \_\_\_\_\_ Use of diuretics or laxatives

**RELIGIOUS BACKGROUND**

Do you believe in God? If no, explain.  
Are you a born-again Christian?  
If yes, when is your spiritual birthday?  
What is your denominational preference?  
Do you regularly attend church now?  
If so, where do you attend?  
How often are you reading your bible?  
What church did you attend as a child, if any?  
Please describe your current walk with the Lord.

**ALCOHOL/DRUG HISTORY**

Do you drink alcoholic beverages? If so, how much and how often to you drink?  
Have you or a family member ever been concerned about your alcohol usage?  
Have you ever been concerned about another family member's alcohol usage?  
If yes, who?  
Do you have a history of illegal drug or prescription drug usage?  
Have you ever been concerned about another family member's illegal drug use or prescription drug use?

**EMERGENCY INFORMATION**

Who could we contact in case of an emergency?  
Name and phone number: \_\_\_\_\_  
Name and phone number: \_\_\_\_\_