

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., including any significant prenatal events. Also document your child's development. 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)
CRIMINAL ACTIVITY/VIOLENCE				
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? _____

CHILD'S HISTORY

Briefly describe any significant prenatal events _____

Briefly describe the child's developmental history _____

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 _____