

## Pre-Counseling Profile

The following information will become a part of your confidential file. This will help us to focus more clearly on the areas of concern that you may desire to work on through counseling. Please answer each question as completely and carefully as you can.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home phone # \_\_\_\_\_

SS# \_\_\_\_\_ Occupation \_\_\_\_\_ Hrs. work weekly \_\_\_\_\_

Presently living with:  Parents  Spouse  Alone  Other: \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Current Marital Status:  Single  Married  Remarried  Separated  Divorced  Widowed

### Educational Background

Circle last year of school completed: Grade School: 1 2 3 4 5 6 7 8

High School: 9 10 11 12 College: 1 2 3 4 5 6+

### Medical/Counseling Background

Describe any physical problems or handicaps you have that may require medication or physical care: \_\_\_\_\_

Are you currently receiving medical treatment?  Yes  No

If yes, for what purposes? \_\_\_\_\_

Have you used drugs for other than medical purposes?  Yes  No

If so, what drugs? \_\_\_\_\_ With whom? \_\_\_\_\_

Have you been in counseling/therapy/mental health care before?  Yes  No

If yes, when? \_\_\_\_\_ For what reason? \_\_\_\_\_

Have you ever taken medication prescribed for emotional reasons?  Yes  No

When? \_\_\_\_\_ For what reason? \_\_\_\_\_

Are you currently taking medication prescribed for emotional reasons?  Yes  No

If yes, what medication? \_\_\_\_\_ For what reason(s)? \_\_\_\_\_

## Marital Background

Name of Spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Is your spouse willing to participate in counseling?  Yes  No  Uncertain

Date of marriage \_\_\_\_\_ Ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

Have you ever separated?  Yes  No If yes, When? \_\_\_\_\_

List all marriages, including current one, in order. Indicate your age at the time of their marriage, how long the marriage lasted, whether it was broken by death or divorce, and the basic reason for the break-up of the relationship, from your perspective: \_\_\_\_\_

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List and give the following information about each child you have: Name, age, sex, by which marriage, whether the child is married and/or has left home, and any children who may have died. For children who have died, indicate age at time of death and cause of death. \_\_\_\_\_

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## Religious Background

Your denominational preference \_\_\_\_\_  Active  Inactive

Spouse's denominational preference \_\_\_\_\_  Active  Inactive

What significant spiritual experiences have you been a part of, or are currently experiencing? \_\_\_\_\_

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## Family Background

Natural Parents:  Remained married  Separated  Divorced

If separated or divorced, how old were you at the time? \_\_\_\_\_

Father deceased?  Yes  No If yes, how old were you at the time? \_\_\_\_\_

Mother deceased?  Yes  No If yes, how old were you at the time? \_\_\_\_\_

Father remarried when you were age \_\_\_\_\_ Mother remarried when you were age \_\_\_\_\_

You lived with:  Mother  Father  Foster  Other family member

What kind of relationship did you have with your step-parents? \_\_\_\_\_

\_\_\_\_\_

Natural father occupation \_\_\_\_\_ Natural mother occupation \_\_\_\_\_

Step-father occupation \_\_\_\_\_ Step-mother occupation \_\_\_\_\_

How many times was your father married? \_\_\_\_\_ Your mother? \_\_\_\_\_

Rate your parents' marriage:  Unhappy  Average  Happy  Very Happy

Their marriage lasted \_\_\_\_\_ years.

List your brothers and sisters (including step-brothers or sisters) from the oldest to the youngest, including yourself, giving their names and ages. \_\_\_\_\_

\_\_\_\_\_

## Check the statements that best describe your family history:

- Warm relationship with father/mother
- Warm relationship with brothers/sisters
- Sibling rivalry
- Father/mother absent physically/emotionally
- Moved frequently
- Parental job/ financial instability
- Relatives lived nearby
- Close relationship with grandparents/aunts/uncles/cousins
- Alcohol/drug abuse/other compulsive behavior by father/mother
- Addictive/compulsive behavior in other family members
- Chronic-physical, mental, or emotional illness in family members
- Rigid, perfectionist standards
- Frequent/excessive anger and conflict
- Physical/emotional/sexual abuse by family members

## Problem Areas

In the following list, place a check mark next to each item which is an area of current concern for you.

Place two check marks beside those items which are of the highest concern. Please add any comments you wish to make in the space beside them.

- Abused as a child \_\_\_\_\_
- Addiction \_\_\_\_\_
- Anger \_\_\_\_\_
- Anxiety \_\_\_\_\_
- Bitterness \_\_\_\_\_
- Depression \_\_\_\_\_
- Eating disorder \_\_\_\_\_
- Educational Concerns \_\_\_\_\_
- Family problems \_\_\_\_\_
- Fear \_\_\_\_\_
- Marital Problems \_\_\_\_\_
- Physical problems \_\_\_\_\_
- Problems with social relationships \_\_\_\_\_
- Problems with children \_\_\_\_\_
- Problems with parents \_\_\_\_\_
- Religious/spiritual concerns \_\_\_\_\_
- Sadness \_\_\_\_\_
- Self-esteem \_\_\_\_\_
- Sexual concerns \_\_\_\_\_
- Stress \_\_\_\_\_
- Suicidal thoughts \_\_\_\_\_
- Trouble making decisions \_\_\_\_\_
- Use of alcohol, drugs or other addictive/compulsive behaviors by others \_\_\_\_\_
- Work \_\_\_\_\_
- Worry \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

## Counseling Goals

Please briefly describe the changes that you would like to make in your life and relationships as a result of coming to counseling: \_\_\_\_\_

- Do you feel that your need for counseling will be:  A one-time evaluation/referral  
 Short-term(6 to 8 sessions over three to six months)  
 Long-term(10+ sessions over more than six months)