

Graceview Counseling Center, PLLC

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I am honored by your decision to seek assistance from this Counseling Ministry. This program strives to glorify Jesus Christ and to produce sound minds and Christian behavior. The counseling I provide is guided by principles which are scripturally based and psychologically sound.

Your response to this form will serve as a brief and helpful introduction. All submitted information is confidential. If an item does not relate to you, write "n/a" meaning not applicable.

Date: _____

Client Information:

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home and/or Cell Number: _____
Email: _____
Emergency Contact Name/Relationship/Phone Number: _____
Preferred Method of Time and Means of Contact: _____

Please check the spaces to indicate which forms of communication may be used to contact you: Email Voicemail Text

Gender: _____ Race: American Indian or Alaskan Native Asian or Pacific Islander Black White
Preferred Language: _____ Ethnicity: Hispanic origin Not of Hispanic origin

Please describe the reason for your visit today:

Social Information:

Marital Status: Never married Married Separated Divorced Other _____
How long have you been in your current marriage? _____
Previous Marriages: Self: _____ time(s) Date(s): _____
Spouse: _____ time(s) Date(s): _____

Spouse's Name: _____ Date of Birth: _____

Children:

(Self):

Name _____ Age _____ Sex: M F Adopted Biological Foster
Name _____ Age _____ Sex: M F Adopted Biological Foster
Name _____ Age _____ Sex: M F Adopted Biological Foster
Name _____ Age _____ Sex: M F Adopted Biological Foster

(Spouse):

Name _____ Age _____ Sex: M F Adopted Biological Foster
Name _____ Age _____ Sex: M F Adopted Biological Foster
Name _____ Age _____ Sex: M F Adopted Biological Foster
Name _____ Age _____ Sex: M F Adopted Biological Foster

I presently live with: _____ . How would you describe your current living situation?

Significant Dates (e.g. Wedding anniversary, significant life events)

Education and Employment:

Highest Education Completed: Self: _____ Spouse: _____
Employer (Self): _____ Position: _____ Length: _____ Full or Part Time: _____
Employer (Spouse): _____ Position: _____ Length: _____
How would you describe your current work situation?

How would you describe your spouse's current work situation?

Medical Information:

Do you have any medical problems? Yes No If yes, please describe:

Treating Physician: _____ Specialty: _____

Date of Last Physical: _____

List any current medication, dosage, and reason for taking (including vitamins/herbs/over the counter medication):

Have you ever been prescribed medication for a psychiatric diagnosis? Yes No

If yes, list medication (even if you are no longer taking it)

Have you received counseling previously? Yes No If yes, when, where, and for what reason:

Are you currently under the care of a mental health professional (i.e. Psychiatrist, Psychologist, or Counselor)?

Yes No

If yes, please describe:

Do you or your family have any history of depression or other similar problems (i.e. anxiety, manic depression, schizophrenia)?

Yes No

If yes, please describe:

Do you or your family have any history of drug/alcohol abuse?

Yes No

If yes, please describe:

Is there any history of sexual, emotional or physical abuse towards you?

Yes No

If yes, please describe:

Please complete the following sentences:

What I hope to gain from counseling:

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? Please explain:

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

How many hours do you sleep at night? _____

Has there been any recent change in your sexual activity? If so, explain: _____

Have there been any recent changes in your financial situation? If so, explain: _____

Do you ever feel suicidal? Yes _____ No _____ If yes, please explain _____

Have you ever been arrested? Explain _____

Have you ever experienced a time of such severe emotional turmoil that it affected your ability to complete your normal tasks and responsibilities? Yes _____ No _____ If yes, please describe _____

Why are you seeking counseling?

Would you say your problems are more:

_____ Physical _____ Mental _____ Emotional _____ Spiritual in nature

Marriage and Family Information

Marital Status (circle):

Single Dating Engaged Married Separated Divorced Widowed

Name of spouse: _____ Occupation: _____

Spouse's phone: _____ Anniversary: _____

Have you ever been separated? Yes _____ No _____ When? _____ For how long? _____

Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Give brief information about any previous marriages: _____

Information about children:

(Place a * next to the name of children from previous marriages)

| Name | Age | Sex | Living? | Current school? | Marital status |
|------|-----|-----|---------|-----------------|----------------|
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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?

Religious Background/Information

Church Membership

Self GBC Visiting GBC Other Church Since _____

Spouse GBC Visiting GBC Other Church Since _____

Briefly describe your church experience as a child: _____

Religious background of spouse (if married): _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you believe in Satan? Yes _____ No _____ Uncertain _____

How would you describe your prayer life? Occasional Daily As Needed Intimate

Would you say you are a Christian? Yes _____ No _____ Uncertain _____

How often do you read the Bible? Never _____ Occasionally _____ Several times a week _____ Daily _____

Explain recent changes or growth in your relationship with God, if any: _____

Spiritual Perspectives

1. Who is God?

2. Who is Jesus Christ? What has He done, and what is He doing now? What place does

He have in your life? _____

3. I know that I am (or am not) a Christian because.... _____

4. The Bible is...

5. I feel guilty when... _____

6. I think I need to grow spiritually in the area of... _____

Thank you for taking the time to answer these questions thoroughly and honestly!