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Background Information Form

NOTE: Each individual being counseled must complete the following form prior to first counseling session. Answers must be as complete as possible. All information will be kept as confidential as the laws of the State of Indiana allow.

PERSONAL INFORMATION:

Date You Completed This Form: ____/____/____ (Month / Day / Year)

Print Name: _____ Gender: M F Age: _____

Contact Phone: (____) _____ Mobile Home Work Can we Text Message this number? YES NO

Contact E-Mail: _____ Birth Date: ____/____/____ (Month / Day / Year)

Contact Address: _____ (Street / City / ZIP)

Marital Status: (☒ all that apply) ☐ Single ☐ Going Steady ☐ Engaged ☐ 1st Marriage ☐ Separated ☐ Divorced ☐ Widowed ☐ 2nd 3rd _____th Marriage

How long have you been married: _____ Wedding Date: ____/____/____

Have you or your spouse filed for a divorce from your current marriage? NO YES me YES my spouse

If a divorce has been filed, when? ____/____/____ Are you currently separated? YES NO

Approximate length you and your spouse: Dated: _____ Engaged: _____

Are you currently living with a person to whom you are not legally married? NO YES Who? _____

Education: (☒ highest level completed) ☐ Elementary ☐ Middle School ☐ High School ☐ Tech/Trade ☐ Jr. College ☐ College (BA, etc.) ☐ Graduate (MA, PhD, etc.)

Career: Field in which you are currently working: _____

Company Name: _____ Phone: (____) _____

Address: _____

Specific Responsibilities: _____

How long you have worked here: _____ Are you happy working here? YES NO UNSURE

Family: Were you raised by anyone other than your natural parents? NO YES Who? _____

How many siblings do you have? _____ Older Brothers _____ Younger Brothers _____ Deceased

_____ Older Sisters _____ Younger Sisters _____ Deceased

Have you ever been arrested? NO YES Explain: _____

SPOUSE & FAMILY INFORMATION:

Spouse Name: _____

Phone: (____) _____ Mobile Home Work Gender: M F Age: _____

Address: (If different from above) _____

Birth Date: ____/____/____

Education: (☒ highest level completed) ☐ Elementary ☐ Middle School ☐ High School ☐ Tech./College

Career: Where spouse is currently working: _____

Is your spouse aware that you are applying for counseling? YES NO Does he/she approve? YES NO UNSURE

Is your spouse coming with you for counseling? YES NO If No, would he/she if asked? YES NO UNSURE

↓ CONTINUED ON BACK SIDE ↓

Family: Was your spouse raised by anyone other than his/her natural parents? NO YES Who? _____

How many siblings does your spouse have? _____ Older Siblings _____ Younger Siblings _____ Deceased

Marital Status: Was your spouse married prior to becoming married to you? NO YES How long? _____

Children: Name	Age Now	Circle Gender	☒ Living at Home	Grade in School	☒ Previous Marriage	☒ If Deceased	Marital Status
		M F	☐		☐	☐	S M D
		M F	☐		☐	☐	S M D
		M F	☐		☐	☐	S M D
		M F	☐		☐	☐	S M D
		M F	☐		☐	☐	S M D

HEALTH INFORMATION:

Rate your current health: ☐ Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor ☐ Declining

Weight: _____ lbs. Last 2 months weight changes: ☐ None ☐ Lost ☐ Gained _____ lbs.

List all current or past serious illnesses, injuries or handicaps: _____

_____

Date of most recent: Full Medical Examination: ____/____/____ Hospitalization: ____/____/____

Explain any current or continuing consequences of the above dates: _____

_____

List any prescription medications you are currently taking and what they are treating: (if needed use another sheet of paper)

Medication Dosage Treating

_____

_____

_____

Have you ever taken illegal drugs other than prescription drugs for enjoyment or treatment? NO YES

If Yes, explain what and when: _____

Have you ever suffered severe emotional upset(s)? NO YES Explain: _____

_____

If you have been hospitalized or admitted to a treatment facility for psychotherapy or counseling, complete the following:

WHEN (Dates) WHERE WHAT PROBLEM(S)

_____

_____

If you are currently or have previously received outpatient psychotherapy or counseling, complete the following:

WHEN (Dates) WHERE WHAT PROBLEM(S)

_____

_____

RELIGIOUS INFORMATION: Church you identify with: _____

How often do you attend each month? 0 1 2 3 4+ Which Service(s)? _____

Does your spouse or family attend with you? ☐ Spouse ☐ Family ☐ Often ☐ Occasionally ☐ Rarely ☐ Never

How often do you: Pray? ☐ Often ☐ Occasionally ☐ Rarely ☐ Never Read the Bible? ☐ Often ☐ Occasionally ☐ Rarely ☐ Never

Do you believe in God? YES NO UNSURE Do you consider yourself to be a Christian? YES NO UNSURE