

TRANSFORMED BY CHRIST MINISTRIES
Personal Ministry Information

DATE _____

NAME _____ AGE _____ DATE OF BIRTH _____

SPOUSE'S NAME (IF MARRIED) _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ Zip _____

TELEPHONE: (Home) _____ (Work) _____ (Cell) _____ E-MAIL _____

OCCUPATION _____ HOW LONG? _____

CHURCH BACKGROUND _____ I CURRENTLY ATTEND _____

MARITAL STATUS: ___ Married (___/___/___) ___ Divorced (___/___/___) ___ Separated (___/___/___)

___ Widowed (___/___/___) ___ Never Married ___ Engaged (___/___/___)

PREVIOUS MARRIAGES	Date Married _____	Date Divorced _____	Date Widowed _____
	Date Married _____	Date Divorced _____	Date Widowed _____
	Date Married _____	Date Divorced _____	Date Widowed _____

NAMES AND AGES OF CHILDREN	1. _____	Age _____	4. _____	Age _____
	2. _____	Age _____	5. _____	Age _____
	3. _____	Age _____	6. _____	Age _____

Designate stepchildren by circling the number.

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____

ADDRESS _____ PHONE _____

HAVE YOU RECEIVED COUNSELING BEFORE? YES / NO WHEN? _____ HOW LONG? _____

NAME OF COUNSELOR(S) _____ REASON FOR COUNSELING: _____

_____ WERE YOU SATISFIED? _____

ARE YOU UNDER THE CARE OF A PHYSICIAN OR PSYCHIATRIST? YES / NO ARE YOU PRESENTLY TAKING ANY MEDICATIONS AND FOR WHAT PURPOSE? _____

WHAT IS THE SPECIFIC PROBLEM OR CONCERN THAT HAS CAUSED YOU TO COME FOR COUNSELING AT THIS TIME?

WHAT HAVE YOU DONE ABOUT THIS PROBLEM UP TO THIS POINT IN TIME? _____

HOW SEVERE DO YOU BELIEVE THIS PROBLEM IS? ___ Frustrating ___ Mildly Upsetting ___ Severe ___ Totally incapacitating

DO YOU KNOW JESUS CHRIST AS YOUR PERSONAL SAVIOR? ___ YES ___ NO ___ UNCERTAIN

WHEN DID RECEIVE CHRIST INTO YOUR LIFE? _____

WHAT IS YOUR RELATIONSHIP TO GOD'S WORD? (CHECK ALL THAT APPLY)

- BELIEVE THE BIBLE IS ABSOLUTE TRUTH
- HAVE QUESTIONS OR DOUBTS ABOUT ITS ACCURACY
- HAVEN'T READ THE BIBLE MUCH
- HAVE DIFFICULTY UNDERSTANDING IT
- READ AND STUDY IT REGULARLY
- OFTEN THINK ABOUT WHAT IT SAYS AND HOW IT APPLIES TO MY LIFE
- HAVE A GOOD GRASP OF THE NEW TESTAMENT
- HAVE DIFFICULTY KNOWING HOW TO APPLY IT TO MY LIFE
- LOOK TO GOD'S WORD FOR DIRECTION AND ENCOURAGEMENT

AS A FOLLOWER OF CHRIST, WITH WHICH OF THESE AREAS ARE YOU CURRENTLY STRUGGLING? (RATE ALL THAT APPLY ON A SCALE OF 1-5)

EMOTIONS: (1=MILD AND 5=SEVERE)

- | | | | | |
|-----------------|-------------|-----------------|-------------|-------------------------|
| ___ DEPRESSION | ___ FEAR | ___ INADEQUACY | ___ ANGER | ___ GUILT FEELINGS |
| ___ LONELINESS | ___ SADNESS | ___ INSECURITY | ___ HURT | ___ WORTHLESSNESS |
| ___ UNHAPPINESS | ___ SHAME | ___ FRUSTRATION | ___ ANXIETY | ___ FEELING OVERWHELMED |

BEHAVIORS: (1=OCCASIONAL AND 5=MOST OF THE TIME)

- | | | | |
|------------------------|--------------------|-------------------|--------------------|
| ___ ALCOHOL/DRUG ABUSE | ___ SEXUAL SINS | ___ IRRESPONSIBLE | ___ ABUSIVE SPEECH |
| ___ OVERACHIEVER | ___ SELF-INDULGENT | ___ LOSE TEMPER | ___ DISHONESTY |
| ___ PROCRASTINATION | ___ REBELLION | ___ WORKAHOLIC | ___ GOSSIPING |
| ___ PEOPLE PLEASER | ___ PORNOGRAPHY | ___ PROFANITY | ___ LAZINESS |

ATTITUDES: (1=OCCASSIONLLY AND 5= CONSTANTLY)

- | | | | | |
|---------------|------------------|------------------|--------------------|---------------|
| ___ PRIDEFUL | ___ CRITICAL | ___ JUDGMENTAL | ___ MATERIALISTIC | ___ LUSTFUL |
| ___ UNLOVING | ___ SELF-RELIANT | ___ SELF-FOCUSED | ___ NEGATIVE | ___ GREED |
| ___ IRRITABLE | ___ CONCEITED | ___ LEGALISTIC | ___ BITTER | ___ IMPATIENT |
| ___ PREJUDICE | ___ SELF-HATRED | ___ INFERIORITY | ___ SELF-RIGHTEOUS | ___ DRIVEN |

RELATIONSHIPS WITH OTHERS: (1= MILDLY AND 5=DEEPLY)

- | | | | |
|------------------|-----------------|-------------------|--------------------------|
| ___ WOUNDED/HURT | ___ REJECTED | ___ ISOLATED | ___ INDEPENDENT |
| ___ UNFORGIVING | ___ DEMANDING | ___ NON-ACCEPTING | ___ CONTROLLING |
| ___ ABUSIVE | ___ COMPETITIVE | ___ DOOR MAT | ___ HURTFUL/UNLOVING |
| ___ LONELY | ___ REJECTED | ___ ARGUMENTATIVE | ___ UNHEALTHY DEPENDENCE |

RELATIONSHIP WITH GOD: (1=SOMETIMES AND 5= ALL OF THE TIME)

- | | | |
|-----------------------|--------------------------------|-----------------------------|
| ___ SPIRITUAL DRYNESS | ___ INCONSISTENT WALK | ___ FEEL SEPARATED FROM GOD |
| ___ AFRAID OF GOD | ___ ANGRY TOWARDS GOD | ___ DOUBTS ABOUT GOD |
| ___ DISOBEDIENT | ___ DISAPPOINTED WITH GOD | ___ OUT OF GOD'S WILL |
| ___ LACK PASSION | ___ CONFUSION ABOUT GOD'S WILL | ___ DOUBTS ABOUT SALVATION |
| ___ DON'T HEAR GOD | ___ UNFAITHFUL | ___ REBELLIOUS |
| ___ LACK OF FAITH | ___ CAN'T PLEASE GOD | ___ LITTLE JOY OR PEACE |
| ___ DEFEATED BY SIN | ___ FEEL ABANDONED BY GOD | |

WHAT DO YOU THINK GOD DESIRES TO DO IN YOUR LIFE AT THIS TIME ?

HOW OPEN ARE YOU TO GOD'S SOLUTIONS? ___ SEEKING ___ TEACHABLE ___ HESITANT ___ FEARFUL ___ NOT AT THIS TIME

I UNDERSTAND THAT ALL STATEMENTS MADE BY ME TO MY PERSONAL ADVISOR ARE OF A CONFIDENTIAL NATURE AND GENERALLY, EXCEPT FOR CONSULTATION, DURING SUPERVISION AND AS STATED BELOW, MAY NOT BE DISCLOSED BY MY PERSONAL ADVISOR WITHOUT MY CONSENT. I FURTHER UNDERSTAND, AND ACCEPT AS A CONDITION OF MY RECEIVING COUNSELING FROM MY PERSONAL ADVISOR, THAT CERTAIN STATEMENTS MADE BY ME OR CERTAIN SITUATIONS MAY REQUIRE HIM/HER TO TAKE ACTION OR TO MAKE DISCLOSURES WHEN HE/SHE BELIEVES IT IS NECESSARY FOR THE PROTECTION OF LIFE OR WHEN HE/SHE MAY BE REQUIRED BY LAW TO DISCLOSE OR REPORT THREATS, PAST INSTANCES OF HARM TO MYSELF OR THREATENED HARM OR PAST INSTANCES OF HARM TO A THIRD PERSON, AND THAT THE PERSONALADVISOR/COUNSELOR, AT THEIR SOLE DISCRETION, RESERVES THE RIGHT TO DO SO.

SIGNATURE _____ DATE _____