

LIFE HISTORY FORM

The purpose of this form is to obtain a comprehensive picture of your background. Please complete the form as fully and accurately as you possibly can, by yourself. It will be reviewed by your Prayer Minister. No one else will have access to this form without your approval.

TODAY'S DATE: ___/___/___ By what name would you like to be called? _____

NAME: _____ PHONE: (home): _____
 First Middle Last

(work): _____

May we call you at work? YES NO

(cell): _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____ Apt.# _____

MAILING ADDRESS: _____ CITY: _____ STATE/PROV. _____

ZIP/POSTAL CODE: _____ AGE: _____ BIRTHDATE: _____

Emergency Contact (other than spouse): _____ PHONE (home): _____

RELATIONSHIP: _____

STREET ADDRESS: _____ APT.#: _____ CITY: _____ STATE: _____

Are you or were you in the military service? Yes No If yes, which branch? _____

Religion/Denomination: _____ Place of worship _____

Worship attendance (circle one) Regular Occasional Not at all

How strongly do you want help for your present problem? (circle one) Very much Moderately Not much

I have talked about my problem with: Psychiatrist (M.D.) Psychologist (Ph.D.) Other professional

Number of hours _____ Lay Counselors Pastoral

Friends important to me (names): _____

With whom are you living (name, relationship to you, ages, occupation?)

Are you responsible for caring for aging parents? Please give brief details.

NEED FOR COUNSELING

State in your own words the nature of your concern:

BEGINNINGS:

(Place a check mark in front of all that apply to you, or write the facts as they pertain to each item.)

Place of birth: _____ Weight at birth: _____ pounds _____ ounces

I was born: on time ___ late ___ How late? _____ Premature ___ How premature? _____

I was delivered by Caesarean section _____

___ I was a wanted baby. How do you know?

___ I was adopted ___ days ___ weeks ___ months ___ years after being born.

___ Birth mother and natural father were **married to each other** before conception.

___ Birth mother and natural father were **not happily married** during my time in the womb.

___ Natural father was gone much of the time while I was in the womb.

___ Medication or forceps had to be used for my delivery (difficult labor/delivery?).

___ Birth mother and/or natural father were grieving the loss or potential loss of a loved one during my womb life.

___ Birth mother experienced a **previous miscarriage or abortion** before I was conceived.

___ Birth mother had a difficult **previous pregnancy**.

___ Birth mother had difficult pregnancy **with me**. What made it difficult?

___ Birth mother and natural father were struggling while I was in the womb. If yes, how?

What is the story your family tells about your coming into the world?

What events in your early childhood were significant to you?

Were you ever bullied or given a nickname? If yes, by whom, and why:

Do you make friends easily?

HEALTH INFORMATION:

Have you had an operation or serious injuries in the past 10 years?

Discuss:

When was the last time that you felt well both physically and emotionally, for a fair amount of time?

EDUCATIONAL HISTORY

Last grade completed: _____ Year: _____

Dates and types of any degrees/licenses earned:

EMPLOYMENT

Current occupation: _____

How long employed at present job? _____

Does this job satisfy you? Yes No If no, why? _____

What type of employment have you had in the past? _____

What are your future goals, dreams, and hopes?

FAMILY DATA

List all of your brothers and sisters from oldest to youngest, including yourself; please list in birth order, including any miscarriages or abortions that you know of.

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Marital Status</u>	<u>Job</u>	<u>Brief Description</u>
-------------	------------	------------	-----------------------	------------	--------------------------

What was the relationship to your brothers and sisters in the past and why?

What is the current relationship to your brother(s) and sister(s), and why?

Have you ever lived with anyone other than your parents? Yes No

If yes, how old were you? _____ How long? _____

As a child, in what ways were you punished or disciplined by your parents?

Were you able to confide in your parents? Why or why not?

List any fearful or distressing experiences not previously mentioned/

DESCRIBE YOUR PARENTS

Answers on this page describe the mother and father who took primary responsibility for rearing you. If either person is other than your biological (birth) parent, please copy this page, complete it for your biological parent(s) and attach that page to the back of this life history.

FATHER

MOTHER

Name: _____ Current age: _____

Name: _____ Current age: _____

Occupation before retiring: _____

If deceased, cause of death, _____
and age _____
What was your age? _____

His Personality

Personality

Home environment he provided

Home environment she provided

Describe father's relationship with your mother

Describe mother's relationship with you father

Describe his relationship with the children

Describe her relationship with the children

How did he show love?

How did she show love?

What was his ambition for the children

What was her ambition for the children?

Form of punishment he used

Form of punishment she used.

As a child, what I liked about him?

As a child, what I liked about her?

As a child, what I disliked about him?

As a child, what I disliked about her?

MARITAL INFORMATION

	Name of spouse	Length of Marriage	Reason why it ended	Num. of children
1 st Marriage	_____	_____	_____	_____
Comments:				
2 nd Marriage	_____	_____	_____	_____
Comments:				
3 rd Marriage	_____	_____	_____	_____
Comments:				

PRESENT MARRIAGE

Name: _____ Spouse's age at marriage _____ Number of children _____ Years married: _____

What I like about him/her:

What I dislike about him/her:

What he/she likes about me:

What he/she dislikes about me:

CHILDREN

List the names of your children, from oldest to youngest. State if any of these children are from previous marriages, or **adopted**. List in order of birth. **Include any miscarriages or abortions.**

<u>NAME</u>	<u>Sex</u>	<u>Age</u>	<u>Marital Status</u>	<u>Brief Description</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SEX INFORMATION

What was the attitude towards sex in the home in which you grew up? How was it discussed or instructed?

At what age did you derive your knowledge of sex? _____ How did you learn?

When did you become aware of your sexual impulses? What happened?

Did you ever have any anxieties, guilt feelings or trauma arising out of:

- Sexual experiences with the opposite sex? If yes, please explain:

Sexual experiences with the same sex (homosexuality)? If yes, please explain:

Did anyone ever touch you inappropriately in a sexual way? If yes, please explain.

SPIRITUAL EXPERIENCES

Please place a check mark beside each item in which you or your family members have participated

Key: S = Self F = Family

- | | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Islam | <input type="checkbox"/> <input type="checkbox"/> Wicca | <input type="checkbox"/> <input type="checkbox"/> Demon Worship |
| <input type="checkbox"/> <input type="checkbox"/> Astrology | <input type="checkbox"/> <input type="checkbox"/> Scientology | <input type="checkbox"/> <input type="checkbox"/> Blood Pacts |
| <input type="checkbox"/> <input type="checkbox"/> Unity | <input type="checkbox"/> <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> <input type="checkbox"/> Transcendental Meditation |
| <input type="checkbox"/> <input type="checkbox"/> New Age | <input type="checkbox"/> <input type="checkbox"/> Witchcraft | <input type="checkbox"/> <input type="checkbox"/> Asked for spirit guide |
| <input type="checkbox"/> <input type="checkbox"/> Séance | <input type="checkbox"/> <input type="checkbox"/> Dowsing(water-witching) | <input type="checkbox"/> <input type="checkbox"/> Trance Speaking |
| <input type="checkbox"/> <input type="checkbox"/> Yoga | <input type="checkbox"/> <input type="checkbox"/> Ouija Board | <input type="checkbox"/> <input type="checkbox"/> Clairvoyance |
| <input type="checkbox"/> <input type="checkbox"/> Satanism | <input type="checkbox"/> <input type="checkbox"/> Masons (Freemasonry) | <input type="checkbox"/> <input type="checkbox"/> Black Magic/White Magic |
| <input type="checkbox"/> <input type="checkbox"/> Spells | <input type="checkbox"/> <input type="checkbox"/> Palm Reading | <input type="checkbox"/> <input type="checkbox"/> Incubi/succubae (sex spirits) |
| <input type="checkbox"/> <input type="checkbox"/> Tarot Cards | <input type="checkbox"/> <input type="checkbox"/> Automatic Writing | <input type="checkbox"/> <input type="checkbox"/> Jehovah's Witness |
| <input type="checkbox"/> <input type="checkbox"/> Drugs | <input type="checkbox"/> <input type="checkbox"/> Horoscope | <input type="checkbox"/> <input type="checkbox"/> Dungeons and Dragons |
| <input type="checkbox"/> <input type="checkbox"/> Astral Travel | <input type="checkbox"/> <input type="checkbox"/> Lucky Charms | <input type="checkbox"/> <input type="checkbox"/> Black Magic |
| <input type="checkbox"/> <input type="checkbox"/> Hypnosis | <input type="checkbox"/> <input type="checkbox"/> Crystals | <input type="checkbox"/> <input type="checkbox"/> Automatic Hand Writing |
| <input type="checkbox"/> <input type="checkbox"/> Mormonism | <input type="checkbox"/> <input type="checkbox"/> Christian Science | <input type="checkbox"/> <input type="checkbox"/> Native Healer |
| | <input type="checkbox"/> <input type="checkbox"/> Involved in witchcraft; demonic or Satanic things | |

Other:

To your knowledge have your parents or any relative, as far back as you know, been involved in occultism or witchcraft? _____

How have any of the items you checked affected your life?

SELF DESCRIPTION

Complete the following sentences:

As a child, I...

My childhood fears were...

My role in my group of friends was...