

Counseling Survey Form

This survey form is not for the purpose of eliminating applicants, but to provide basic confidential information to WPC that I may provide you with more efficient and better counseling.

If you plan to come for intensive (one or two weeks) counseling, please **print, complete, and mail** along with a \$100.00 donation to: Whole Person Counseling, 342 S. Chadbourne, San Angelo, Texas 76903.

You may also use **Pay Pal** to make a [donation](#).

.....
This form is not meant to be used for online counseling.

Client Survey Form

Date: _____ Name: _____ M/F _____

Marriage status: Single: Married: Separated: Divorced: Widowed:

Date of birth: _____ Race / Ethnic: _____ Nationality: _____

Spouse: _____ Previous Spouse: _____

Your Address: _____ Zip Code: _____

Phone: _____ Email: _____

Employment: _____ Yrs./Mo. _____ Phone: _____

Children Names / ages: _____

Parent or Guardian if you are a minor: _____

Physical Health:

Do you have any physical difficulties? Mark with "x" No Yes Please list on the line below.

Recent changes in your weight or sleep? No Yes _____

Are you currently taking any medications? No Yes Please list with the treatment purpose.

Have you used drugs, tobacco, or alcohol? No Yes _____

Any current use? No Yes _____

Mental / Emotional: (Check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Grieving /sad | <input type="checkbox"/> Crying Spells |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Confusion | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Fear | <input type="checkbox"/> Irritability | <input type="checkbox"/> Rejected |
| <input type="checkbox"/> Hopeless | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Racing Thoughts | <input type="checkbox"/> Risky Activity |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Shame | <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Worthlessness |
| <input type="checkbox"/> Jealousy | <input type="checkbox"/> Bitter | <input type="checkbox"/> Worried | <input type="checkbox"/> Loneliness |

Do you have any uncontrolled thoughts? _____

Is there anyone holding a grudge against you? _____ Have you asked their forgiveness? _____

What would you like to change about your life? _____

My greatest disappointment has been: _____

The thing that make me most angry is: _____

I feel depressed when I think about: _____

I feel guilty about: _____

Spiritual Information:

Are you a member of a local church? _____ Church name: _____
How often do you attend?: _____ What is the name of the minister? _____
Do you consider yourself a Christian? _____ Is your spouse a Christian? _____ How often do you read the Bible? Daily: Weekly: Seldom: On what basis do you expect to go to Heaven when you die? _____ Have you been baptized in water as a demonstration of your faith? _____ Have you been baptized in the Holy Spirit? _____ Have you prayed about your situation? _____ Have you received counsel from anyone who is authority over you? (Parent, Pastor, Employer) _____ If so, what? _____ Have you made a commitment to God that you have not kept? _____ Has God told you to do something which not done? _____ Do you have any known sins that you have have not confessed? _____ Do you believe that God has forgiven you? _____

Social Relationships:

1. I believe that most people ... a. like me. b. dislike me. c. indifferent to me.
2. My relationship with my father was/is... a. good. b. fair. c. abusive. d. none.
3. My relationship with my mother was/is ... a. good. b. fair. c. abusive. d. none.
4. For me ... a. it is difficult to make friends. b. it is easy to make friends.
5. I see myself as being ... a. passive. b. aggressive. c. assertive.
6. I believe that most people ... a. understand me. b. don't understand me.
7. I find myself ... a. accepting of most people. b. being critical of most people.
8. Other people would describe me as being... _____
9. I would describe myself as being... _____

Family History:

Have your parents had any physical, mental or emotional, or spiritual difficulties? _____ If so, explain below _____
Have your parents been involved in any of the following? ... 1. fortune telling (palm reading, tarot cards, tea leaves, crystal ball, Ouija board, astrology, or other)? _____ List: _____
2. Studied or been a member of an Eastern religion (other than Christianity)? If so, what? _____
3. Studied or been a member of a Christian cult (Christian Scientists, Mormon, Jehovah Witness, Worldwide Church of God)? If so, what? _____ 4. Have they been a member of any branch of the Masons? _____ What are their spiritual background and beliefs? _____

Personal Exposure:

Do you have any books, music, or artifacts associated with the worship of false religions? _____ Have you been a part of or done any extensive studies of false religions? _____ If so, what? _____ Have you been in any way involved in the occult, witchcraft, or fortune telling? _____ If so, please explain: _____ Have you been a member of any Eastern religion? (other than Christianity)? If so, what? _____ Have you studied or been a member of a Christian cult (Christian Scientists, Mormon, Jehovah Witness, World-Church of God?) If so what? _____ Have you been a member of any branch of the Masons? _____ Do you listen to any music which does not glorify God? _____ Have you been hypnotized? _____

Previous Counseling:

Have you had previous psychological or psychiatric care? _____ Dates: _____ Whom did you see? _____ What was the reason for your visit/s _____

	Please list any diagnoses given? _____
Counseling? _____	How did you discover Whole Person _____
Briefly Explain:	
The nature of your current situation? _____	
What do you feel caused your situation? _____	
What do you expect to receive from counseling? _____	

Thanks,
 Basil Frasure, PhD.

Please also read and sign the Liability Form if you are coming for counseling. [Liability Form](#)

[Appointments](#)