

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](#).

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

Date ___/___/___ Your full name _____ Sex: M F
Date of Birth ___/___/___ Race _____ Nationality _____
Marital Status: Married __, Single __, Divorced __, Separated __, Widowed __,
Name of Spouse _____ Previous Spouse _____
Your Address _____ Zip _____ Phone _____
Email Address _____
Employment _____ Years/ Months _____ Phone. _____
Children's Names & Ages _____ - _____, _____ - _____, _____ - _____,
_____, _____ - _____, _____ - _____ PARENT or GUARDIAN: If you are a
minor _____ Note: minors must have a consent form from a parent
or guardian to receive counseling.

PHYSICAL: (Please complete by checking or filling in the blanks) Do you have any physical difficulties?
Yes ___ No __. Please list any difficulties _____

Have you had any recent changes: in weight ___ sleep ___ diet _____ rest
_____. Are you currently taking any medications? Yes ___ No __. Please list
_____. Have you ever used drugs, tobacco, or alcohol? Yes ___ No __. Any
current use? _____ If yes, what? _____.

MENTAL/EMOTIONAL: (Please complete by circling, checking, or filling in blanks).
I am often or often feel . . . Absent minded, Forgetful, Confused, Frustrated, Fearful, Lonely, Depressed,
Angry, Bitter, Jealous, Ashamed, Guilty, Worthless, Suicidal, Anxious, Worried, Tired, Sad, Hopeless, Hurt,
Rejected, other feelings _____. Do you have nightmares? Yes __, No __. Do you
have uncontrolled thoughts? Yes __. No __. If so, please explain _____
_____. Is there anyone that is holding a grudge against you? _____. If so,
have you asked their forgiveness? _____. Is there anyone who has hurt you that you have not forgiven?
_____. Is there something important that you would like to change about yourself? _____ What?
_____. My greatest hurt or disappointment has been
_____. The thing that
makes me the most angry is _____. I become very depressed
when _____. I feel guilty about
_____.

SPIRITUAL: Are you a member of a local church? _____ If so, what is the name of your church
_____. How often do you attend? _____
What is the name of your minister? _____. Do you consider yourself a Christian?
Yes __, No __. Is your spouse a Christian? Yes ___ No __. How often do you read the Bible? Daily

____ Weekly ____ Seldom _____. On what basis do you expect to get to Heaven when you die? _____ . Have you been baptized in water as a demonstration of your faith? Yes ____, No ____. Have you been baptized in the Holy Spirit since you became a Believer? _____. Have you prayed about your situation? Yes ____, No ____. Have you received counsel from anyone that is in authority over you? Parent ____, Pastor ____, Employer ____, or other _____. What? _____. Have you made a commitment to God that you have not kept? _____. Has God told you to do something that you have not done? _____. Do you have any known sins that you have not confessed to God? _____. Do you feel that God has forgiven you? _____.

SOCIAL: (Please underline appropriate answers)

1. I believe most people . . . a. Like me. b. Dislike me. c. Reject me. d. Are 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 find myself being . . . a. Passive. b. Aggressive. c. Assertive . . . toward others.
6. I believe that most people . . . a. Understand me. b. Don't understand me.
7. I find myself . . . a. Accepting most people. b. Being critical of most people.
8. Others would describe me as _____.
9. I would describe myself as _____.

HISTORY: Has your parents had any physical, mental or emotional, or spiritual difficulties? _____. If so, please explain _____.

_____. Have your parents ever been involved in any of the following: (please underline) 1. Fortune telling (palm reading, tarot cards, tea leaves, crystal ball, Ouija board, astrology, or other). 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 (Mormon, Jehovah Witnesses, Worldwide Church of God). 4. Have your parents studied or been (in any way) involved in witchcraft (white or black magic) or Satanism? _____. If so, what _____ . What was/is the spiritual beliefs of your parents? _____

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? _____. If so, what? _____ Do you have or have you listened to Rock music (Christian or otherwise)? _____. Have you allowed yourself to be hypnotized or put in a trance or used channeling? If so, what _____.

PREVIOUS COUNSELING: Have you had previous psychological or psychiatric care? _____. If so, When? _____ With whom? _____. Please list any diagnoses given _____ . You were referred to Whole Person Counseling by _____.

Thanks,
Basil Frasure, PhD.

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

Appointments