

# 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.

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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 or have you listened to music which does not glorify God? \_\_\_\_\_. 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**