

# 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.

<b>Client Survey Form</b>			
Date: _____		Name: _____ M/F _____	
Marriage status:	Single: <input type="checkbox"/>	Married: <input type="checkbox"/>	Separated: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/>
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: _____			
<b>Physical Health:</b>			
Do you have any physical difficulties? Mark with "x"    No <input type="checkbox"/> Yes <input type="checkbox"/> Please list on the line below.			
Recent changes in your weight or sleep?    No <input type="checkbox"/> Yes <input type="checkbox"/> _____			
Are you currently taking any medications?    No <input type="checkbox"/> Yes <input type="checkbox"/> Please list with the treatment purpose.			
Have you used drugs, tobacco, or alcohol?    No <input type="checkbox"/> Yes <input type="checkbox"/> _____			
Any current use?    No <input type="checkbox"/> Yes <input type="checkbox"/> _____			
<b>Mental / Emotional:</b> (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 _____
<b>Briefly Explain:</b>	
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](#)**