

# Counseling Survey Form

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

If you plan to come for intensive (one week) counseling,

please **print, complete, email** or **mail** to:

Whole Person Counseling, 342 S. Chadbourne, San Angelo, Texas 76903.

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## 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? _____
How did you discover Whole Person Counseling? _____
<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 **print, complete, email** or bring with you the [Liability Form](#).