

Resident Training Survey And Application Form

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

If you plan to come for intensive one week of training,

Please **complete, print, and 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 "x" No [] Yes [] Please list on the line below _____
Recent Changes in weight or sleep? No [] Yes [] _____
Are taking any medications? No [] Yes [] Please list the purpose of the medications _____
Have you used drugs, tobacco, or alcohol? No [] Yes [] _____
Any Current use? _____

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? If so have you asked their forgiveness? _____

What would you like to change about your life? _____
My greatest disappointment has been: _____
The thing that makes me most angry is: _____
I feel depress 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 current situation? _____
Have you received counsel from anyone who is in authority you? (Parent, Pastor, Employer) _____ If so was was their counsel? _____
Have you made a strong commitment to God which have not kept? _____. If so what was the commitment? _____
Do you have any know sins that you have not confessed to God _____ Do you believe that God has forgiven you? _____.

Social Relationships:

1. I believe that most people ... a. like me [] b. dislike me [] c. are indifferent to me []
2. My relationship to my father was / is ... a. good [] b. fair [] c. abusive [] d. none []
3. My relationship to my mother was / is ... a. good [] b. fair [] c. abusive [] d. none []
4. For me ... a. it is difficult to make friend [] 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 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, emotional, or spiritual difficulties? _____ If so, please explain. _____
Have your parents been involved in any of the following? 1. fortunetelling (palm reading, tarot cards teal leave, cyrstal ball, Ouija board, astrology). _____ 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 Scientist, Mormon church, Jehovah Witnesses, Worldwide Church of God)? _____
If so, what? _____
3. Have they been a member of and branch of the Masons? _____
4. What is their spiritual background and beliefs? _____

Personal Exposure

1. Do you have any books, music, or artifacts associated with the worship of false religions? _____
2. Have you been a part of or done any extensive studies of false religions? _____
If so, what? _____
3. Have you been in any way involved in the occult, witchcraft, or fortune telling? _____ If so, please explain. _____
4. Have you studied or been a member of a Christian cult (Christian Scientist, Mormon church, Jehovah Witnesses, Worldwide Church of God)? _____
If so, what? _____
5. Have you been a member of any branch of the Masons? _____
6. Do you listen to any music that does not glorify God? _____
7. Have you been hypnotized? _____ If so, when? _____

Previous Counseling:

Have you had previous psychological or psychiatric care? _____ Dates: _____
_____ Whom did you see? _____ What was the prupose of your visit/s? _____
Please list any diagnoses given? _____
How did you discover Whole Person Counseling? _____

Briefly Explain:

Any current issues: _____
If, so what do you feel caused you situation? _____

Personal Counseling Experience:

Have you had any experience counseling others? _____ If yes, when? _____
In what capacity? _____ What kind of cased did you work with? _____
What approach or model did you use in counseling? _____ What kind of results did you see? _____

What are your goals?

1. Immediate goals: _____
2. Short term goals: _____
3. Long term goals: _____

Your expectations from WPC training:

What do you expect from the Whole Person Counseling training? _____

Have you prayed and found peace about coming to WPC training? _____ Have you sought
counsel from others (Pastor, spouse, advisor, or close friend) about the Resident training? _____

If so, who? _____ What was their counsel? _____

Thanks,
Basil Frasure, PhD.

Please also print and fill out the [Liability Form](#) related to counseling