

For Office Use Only

Date Received _____ Date Contacted _____ Date Assigned _____

Appointment Date and Time _____ Counselor _____

Notes _____ Ministry Agreement on File

Trinity Fellowship Church Lifecare Ministries Packet

Today's Date _____

Name _____ Sex _____ Date of Birth _____

Home Telephone _____ Work and/or Cell Phone _____

Address _____ City _____ St _____ Zip _____

Email Address _____

What church do you attend? _____

How did you hear about this ministry? _____

What times on a weekday are you available? _____

Please answer these questions thoroughly. Feel free to use the back for additional space when needed.

A. Counseling Information

- 1) What is your primary concern?

- 2) What do you want to see accomplished during this ministry time?

- 3) Have you had any help with this or other areas in the past? If so, please explain and list all counselors' names.

- 4) Are you in counseling at the present time and if so, whom are you seeing and for what purpose?

B. Spiritual Information

- 1) What does Jesus Christ mean to you?

- 2) Describe your church involvement, if any.

C. Health Information

- 1) Are you presently under a doctor's care and if so, for what reason?

- 2) Are you presently taking any drugs or prescription medication? For what purpose?

E. Lifecare Information

- 1) Have you experienced any grief/losses that have impacted your life? Explain. Use the back if necessary.

- 2) Have you ever experienced or witnessed traumatic events? (These may include sexual, physical, or verbal abuse, rejection, abandonment, betrayal, accidents, death, serious illness, personal failure, etc.) Please explain. Use the back of this page if needed.

- 3) Can you identify any negative/harmful ways of thinking in your life? Explain.

- 4) Explain any areas of struggle you observe that are persistent in your family history.

- 5) Do you have now or have you ever had suicidal thoughts, feelings, or actions? Please explain.

- 6) Are there any negative words or phrases that you consistently repeat to yourself or have been repeatedly said to you or about you? Please explain.

- 7) What is your most difficult emotion right now?

D. Relationship Information

- 1) With whom are you living now, and what is your relationship to this person(s)?

- 2) If you are married, how long have you been married? _____ If you are separated, how long have you been separated? _____ Why are you separated? _____

- 3) Have you been married or in a co-habiting relationship with the opposite sex before? _____
If so, how many times? _____

- 4) Briefly describe each relationship and why it ended.

- 5) How many children/stepchildren do you have? _____ How would you describe your relationship with each of them?

- 6) What is your most difficult relationship right now?

- 7) Give a detailed description about your “growing up” years. Include how you see yourself, your relationship with your parents and siblings, and any stepparents and/or stepsiblings. (Use the back of this sheet if necessary.

- 8) List anyone against whom you have any unforgiveness, offenses, bitterness, resentment, anger, etc. Briefly explain why.

E. Other Information

Is there any other information you would like for us to know about you in regards to your counseling appointment?