

# St. Matthews Pastoral Counseling Center

3515 Grandview Avenue, Louisville, Kentucky 40207-3707

Phone: 502-893-9831 FAX: 502-896-0439

## Personal Data

**INSTRUCTIONS:** This confidential information is for the use of your counselor. Please complete it as carefully as you can. If more than one family member is coming for counseling, each should fill out a form.

### General Information:

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Business Phone #: ( ) \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_ Pager #: ( ) \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred here by: \_\_\_\_\_

### Current Household

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give a brief description of why you are seeking counseling now: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had previous counseling? Yes \_\_\_ No \_\_\_ If so, with whom, when, and under what circumstances? : \_\_\_\_\_

\_\_\_\_\_

**Marital Information:**

Spouses Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Education (in years): \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Have either of you ever filed for divorce? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure: \_\_\_\_\_

Date of this marriage: \_\_\_\_\_ Your ages when married: His \_\_\_\_\_ Hers \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Please **summarize any prior marriages** in which either you or your spouse have been involved. Indicate dates of marriage, separation, divorce, death, etc.: \_\_\_\_\_

**Education:** (Circle last year completed)

Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5 6+

Other Training: (list type and years) \_\_\_\_\_

Military History: None: \_\_\_\_\_ Indicate branch and years of service: \_\_\_\_\_

**Health Information:**

Please rate your physical health with a check mark: Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_

Your approximate weight: \_\_\_\_\_ lbs. Weight changes recently: Lost: \_\_\_\_\_ Gained: \_\_\_\_\_

List all important present or past illnesses, or injuries with lasting effects: \_\_\_\_\_

Your Physician: \_\_\_\_\_ Date of last medical examination: \_\_\_\_\_

Address: \_\_\_\_\_

Are you presently taking medication? Yes \_\_\_ No \_\_\_ If so, what? \_\_\_\_\_

Circle any of the following words which seem to describe you now:

ACTIVE AMBITIOUS SELF-CONFIDENT PERSISTENT HARD-WORKING NERVOUS

IMPATIENT IMPULSIVE MOODY OFTEN-BLUE EXCITABLE IMAGINATIVE CALM

LONELY INTROVERTED EXTRAVERTED LIKEABLE LEADER HARD-BOILED

SUBMISSIVE QUIET SELF-CONSCIOUS SHY SERIOUS EASY-GOING GOOD-NATURED

**Religious Information:**

Religious Preference: \_\_\_\_\_ Baptized? Yes \_\_\_ No \_\_\_

Do you consider yourself a religious person? Yes \_\_\_ No \_\_\_ Not Sure: \_\_\_

Church Membership: \_\_\_\_\_

Church Attendance: Never: \_\_\_ Seldom: \_\_\_ Occasionally: \_\_\_ Frequently: \_\_\_ Regularly: \_\_\_

Please describe any recent changes in your religious life, if any: \_\_\_\_\_

**Family of Origin Information:**

Were you reared by your blood parents? Yes \_\_\_ No \_\_\_

Were your parents divorced? Yes \_\_\_ No \_\_\_ Date of divorce: \_\_\_\_\_

Was your childhood home broken by the death of one or both of your parents? Yes \_\_\_ No \_\_\_

Were you reared by foster parents, adoptive parents, or stepparents? Yes \_\_\_ No \_\_\_

Was your parent marriage: Unhappy: \_\_\_ Average: \_\_\_ Happy: \_\_\_ Very Happy: \_\_\_

As a child, did you feel closest to: Your Father \_\_\_ Your Mother \_\_\_ Someone Else \_\_\_

Was your childhood: Unhappy: \_\_\_ Average: \_\_\_ Happy: \_\_\_ Very Happy: \_\_\_

**Your Family you grew-up with**

Name	Relationship	Current Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment Information:**

Present Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Duties: \_\_\_\_\_

Spouses Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Duties: \_\_\_\_\_

Please summarize your previous employment history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_