COVENANT
PRESBYTERIAN CHURCH | IGLESIA PRESBITERIANA

BIOGRAPHICAL INFORMATION

Personal

Full Name: _____ Date of Birth: _____ Age: ____ Gender: M F

If under 18, Parent/Legal Guardian: _____

Home Phone #: _____ Cell Phone #: _____
Email address: _____
Address: _____ City, State, Zip: _____

Education: High School: _____ College: _____
Other_____
Occupation: _____ Employer: _____
Years at this job: _____ Phone #: _____

Current Family

Marital Status: _____ If married, date married and years married: _____Yrs:____
Spouse's Name: _____ Date of Birth: _____ Age: ___
Spouse's Cell Phone #: _____ Spouse's Email Address: _____
Spouse's Occupation: _____ Employer: _____
Yrs at this job: _____ Phone #: _____

Children (please list names and ages): _____
_____
Previous Marriage(s): Name(s): _____ Duration: _____

Present Information

Reason for seeking counseling: _____
_____
Goal(s)/What you hope to achieve: _____
_____
_____

Health

Your current health: Very good Good Average Declining
Current medical problems: _____
Current medication(s) and dosage(s): _____
_____
List any sleep disturbances: _____
Have you previously sought clinical or psychiatric help: _____ Yes _____ No
Counselor or Dr. _____ Dates in their care _____
Counselor or Dr. _____ Dates in their care _____
Counselor or Dr. _____ Dates in their care _____
How satisfactory was your experience(s)? _____

SYMPTOMS CHECKLIST
Please mark any of the following that apply.

Mood
___Depression
___Anxiety
___Hopelessness
___Irritability
___Mood changes
___Sadness
___Excited/Intense energy
___Anger/rage
___Overwhelming feelings of guilt/shame
___Difficulty enjoying life
___Thinking the same thoughts repeatedly

Interpersonal
___Increased conflict with others
___Increased family conflict
___Difficulty making or keeping friends
___Relational Issues
___Socially withdrawn/isolated
___Increased sexual problems/concerns
___Increased social anxiety
___Problems with intimacy
___Increased difficulty tolerating others
___Trouble with the law/authority figures
___Panic/anxiety

Behaviors
___Hurting yourself
___Doing the same thing repeatedly
___Social isolation
___Uncontrolled spending or gambling
___Increased use of alcohol and/or drugs
___Reckless behavior/impulsivity
___Increased financial problems
___Pain
___Tearfulness
___Fatigue

Thinking
___Thoughts of wanting to take your life
___Thoughts of wanting to hurt someone else
___Seeing/hearing things that aren't there
___Academic/work problems
___Intrusive negative thoughts
___Flashbacks
___Irrational fear
___Racing thoughts
___Paranoia
___Easily distracted/concentration problems
___Memory problems
___Low self-esteem
___Worries about body-image
___Confusion
___Unmotivated

Physical
___Increased sleep
___Decreased sleep
___Difficulty sleeping
___Disturbing nightmares/dreams
___Increased appetite/weight gain
___Decreased appetite/weight loss
___Agitation/restlessness
___Unusual sensory experiences (smell, taste)
___Headaches
___Tightness in chest
___Rapid heart rate
___Numbness or tingling
___Other physical problems, please specify
_____
_____

Other symptoms not listed: _____
_____
_____