

# Pathways Pastoral Counseling

## PERSONAL INFORMATION SHEET

**Instructions: This confidential information form is for the use of your counselor only. Complete as carefully as possible.**

Today's Date: \_\_\_\_\_

Client's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Confidential/personal E-mail: \_\_\_\_\_

Do you have a preference of how to contact you? Cell\_\_\_ Email\_\_\_ Home\_\_\_

### **Insurance Company Information**

Insurance company \_\_\_\_\_

Insured's full name: \_\_\_\_\_

Insured's date of birth \_\_\_\_\_

Insurance company ID# \_\_\_\_\_

### **Information about children:**

If you have children please list their names and ages (both own children and step-children):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Information:** Rate your physical health: (check)

Very good: \_\_\_ Good: \_\_\_ Average: \_\_\_ Poor: \_\_\_

Date of last medical examination and or physical: \_\_\_\_\_

Your physician: \_\_\_\_\_ phone # of physician: \_\_\_\_\_

Are you presently taking any medication? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what? \_\_\_\_\_

\_\_\_\_\_

Have you been diagnosed previously for any mental health condition/situation? Yes\_\_\_ No\_\_\_\_\_

If yes, what was your last known diagnosis? \_\_\_\_\_

**Background Information:**

How did you find out or come to Pathways Pastoral Counseling?

\_\_\_\_\_

Have you been in therapy before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please state for what reason (brief), with whom, and when:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note any drug or alcohol abuse by yourself or members of your family. If yes, state if you or family members have received treatment:

\_\_\_\_\_

\_\_\_\_\_

Have you ever thought about or made a suicide attempt? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what was the situation (briefly describe)? \_\_\_\_\_

\_\_\_\_\_

Has anyone in your family ever attempted or committed suicide? If yes, when?

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

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And what would you like to change about yourself or situation as a result of therapy?

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Is there any additional information that would be helpful for me as your therapist to know about you or situation as relates to your counseling today?

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Thank you for filing out this information.