

RESTORATION MINISTRIES CONFIDENTIAL COUNSELING QUESTIONNAIRE

Please Note: We need your help in **COMPLETELY** filling out this form. Incompletely filled out forms will make it harder for us to proceed with the counseling process.

Name or ID _____ Date _____

Address _____

How long at present address _____ Telephone _____

Email _____

Emergency Notification

Name _____	Relationship _____
Address _____	Telephone _____
Name, address, & Telephone of family physician: 	

Your Date of Birth _____ Place of Birth _____

Marital Status _____ No. of times married _____

Date married _____ No. of Children at home _____

Name of spouse _____ Date of Birth _____

Referred here by: _____

Will your spouse come to counseling? _____

How much time do you pray together on a daily basis? _____

Why are you seeking counseling?

How much time per day _____ and per week _____ are you willing to spend working on (assigned homework) necessary to successfully complete your counseling.

Employer, address, phone, & kind of work:

NOTE: The counseling is confidential. (specific legal reporting issues may apply, ask for more information if this concerns you). IF YOU NEED ADDITIONAL SPACE, use the back of this form. We can help you better when you give as much information as possible. This counseling center is a ministry dedicated to helping people develop their full potential, so that you can obtain a successful and happy life in Christ.

Spouse's employer, address, phone, & kind of work:

Children's names & ages:

Parents' names & ages:

How many times have you moved in the last 10 years _____

When and where were you the happiest?

Are you planning to move soon and why?

Total family annual income _____ Do you own a home _____

What kind and year is the car(s) you own:

How would you describe your present financial condition _____

NOTE: (Not by faith, but in the real world):

Are you happy with your financial condition? _____

Describe what part of life is most important to you now:

What grade did you complete in school and your grade average?

How many different schools have you attended? _____

Describe your intelligence:

List any sports you played:

List any clubs or organizations you were a part of in school:

List any honor societies you were in:

List all past and current counseling:

Has any counselor ever treated you unfairly and how?

Give the details of any hospitalizations for mental problems:

If you have ever been classified by any mental problem type term list the term and date:

Have you ever received, inner healing _____ deliverance _____

List any fears you presently have:

List any past fears you have victory over:

List any guilt feelings you have past or present:

Please tell what your family life was like when you were growing up:

Did your mother love you? _____ your father? _____

Did your mother show physical affection? _____ your father? _____

What is your present church affiliation _____

How many hours per week are you involved in church _____ in Bible reading _____ In prayer _____ and listening to Christian music _____.

Past religious background:

Parents religious background:

List all churches and religious organizations you have be in:

Underline any of the following you have been involved in: ESP, Transcendental Meditation, Hypnotism, Ouija board, fortunetelling, SRA, card reading, any type of occult, spiritualism, Mormonism, Eastern religions, Jehovah witnesses, Video games, Astrology, Hypnotism, New Age, Masonry, Fraternal organizations, Satanism; **please list others:**

Are you a Christian _____, if yes write a paragraph on the back of this sheet on how you became a Christian.

At what age did you first become a Christian _____

Do you consider yourself to be a Christian, and why:

Do you believe "doing good" qualifies you as a Christian? _____

Are you certain in your heart you are secure in your relationship with God? _____

Would you like to be closer to God? Explain:

List all family members who are Christians:

Do they attend church with you? if not where do they attend?

Explain what it means to you to be filled with the Holy Spirit:

Do you speak in tongues, and how often?

Does your family speak in tongues, and how often?

When and how were you baptized in water?

Do you believe the Bible to be the actual Word of God? _____

Do you believe that there is a literal, actual devil(satan)? _____

Do you believe the devil has demons to help him? _____

Do you believe a Christian can be attacked by demons? _____

Explain the importance of your religious/Christian beliefs right now:

List any health problems you currently have and specify any current medical treatment you are receiving for them:

Do you have physical pain right now? _____ From 1-10 (most severe) how intense is it _____

List any past health problems:

List any operations performed on you:

List any fears you have concerning disease or sickness:

Do you smoke and to what extent?

Do you drink alcoholic beverages and to what extent?

Do you use any illegal drugs? Which ones and to what extent?

List any addictions (including prescription drugs) you have ever had: (Circle if current)

List ALL prescription drugs you are taking and to what extent:

List any physical or mental conditions that appear from previous generations in your family:

Do you feel inferior about any part of your body? if so explain.

Do you believe people really are being healed today? _____

List anything physical or emotional that is limiting your from becoming what you want to be:

How do you believe you are going to be helped by coming here?

Explain how you handle conflict:

Discuss how you are currently having trouble in asking for and feeling forgiven from any offenses against you:

Discuss any way in which you can't forgive yourself:

Discuss any way in which you can't accept yourself:

How would you rate your marriage? and why?

Discuss any problems you are having in your marriage:

How would you rate your marriage from a sexual standpoint? and why?

THANK YOU FOR FILLING OUT THIS QUESTIONNAIRE!