

Beyond Healing Healing the Mind, Body, & Spirit

Thank you for choosing Beyond Healing – A Counseling, Wellness, & Personal Growth Center. To make your time here more productive, please assist the professional staff by completing the questionnaire. The questions are designed to provide information for the purpose of knowing you better. The information that you provide will be held in strict confidence. Naturally, we encourage you to take your time and learn from your responses. Please omit any questions that do not apply to you. Thank you for your help.

About You

Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Other: _____

O.K. to leave messages? Yes No How may we identify ourselves? (*GSU Counselor, by name, just GSU or other*):

Referral Source: _____ Best days and times to reach you: _____

Primary Emergency Contact:

Name: _____

Relationship: _____ Address: _____

Phone: _____

Demographics:

Age: _____ Date of Birth: ____ / ____ / ____ Race: _____ Sex: M F

Religion: _____ Primary Language: _____

Relationship Status: _____

Date of Marriage: ____ / ____ / ____

Date(s) of previous marriage(s):

From: ____ / ____ / ____ To: ____ / ____ / ____ How did marriage end?: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

How did marriage end?: _____

Any history of domestic violence? ___ Yes ___ No If yes, explain _____

Any history of alcohol abuse? ___ Yes ___ No If yes, explain _____

Any history of drug abuse? ___ Yes ___ No If yes, explain _____

Presenting Problem(s): (*state in your own words the reasons for which you are requesting help*)

Please give a brief history of the problem(s):

About Your Partner:

Name of Partner: _____

Do you have any concerns or questions about your partner or marital status that we should be aware of, or that you would like to discuss?:

About

Your Family Background:

Please list your brothers and sisters and their ages:

Name/Age

Is your Father living? _____

Date and Cause of Death: _____

Is your Mother living? _____ Date and Cause of Death: _____

Briefly describe the quality or nature of your relationship with your parents and note any questions or concerns you might wish to raise regarding that relationship:

About Your Children:

Please list your children and stepchildren:

Name /Age/ Date of Birth /Sex /Living with you?

Names and Relationships of other people who currently live with you:

Name/ Age /Relationship /How long have they lived with you?

Child Concerns:

Please state briefly any special concerns or questions about your children that you think we should discuss:

Health Concerns:

List all previous professional help or hospitalizations you have received for personal, marital or family concerns:

Kind of Treatment /Date/ Name of Provider /Reason

List any illnesses or disabilities that have affected you or a family member in the past year:

Have

you ever had thoughts about suicide? ___ Yes ___ No

Have you ever attempted suicide? ___ Yes ___ No If so when? _____

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Health Issues:

Please list briefly any current health issues you have:

Reasons for Seeking Counseling:

Please list any other additional reasons for seeking counseling:

Vocational History:

Place of Employment: _____

Part or Full time: _____ Occupation: _____

How long have you had your present job?: _____

Any problems at work?: _____

Highest grade or education degree completed: _____

Any specific problems while you were in school?: _____

Military/Veteran Status: N/A: _____ Dates: _____

Position in service: _____ Stationed: _____

Did you serve in combat?: _____

Please rate your feelings regarding how hopeful you are that counseling will help: (please check mark your response)

___ Very Hopeless ___ Somewhat Hopeless ___ Unsure ___ Somewhat Hopeful ___ Very Hopeful

Have you ever seen a therapist, psychologist, psychiatrist, or other mental health professional? Y N

If so, please explain (when, where, reason, results)

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Comments or concerns about Counseling:

Goals:

What brings you here?

What would you like to see differently in your life?

What is going well for you right now? Tell me about a time in the past where you overcame something difficult and how you were able to get through it.

What is something important you need me to know about you before we meet?

-End of Questionnaire-