

Personal Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Cell Phone () _____

Email address: _____

Present Church: _____ Member Yes No

No church right now

Past Church: _____

Referred by: _____

Vocation: Present: _____

Past: _____

My Understanding

I understand that my participation in completing this Personal History and in this appointment and in ensuing appointments is totally voluntary on my part. Provision House is a discipleship ministry designed to help those who seek biblical solutions to life's difficulties. I understand that the person who will counsel me in the appointments is not necessarily a professional counselor or therapist, but a fellow Christian who is making himself available to pray with me and offer me biblical guidance. Therefore, I voluntarily ask for this appointment and assume responsibility for my responses to this appointment and for other appointments that may ensue. I further understand that subject matter covered during appointments, although confidential, may be discussed with other counselors or family members if it is deemed helpful to do so. I will notify my Provision House counselor if this is a problem for me.

Fees

The fee for counseling is \$65.00 per session. A session lasts approximately 50 minutes. If you cannot personally afford this fee, you have two options:

1. Ask your church if they can help you with the amount you cannot afford.
2. If your church will not help you with the fee, you must then discuss the amount you can afford with Paul Stark at your first appointment.

Provision House is a 501(c)(3), non-profit ministry.

Signed _____ *Date* _____

Personal History

1. Do you work outside the home? Yes No

If yes, where: _____

2. Married: number of years: _____ Second marriage: number of years _____
 Divorced Single

Children: names (optional) and ages: _____

Children previous marriage: names (optional) and ages: _____

3. **Problem issues:** Please make a list of the problem issues you are dealing with. When you are finished, put a check mark by the three items you feel are your greatest areas of need. Remember that this is confidential. (Please don't use explanations in answering this question. Use only one word or a simple phrase for each item on your list, i.e., anger, difficulty forgiving, depression, guilt, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Family History

- a. Were you adopted? Yes No

- b. Are/were your parents born-again Christians? Yes No

If so, do/did they profess and live their Christianity? Yes No

- c. Are/were your parents divorced? Yes No

- d. Who was the authority figure in your home? Father Mother Other

- e. Have your parents, grandparents or great grandparents ever been involved in any occult, cultic or non-Christian religious practices? Yes No

If yes, please explain _____

f. Identify your parents' position on the following:

	Permissive	Average	Strict
Clothing/modesty			
Sanctity of sex inside marriage			
Dating			
Movies			
Music			
Use of Alcohol			
Use of non-prescription drugs			
Use of tobacco			
Church attendance			

g. Identify the sex and age of your sibling(s) and place yourself in birth order:

	Child	Sex	Age
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

h. Describe the emotional atmosphere in your home while you were growing up. Include a brief description of your relationship with your parents and sibling(s):

Health

a. Is there a history of ongoing physical illness in your family? Yes No

If yes, please list specific disease(s): _____

b. Is there a history of mental illness in your family? Yes No

If yes, please explain briefly: _____

c. Is there a history of addictive problems in your family? Yes No

If yes, to what? _____

d. Describe your general health _____

e. List medication(s) you are taking and the purpose for which you are using them:

Medication	Purpose

Lifestyle

a. Do you feel there is balance in your life in regard to the amount of time you spend in the following areas?

	Yes	No
Spouse		
Family		
Friends		
Recreation/hobbies		
Christian activity/church		
Personal time with God		
Work		

b. Do you get adequate rest? Yes No

c. Do you have problems sleeping at night? Yes No

d. Do you primarily eat balanced nutritional meals? Yes No

e. Highest level of education achieved _____

Area of specialization (major) _____

f. Please check any of the following emotions you have had or are presently having difficulty controlling:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> frustration | <input type="checkbox"/> depression | <input type="checkbox"/> rejection |
| <input type="checkbox"/> anger | <input type="checkbox"/> hatred | <input type="checkbox"/> abandonment |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> bitterness | <input type="checkbox"/> insecurity |
| <input type="checkbox"/> loneliness | <input type="checkbox"/> fearfulness | <input type="checkbox"/> insignificance |
| <input type="checkbox"/> worthlessness | <input type="checkbox"/> hopelessness | <input type="checkbox"/> resentment |

other: _____

g. What addictions are you dealing with?

h. What moral problems are you dealing with? _____

i. Have you experienced sexual, physical, or verbal abuse or trauma? Yes No

If yes, please explain: _____

Spiritual Issues

a. Have you received Jesus Christ as your personal savior? Yes No

b. When did you receive Christ? _____

c. How do you know that you have received Christ? _____

d. Are you plagued with doubts concerning your salvation? Yes No

If yes, please explain: _____

e. How do you view God? (Distant? Harsh? Judging? Loving? Near?) _____

f. Do you usually have a personal Bible reading and prayer time? Yes No

g. Do you regularly attend a local church? Yes No

h. Are there additional ways in which you are enjoying fellowship with other Christian

believers? Yes No When and where? _____
