

**Christian Counseling and Educational Foundation- Montana**

Phone: 406-294-5533 ● office@ccefmt.org

**Personal Information Form**

Welcome to CCEF-Montana. Please take the time to answer these questions; gathering this information gives us a context for what is happening in your life. We look forward to getting to know you and to discovering together how Jesus can meet you in the midst of every struggle.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:   \_\_\_\_\_ M \_\_\_\_\_ F

Marital Status:

\_\_\_ Never Married

\_\_\_ Separated

\_\_\_ Divorced

\_\_\_ Widowed

Married for \_\_\_\_\_ years  Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domestic Partnership for \_\_\_\_\_ years  Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any children, with current ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Okay to leave a message?

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Yes \_\_\_\_ No

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Yes \_\_\_\_ No

Emergency Contact Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Relation) (Phone #)

**Health and Medical History**

Please list any current medical conditions:

Please list any medications or supplements that you are currently taking:

Please check from the following list any items that you have experienced recently:

\_\_\_ Frequent Physical Complaints

\_\_\_ Racing or Disorganized Thought Patterns

\_\_\_ Irritability or Anger

\_\_\_ Mood Shifts

\_\_\_ Crying Often

\_\_\_ Overwhelming Sadness

\_\_\_ Thoughts of Suicide

**Family Background & Current Concerns**

Brief description of your family of origin. Any significant events?

Check any of the following that apply to you and/or your family:

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_ Separation | \_\_ Drug Abuse | \_\_ Traumatic Experience | \_\_ \_\_ Violence |
| \_\_ Divorce | \_\_ Physical Abuse | \_\_ School Problems | \_\_ Death |
| \_\_ \_\_ Affairs | \_\_ Verbal Abuse | \_\_ Illness | \_\_ Suicide |
| \_\_ Alcohol Abuse | \_\_ Sexual Abuse | \_\_ Eating Disorder | \_\_ Other |
| \_\_ Domestic Abuse | \_\_ Emotional Problems | \_\_ Legal Troubles |  |

Explain:

**Life Patterns or Behavioral Concerns**

\_\_\_ Trouble with Sleeping Patterns

\_\_\_ Trouble with Eating Patterns

\_\_\_ Loss of Interest in Previously Enjoyed Activities

\_\_\_ Overwhelming Anxiety, Panic, or Worry

\_\_\_ Misuse of Substances

\_\_\_ Excessive Screen Usage

\_\_\_ Self-Mutilation

\_\_\_ Risky Sexual Activity

\_\_\_ Sexual Concerns

\_\_\_ Significant Change in Weight

\_\_\_ Other

Explain:

**Spiritual Life**

What role does faith play in your life?

Do you attend church? \_\_\_\_ Yes \_\_\_\_ No

Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your level of church involvement?

*Very involved Moderately involved Minimally involved Not involved*

**Occupational Information**

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is your current occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you enjoy your current profession? \_\_\_\_ Yes \_\_\_\_ No

**Relational/Social Support**

How much support do you have from people in your life?

*Strong support Moderate support Minimal support No support*

Are there people you would like to invite to join you in your counseling sessions or process?

Have you had previous counseling experience? \_\_\_\_ Yes \_\_\_\_ No

If yes, what was particularly helpful or unhelpful?

Is there interpersonal conflict in your life that is relevant to the issues you would like to discuss?

**How Can We Help You?**

What has brought you to CCEF-Montana at this time? What are you hoping to work on?

What are you looking for in a counselor?

Is there anything else you would like your counselor to know before you meet together?