

GWS Christian Counseling Institute

CONFIDENTIAL CLIENT INFORMATION

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Name \_\_\_\_\_
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
Home phone \_\_\_\_\_ Work \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_
SS# \_\_\_\_\_ Marital status \_\_\_\_\_ Occupation \_\_\_\_\_ How long \_\_\_\_\_
Employer \_\_\_\_\_ Address \_\_\_\_\_
Spouse's Occupation \_\_\_\_\_ In an emergency notify \_\_\_\_\_
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Education Highest grade / year completed \_\_\_\_\_ Highest degree \_\_\_\_\_

Service Have you ever been in the military? Yes No In combat? Yes No

Family

Does your spouse know you have come here for counseling? Yes No N/A
Would your spouse come for counseling? Yes No Have you been separated? Yes No N/A
How long \_\_\_\_\_ Have either of you filed for divorce? Yes No N/A
Date of marriage \_\_\_\_\_ Age of husband when married \_\_\_\_\_ Age of wife \_\_\_\_\_
Of the children in your family, which number were you? \_\_\_\_\_ How many children in all? \_\_\_\_\_
Brothers? \_\_\_\_\_ Sisters \_\_\_\_\_ Are you adopted? Yes No Brothers and sisters adopted? Yes No
Are you a twin? Yes No Identical? Yes No
Were you raised by someone other than your parents? Yes No Explain \_\_\_\_\_
Does anyone in your family have a significant physical or emotional problem? Yes No
Who? \_\_\_\_\_ Explain \_\_\_\_\_
Were either of your parents alcoholics or drug users? \_\_\_\_\_ Who? \_\_\_\_\_
Were your spouse's parents alcoholics or drug users? \_\_\_\_\_ Yes No Uncertain
Were you abused as a child? Yes No Physically Verbally Sexually
Was your spouse abused as a child? Yes No Physically Verbally Sexually Uncertain
Do you believe your only problem is the behavior of someone else? \_\_\_\_\_ Explain \_\_\_\_\_
Briefly describe your spouse (or parent guardian) \_\_\_\_\_
Briefly describe your children \_\_\_\_\_

Personal: My spiritual condition is: Poor Fair Average Good Physical: Poor Fair Average Good

Emotional: Poor Fair Average Good Circle the words describing why you need counseling.

- Grief Suicidal thoughts Relationship with parents Loss of self-respect
Depression Loneliness Relationship with children Loss of love
Anxiety Marriage problems Loss of faith in God Anger with God
Nervousness Sexual concerns Loss of faith in self Adultery
Fear Impotency Loss of faith in others Sexual coldness
Self doubt Homosexuality Loss of hope Compulsive lust
Guilt Religious doubts/fears Loss of meaning

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**Physical Health**

Rate your health:      Excellent      Good    Fair    Declining      Poor    Do you drink coffee?    Yes    No  
Decaffeinated    Caffeinated      How many cups? \_\_\_\_\_      Use tobacco?    No    Some    Moderately    Heavy  
Date of most recent medical exam \_\_\_\_\_ Doctor \_\_\_\_\_ Report \_\_\_\_\_  
Date of most dental exam \_\_\_\_\_ Doctor \_\_\_\_\_ Report \_\_\_\_\_  
Date of most recent eye exam \_\_\_\_\_ Doctor \_\_\_\_\_ Report \_\_\_\_\_  
List all major illnesses/injuries/handicaps \_\_\_\_\_  
Do you take medication?    Yes    No    List \_\_\_\_\_  
Do you take non-medical drugs?    Yes    No    List \_\_\_\_\_  
Has your weight changed in the past months?    Yes    No    Gained    Lost    How much \_\_\_\_\_

**Mental Health**

Have you been in counseling or therapy before?    Yes    No    List dates, counselors, problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the counseling/therapy of benefit?      Yes    No    How do you feel right now? (Circle any)

- |              |              |           |                |             |
|--------------|--------------|-----------|----------------|-------------|
| Active       | Helpless     | Sensitive | Extrovert      | Imaginative |
| Nervous      | Ambitious    | Useful    | Quiet          | Shy         |
| Moody        | Hard-working | Confident | Self-conscious | Likable     |
| Calm         | Depressed    | Impatient | Lazy           | Hard-boiled |
| Good-natured | Serious      | Excitable | Persistent     | Lonely      |
| Leader       | Introvert    | Easygoing | Impulsive      | Controlled  |
| Submissive   | Follower     |           |                |             |

Have you ever thought of committing suicide?      Yes    No    When    Explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever attempted suicide?    Yes    No    N/A

Advised someone to have an abortion?    Yes    No    Do you ever think perhaps you are “going crazy?” \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Do you ever want to “run away?” \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Have you felt people were watching you?    Yes    No    Do people’s faces ever seemed distorted?    Yes    No

Are you sometimes unable to judge distance?    Yes    No    Have you ever had hallucinations?    Yes    No

Are you afraid of being in a car?    Yes    No    Is your hearing exceptionally good?    Yes    Yes

How many hours of sleep do you get each night? \_\_\_\_\_ When do you get to sleep? \_\_\_\_\_

When do you get up? \_\_\_\_\_ Have you ever been arrested?    Yes    No

Will you sign a release so we may obtain social, psychiatric or medical reports?    Yes    No    Describe the areas where you need answers and why you chose Christian counselors. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Religious Background

Denominational preference \_\_\_\_\_ What church do you attend? \_\_\_\_\_

I attend \_\_\_ times per month. Childhood church \_\_\_\_\_ Water baptized? Yes No

Souse's religious background \_\_\_\_\_ Are you a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain Do you pray to God? Often Never Occasionally

Do you believe that if you were to die tonight you would go to Heaven? Yes No Why? \_\_\_\_\_

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Are you saved? Yes No Not sure Do you read the Bible? Often Never Occasionally

Regular family devotions? Yes No Regular personal devotions? Yes No

Explain any recent changes in your religious life \_\_\_\_\_

## Check list (Please circle the appropriate responses)

Have you ever sought guidance (even just for fun) through any of the following:

Fortune teller	8 ball	Life reading	Automatic writing	UFO
Seance	Tarot cards	Horoscope	Transcendental-	Almanac
Palm reader	Ouija board	Fortune cookies	meditation	Psychic line
Tea leaves	Handwriting-	Weight machine	Astrology	Other _____
Crystal ball	analysis	Cards	I Ching	

Have you ever participated in or watched TV the following:

Magic	Ventriloquism	Psychic	Diving rod	White magic
Sleight of hand	Water witching	Harassment	Witchcraft-	(Heal wart by
Levitation	Mind control	Hexes	(manipulation)	rubbing, blow
Astral traveling	Mental telepathy	Voodoo, spells		in mouth to
				Heal rash, etc.)

Have you ever been involved in:

Hypnosis	Acupuncture	Non-Christian exorcism	The 5 senses, (not
Psychic healing	Transcendental-	ESP (seeking knowledge	through Jesus)
Yoga, karate	meditation	beyond)	

Have you ever believed in or practiced the following superstitions?

Wishing on a star	Don't step on a crack	Anything affecting luck
Throwing salt over shoulder	Good luck charms	Not walking under a ladder
Black cats	(Lucifer is the god of luck)	Other _____
Friday the 13 <sup>th</sup>	Breaking a mirror	

Have you ever been to pagan temples in:

Mexico	Korea	Mormon Tabernacle
Greece	Bahai	Indian ceremonies, dance or burial grounds
Japan	Israel (Dome of the rock)	

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Have you ever been involved with things like books or movies that teach or glorify the satanic / occult?

The Omen	Bridie Murphy	The Sentry
The Exorcist	Beyond and Back	Rock Music
Rosemary's Baby	Star Wars (the Force is satanic)	

Have you ever read:

Jean Dixon writings	Jonathon Livingston Seagull	Unity
Books on reincarnation/spiritualism	Joel Goldsmith's books	Atlantis

Have you ever read books on metaphysics (contacting God with mind instead of spirit?)

Christian Science	Swedenborgianism	Hari Krishna
Rosacrucianism	Scientology	Edgar Cayce (psychic healer)
Silva	Religious Science	Moonies

Books on cults? Mormonism, Jehovah's Witness, The Way, Bahai, Buddhism, other \_\_\_\_\_ (Circle)

Have you ever committed yourself to a secret society: fraternity, sorority, Masonic order, Demolay, Eastern Star, Rainbow Circle, Order of Arrow (Circle)

Have you ever been involved with groups which deny the divinity of Jesus, atonement for sin only by the Blood of Jesus, and / or the Trinity?

Armstrong and the radio	Ultimate reconciliation	Black Muslims
New Age	Unity School of Christianity	Zen
New Thought	Spiritual Frontiers Fellowship	Other _____
Unitarian Universalism	Satanism	

Have you ever denied: the divinity, virgin birth, or resurrection of Christ? (Circle)

Have you ever made a blood pact?                      Yes                      No

Have you ever looked at pornographic pictures, novels, TV shows, X or R rated movies? (Circle)

Have you ever engaged in the following sexual deviations?

Adultery	Lesbianism	Compulsive-masturbation	Bestiality	Rape
Sexual fantasy	Oral sex	Child molesting	Demonic sex	Fornication
Homosexuality	Incest		Abortion	

Have you ever been involved with drugs such as marijuana (pot), LSD, hallucinogenics, prescribed drugs, other \_\_\_\_\_? (Circle) Have you ever had a chemical dependency? Yes      No

Have you ever been subject to other dependencies? Gluttony, using food to dull pain, caffeine, entertainment, amusement, nicotine, other \_\_\_\_\_ (Circle)

Compulsive habits? Daydreaming, gossip, lying, stealing, cursing, biting fingernails, other \_\_\_\_\_

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Do you have frequent, habitual negative emotions?

Rejection	Hatred	Religious pride	Discouragement	Depression
Restlessness	Fear	Anxiety	Listlessness	Impatience
Bitterness	Loneliness	Suspicion	Possessiveness	Other _____
Jealousy	Pride	Unbelief	Anger	

Have you ever had a death wish?    No    For self    For others (Circle)

Do you watch soap operas, TV programs, or movies condoning fleshly desires that break down the God-designed family?