

**JULIANNA POOR MEMORIAL COUNSELING CENTER**  
**Counseling Ministry**  
**Houston's First Baptist Church**

We are honored by your decision to seek assistance from our Counseling Ministry. This program strives to glorify Jesus Christ and to produce sound minds and Christian behavior. The counseling we provide, both pastoral and professional, is guided by principles which are scripturally based and psychologically sound.

Your response to this form will serve as a brief and helpful introduction. All submitted information is confidential. If an item does not relate to you, write "NA" meaning Not Applicable.

Date \_\_\_\_\_

Counselor \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Contact Numbers(cell, pager, etc.): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Best E-mail address to reach you: \_\_\_\_\_

Who is responsible for payment: \_\_\_\_\_

Have you been to the Julianna Poor Memorial Counseling Center before? Yes \_\_\_ No \_\_\_

If yes, please list dates and counselor(s): \_\_\_\_\_

How did you hear about the counseling ministry? \_\_\_\_\_

Please describe the reason for your visit today: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Information:**

Marital Status: Never married \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other- \_\_\_\_\_

How long have you been in your current marriage? \_\_\_\_\_

Previous Marriages: Self: \_\_\_\_\_ time(s) Date(s): \_\_\_\_\_

Spouse: \_\_\_\_\_ time(s) Date(s): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Children :*

(Self): Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_  
 Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_

(Spouse): Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_  
 Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_

I presently live with: \_\_\_\_\_ . How would you describe your current living situation? \_\_\_\_\_

\_\_\_\_\_

Highest Education Completed: Self \_\_\_\_\_ Spouse: \_\_\_\_\_

Employer (Self): \_\_\_\_\_ Position: \_\_\_\_\_ Length: \_\_\_\_\_

Employer (Spouse): \_\_\_\_\_ Position: \_\_\_\_\_ Length: \_\_\_\_\_

How would you describe your current work situation? \_\_\_\_\_

\_\_\_\_\_

How would you describe your spouse's current work situation? \_\_\_\_\_

\_\_\_\_\_

**Medical Information:**

Do you have any medical problems? Yes \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

Treating Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

List any current medication, dosage, and reason (including vitamins/herbs/over the counter medication):  
\_\_\_\_\_

Have you ever been prescribed medication for a psychiatric diagnosis? Yes \_\_\_ No \_\_\_

If yes, list medication (even if you are no longer taking it) \_\_\_\_\_

Have you received counseling previously? \_\_\_\_\_ When, where and reason: \_\_\_\_\_

Are you currently under the care of a mental health professional (i.e. Psychiatrist, Psychologist, or Counselor)? Yes \_\_\_ No \_\_\_

Do you or your family have any history of depression or other similar problems (i.e. anxiety, manic depression, schizophrenia)? Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

Do you or your family have any history of drug/alcohol abuse? Yes \_\_\_ No \_\_\_

If yes, describe \_\_\_\_\_

Is there any history of sexual abuse or physical abuse toward you? Yes \_\_\_ No \_\_\_

If yes, describe \_\_\_\_\_

**Church Information:**

*Church Membership:*

Self: HFBC Member \_\_\_ Visiting HFBC \_\_\_ Other Church \_\_\_ Where? \_\_\_\_\_ Since: \_\_\_\_\_

Spouse: HFBC Member \_\_\_ Visiting HFBC \_\_\_ Other Church \_\_\_ Where? \_\_\_\_\_ Since: \_\_\_\_\_

*Church/Sunday School Attendance/Involvement:*

Self: Frequent \_\_\_ Seldom \_\_\_ None \_\_\_ Spouse: Frequent \_\_\_ Seldom \_\_\_ None \_\_\_

How would you describe your current relationship with God? \_\_\_\_\_

How would you describe your spouse's current relationship with God? \_\_\_\_\_

**Please complete the following sentences:**

Today I feel

My marriage

Fun for me

Growing up with my family

If I could change one thing

Six months from now

God is

What I hope to gain from counseling

