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Pastoral Psychotherapy

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New Client Information

Last Name _____ First Name_____ Date _____

Address _____

City _____ State _____ Zip _____ DOB _____

Email Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Occupation _____ Annual Income _____

Education _____ Preferred Pronouns _____

What phone number is your preferred contact number? Cell / Home / Work
At what numbers may I contact you/leave a message? Cell / Home / Work
Is it ok to text you (scheduling questions only)? Y / N

How did you hear about me? _____
If referred, by whom? _____

Presenting Concerns

Please describe the main concern(s) that have prompted you to see me now. Is there a specific event or occurrence that caused you to seek help at this time?

_____
_____
_____
_____

How have these concerns changed or evolved over time?

_____
_____
_____

Please indicate your major life stressors over the past 12 months:

- □ Serious illness/injury
- □ Major illness in the family
- □ Divorce/Separation
- □ Other _____
- □ Death of a close friend or family member
- □ Move
- □ Job change

Please describe what you would like to be different in your life when you're done with therapy.

_____
_____
_____
_____

Medical & Psychological Care

Are you currently under medical care? Y / N

If yes, please explain/describe. _____

_____

_____

Name of Primary Care Physician & Phone Number: _____

Are you currently taking prescribed medications? Y / N

If yes, then please explain/describe. _____

_____

List any psychiatric/mental health medications you have taken. Please circle those you are currently taking. _____

_____

Have you been under the care of a psychiatrist, psychologist, or counselor? Y / N

If yes, please give the name, dates, and the nature of the issue(s) for which you sought help.

_____

_____

_____

_____

Have you ever been hospitalized for a psychiatric or emotional health reason? Y / N

If yes, please describe. _____

_____

_____

Have you ever been in a drug or alcohol treatment program? Y / N

If yes, please describe. _____

_____

_____

Have you experienced any recent changes in:

□ Sleep □ Nightmares □ Amount of Exercise
□ Sexual Desire □ Eating/Appetite □ Weight
□ Suicidal Thoughts

How would you characterize your overall health?

□ Poor □ Fair □ Good □ Excellent

Do you consume any alcohol? Y / N

□ Less than 1x/mo □ 1-3x/mo □ 1x/week
□ Several x/week □ Every day □ Several x/day

Do you use any street drugs or misuse prescription drugs? Y / N

If yes, which drugs and how frequently?

_____

_____

_____

Family of Choice Information

Relationship status: □ Single □ Married/Partnered □ Divorced □ Widowed □ Other: _____

Partner's Name: _____ Age: _____ Date of Birth:_____

Education_____ Occupation _____

Child:_____ Age: _____ Date of Birth:_____

Child:_____ Age: _____ Date of Birth:_____

Child:_____ Age: _____ Date of Birth:_____

Family of Origin Information

Father _____ Age _____ Education_____ Occupation _____

Mother_____ Age _____ Education_____ Occupation _____

Were/are your parents: □ Divorced □ Never Married □ Still Married □ Widowed

Are either/both of your parents deceased? Y / N _____

If yes, your age at time of their death? _____

Sibling _____ Age ____ Education _____ Occupation _____

Sibling _____ Age ____ Education _____ Occupation _____

Sibling _____ Age ____ Education _____ Occupation _____

Sibling _____ Age ____ Education _____ Occupation _____

Where are you in the birth order of siblings in your family? _____

Family history of:

□ Depression □ Suicide Attempts □ Anxiety
□ Eating Disorder □ Mental Illness □ Violence
□ Sexual Abuse □ Emotional Abuse □ Alcoholism/Addiction
□ Chronic Illness □ Other _____

Spiritual Resources

How significant a role does spirituality play in your life?

□ None □ Somewhat important □ Significant □ Very Significant

Please describe your current religious affiliation or spiritual practice, if any.

_____
_____
_____

Did religion play a significant role in your family of origin/upbringing? If so, please describe.

_____
_____
_____

Other

Have you ever thought about hurting yourself or actually done so? Y / N

If yes, how recently?

_____
_____
_____

Have you ever thought about hurting someone else or actually done so? Y / N

If yes, how recently?

_____
_____
_____

Are there significant losses that stand out in your life or seem to remain with you over time?

_____
_____
_____
_____

Are there aspects of the current state of the world – climate change, political divisiveness, etc. – that are particularly distressing for you?

_____
_____
_____
_____

Is there anything else you think I should know about prior to our beginning our work together?

_____
_____
_____
_____