

Safe Harbor Counseling Center, Inc.  
1515 Fort Worth Highway Weatherford, TX 76086  
196 East Main, Azle, TX 76020  
Phone: 817-441-9345  
Fax: 817-441-2845  
www.safeharborcounseling.org

## CLIENT'S PERSONAL HISTORY

*(This information is necessary for our files and is strictly confidential)*

### A. YOU AND YOUR FAMILY:

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

How long have you lived in this state? \_\_\_\_\_ In this country? \_\_\_\_\_ Do you move often/seldom? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Length at Job: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Church Member: YES NO

If you attend church, what is the church name? \_\_\_\_\_

Is your... FATHER LIVING MOTHER LIVING TOGETHER DIVORCED If divorced, how many years? \_\_\_\_\_

Was your family... POOR AVERAGE RICH What language is spoken at home? \_\_\_\_\_

Was your home life... VERY HAPPY PLEASANT BEARABLE UNHAPPY

Number of Brothers: \_\_\_\_\_ Ages \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Abilities/Special Interests: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Abilities/Special Interests: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Interests that you and your parents share: \_\_\_\_\_

Marital Status: SINGLE ENGAGED MARRIED SEPARATED REMARRIED DIVORCED WIDOWED

Length of Current Marriage: \_\_\_\_\_ Number of Marriages: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Length at Job: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: MALE FEMALE

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**B. YOUR HEALTH:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Physical Condition:      EXCELLENT      GOOD      FAIR      POOR

Please describe any physical handicaps or health worries that bother you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you do to keep in good physical condition? \_\_\_\_\_

Are you able to relax easily after strenuous effort? \_\_\_\_\_ Are you happy most of the time? \_\_\_\_\_

What worries, anxieties, or strong prejudices do you have? \_\_\_\_\_

\_\_\_\_\_

When was your last complete physical examination? \_\_\_\_\_ What was the result? \_\_\_\_\_

When did you last visit a doctor? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever been refused insurance or employment because of a physical condition, if so please explain? \_\_\_\_\_

\_\_\_\_\_

**C. YOUR FINANCES:**

Do you have an independent income? \_\_\_\_\_ Do you have a system of saving money? \_\_\_\_\_

Are you currently in financial crisis? \_\_\_\_\_

How many dependents do you have? \_\_\_\_\_ Their Ages: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

What financial help are you seeking in order to carry out your educational, vocational, or other plans? \_\_\_\_\_

\_\_\_\_\_

If you do not pay your bills, who assists you? \_\_\_\_\_

**D. YOUR ISSUES:**

What concerns have brought you to counseling? \_\_\_\_\_

\_\_\_\_\_

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Where are your concerns causing the most problems for you? *(Please circle ALL that apply)*

HOME      WORK      MARRIAGE      RELATIONSHIP WITH OTHERS      GOD

What concerns about you have others identified? \_\_\_\_\_

\_\_\_\_\_

Please rate the severity of your current concerns on the following scale:

0      1      2      3      4      5      6      7      8      9      10

MILD                                  MODERATE                                  SEVERE                                  INCAPACITATING

Are you now or have you in the past seen another counselor about your concerns, please explain? \_\_\_\_\_

\_\_\_\_\_

Briefly describe the issues that are important to you. Please mention any ambitions, difficulties, obstacles, etc., even if they seem relatively unimportant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have these issues been important? \_\_\_\_\_ What avenues have you explored to work on them? \_\_\_\_\_

\_\_\_\_\_

With whom do you usually talk over your problems or plans? \_\_\_\_\_

In what ways is your family sympathetic/unsympathetic toward your issues? \_\_\_\_\_

\_\_\_\_\_

Do you have any special dreams or goals that currently influence you? \_\_\_\_\_

\_\_\_\_\_

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**E. YOUR INTERESTS AND TRAITS:**

What are your present hobbies or keen interests? \_\_\_\_\_

Past hobbies or interests (*if different*)? \_\_\_\_\_

To what clubs/organizations do you now belong? \_\_\_\_\_

Is your social activity chiefly with groups of your own age? Older? Younger? \_\_\_\_\_

In what activities have you taken a leading role? \_\_\_\_\_

For what activities do you wish you had more money or time? \_\_\_\_\_

In sports, would you rather be a player or a spectator? \_\_\_\_\_

What do you enjoy more than anything else? \_\_\_\_\_

What habits do you have that might hinder your greater success? \_\_\_\_\_

What sort of person do you like best? \_\_\_\_\_

What kind of person do you dislike? \_\_\_\_\_

Do you have many acquaintances? \_\_\_\_\_ How many close friends? \_\_\_\_\_

Do you have feelings of failure, if so about what? \_\_\_\_\_

In what ways, if any, do you lack confidence in yourself? \_\_\_\_\_

List four or five of your prominent character traits:

**Strengths**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Challenges**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**F. YOUR EDUCATION:**

List schools and colleges attended. *(Name the most recent first.)*

Name	Dates	Grade Completed/Degree

How well did you like school? \_\_\_\_\_ If starting over would you choose the same line of study? \_\_\_\_\_

What magazines do you subscribe to? \_\_\_\_\_

If your education has been (or may be) cut off before completion, why? \_\_\_\_\_

What further education do you plan? \_\_\_\_\_

List studies that you like very much: \_\_\_\_\_

List those you dislike: \_\_\_\_\_

Has school been:                      EASY                      FAIRLY EASY                      DIFFICULT                      VERY DIFFICULT

What training or courses taken do you consider most valuable to you? \_\_\_\_\_

In what fields of learning are you best informed? \_\_\_\_\_

In what extracurricular activities have you been active? \_\_\_\_\_

What achievements in school gave (or give) you great satisfaction? \_\_\_\_\_

If you had the time, what books would you like to read? \_\_\_\_\_

Of books you have read, did any make a great impression on you? If so, which? \_\_\_\_\_

What traveling have you done, and what about it greatly impressed you? \_\_\_\_\_

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**G. YOUR STORY:**

In the space below, write anything you wish to tell about your life that you think is important. Especially describe the events that gave you great joy or great disappointment.