

Safe Harbor Counseling Center, Inc.
1515 Fort Worth Highway, Weatherford, TX 76086
401 Commerce Street
Azle, TX 76020
Phone: 817-441-9345
Email: info@safeharborcounseling.org
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? _____

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. _____

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.