Southcliff Christian Counseling Center
4100 SW Loop 820
Fort Worth, TX 76109

ADULT INFORMATION FORM

Welcome to Southcliff Christian Counseling Center. In order to serve you better, we request that you take a moment to complete the following information.

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

May we call you at your home? ___Yes ___No

May we call you on your cell? ___Yes ___No

May we write you at your home? ____Yes ___No

May we leave a message at your home? _____ Cell? _____

Email Address: _____

Date of Birth _____ Age _____ Male _____ Female _____

Occupation_____

Are you currently attending a church? ____ Yes ____No

If yes, what is the name of the church? _____

What is the denomination of the church? _____

Do you have a person relationship with Jesus Christ? ___ Yes ___No __Unsure

Are religious or spiritual issues important in your life? ____Yes ____No

Are you aware of any religious or spiritual resources in your life that could be used to help you overcome your problems? ____ Yes ____ No

If yes, what are they? _____

Who referred you to our center? _____

How would you rate your health?

___ Very Healthy ___Healthy ___Average ___Needs Improvement ___Poor

How many hours do you sleep each night? _____

How would you rate your diet?

___ Very Healthy ___Healthy ___Average ___Needs Improvement ___Poor

Are you currently on medication? _____ Yes _____ No

If so, please complete the following:

Medication	Dosage	Physician	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital History:

Current Marital Status:

_____ Never Married ____ Married ___Divorced ___Separated ___ Widowed

Name of Spouse (if applicable) _____

Date of Marriage _____

Self:

Name of Previous Spouse	Date of Marriage	Date of Divorce/Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spouse:

Name of Previous Spouse	Date of Marriage	Date of Divorce/Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your highest level of education: _____

Spouse's highest level of education: _____

Children:

Name	Gender	Age	Father's/Mother's First Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Concerns:

What are you seeking help for? _____

_____

How much are you troubled by this?

_____ Constantly _____ Often _____Somewhat _____ Not Very Much

Comments concerning this problem: _____

_____

_____

Have you been in counseling before? _____Yes _____ No

If so, for each incidence you remember, please complete the following (use back of this page if needed.)

1. Who was the counselor? _____
   What was the problem? _____
   How many sessions over what period of time? _____
   What were the results? _____
2. Who was the counselor? _____
   What was the problem? _____
   How many sessions over what period of time? _____
   What were the results? _____
3. Who was the counselor? _____
   What was the problem? _____
   How many sessions over what period of time? _____
   What were the results? _____

Thoughts and Behaviors:

Please check how often the following thoughts occur to you:

1. Life is hopeless.	___ Never	___ Rarely	___ Sometimes	___ Frequently
2. I am lonely.	___ Never	___ Rarely	___ Sometimes	___ Frequently
3. No one cares about me.	___ Never	___ Rarely	___ Sometimes	___ Frequently
4. I am a failure.	___ Never	___ Rarely	___ Sometimes	___ Frequently
5. Most people don't like me.	___ Never	___ Rarely	___ Sometimes	___ Frequently
6. I want to die.	___ Never	___ Rarely	___ Sometimes	___ Frequently
7. I want to hurt someone.	___ Never	___ Rarely	___ Sometimes	___ Frequently
8. I am so stupid.	___ Never	___ Rarely	___ Sometimes	___ Frequently
9. I am going crazy.	___ Never	___Rarely	___ Sometimes	___ Frequently
10. I can't concentrate.	___ Never	___Rarely	___ Sometimes	___ Frequently
11. I am so depressed.	___ Never	___Rarely	___ Sometimes	___ Frequently
12. God is disappointed in me.	___ Never	___Rarely	___ Sometimes	___ Frequently
13. I can't be forgiven.	___ Never	___ Rarely	___ Sometimes	___ Frequently
14. Why am I so different?	___ Never	___ Rarely	___ Sometimes	___ Frequently
15. I can't do anything right.	___ Never	___ Rarely	___ Sometimes	___ Frequently
16. People hear my thoughts.	___ Never	___ Rarely	___ Sometimes	___ Frequently
17. I have no emotions.	___ Never	___ Rarely	___ Sometimes	___ Frequently
18. Someone is watching me.	___ Never	___ Rarely	___ Sometimes	___ Frequently
19. I hear voices in my head.	___ Never	___ Rarely	___ Sometimes	___ Frequently
20. I am out of control.	___ Never	___ Rarely	___ Sometimes	___ Frequently

Please comment (e.g., examples, frequency, duration, effects on you) about each of the above thoughts that occur frequently or are a concern to you. Use the back of this sheet if necessary.

_____

_____

_____

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Symptoms:

Please check the behavior and symptoms that occur to you more often than you would like them to take place.

___ Aggression	___ Fatigue	___Sexual Difficulties
___ Alcohol Dependence	___ Hallucinations	___ Sick Often
___ Anger	___ Heart Palpitations	___ Sleeping Problems
___ Antisocial Behavior	___ High Blood Pressure	___ Speech Problems
___ Anxiety	___ Hopelessness	___ Suicidal Thoughts
___ Avoiding People	___ Impulsivity	___ Thoughts Disorganized
___ Chest Pain	___ Irritability	___ Trembling
___ Depression	___ Judgment Errors	___ Withdrawing
___ Disorientation	___Loneliness	___ Worrying
___ Distractibility	___ Memory Impairment	___ Other (Specify)
___ Dizziness	___ Mood Shifts	_____
___ Drug Dependence	___ Panic Attacks	_____
___ Eating Disorder	___ Phobias/Fears	_____
___Elevated Mood	___ Recurring Thoughts	_____

Please give examples of how each of the symptoms that you checked impairs your ability to function (i.e., socially, emotionally, occupationally, physically, etc.) Use the back of this sheet if necessary. _____

_____

_____

_____

_____

_____

Whom should we contact in case of emergency?

Name _____

Address _____

Home Phone _____ Cell Phone _____

Thank you for choosing Southcliff Christian Counseling Center.