



Intake and Personal History Form
Personal History

Shiloh C.A.R.E.S Counseling Ministry
1429 Duke Street
Alexandria, VA 22314 Telephone No. (703-683-8725)

Name of Client: _____

Date of Birth: _____

I. PRESENTING PROBLEM(S)

A. Describe the reason(s) you are seeking lay counseling.

B. What do you think your family/spouse or significant other feels is the reason lay counseling may be needed?

C. Have you had any previous counseling? If so, where? When? With whom? How long?
Is there any history of suicidal thoughts or gestures?

D. Do you have any medical conditions for which you are taking medication or being treated? (List medications/attending physicians.)

II. FAMILY HISTORY AND ENVIRONMENT (INCLUDING STEPFAMILIES)

A. Who do you currently live with? For how long? Describe these relationships if any.

B. Describe your relationship with your family of origin (the family you grew up with). Were either of your parents divorced? If so, how old were you at the time? What is/was the home environment like (e.g., calm, chaotic, abusive, etc.)?

C. How are/were disagreements resolved in your family or origin? How is/was anger or aggression displayed? Who handles(ed) discipline? What form of discipline is/was utilized? _____

III. DEVELOPMENT AND CHILDHOOD HISTORY

A. Describe any health problems, hospitalizations, or treatment during childhood period.

B. Describe any major/traumatic events or disruptions in the family during childhood period.

C. **Middle Years (Middle through High School).** Describe major physical, relational, and or emotional problems or hospitalizations/treatments during this period (including abuse).

Describe any major/traumatic events or disruptions in the family during this period.

D. **Young Adulthood to Present.** Describe any major physical, emotional, and/or relational problems or life events that were traumatic or disruptive during this period (including abuse).

IV. DRUG AND ALCOHOL HISTORY

Have you used alcohol? ___ Yes ___ No

If yes, describe your usage (i.e., occasional, type, beer, wine, or etc, and for how long).

Have you ever used illicit drugs? ___ Yes ___ No

If yes, describe your usage (i.e., drugs used, amount, frequency, and for how long).

Have you abused prescriptions/over-the-counter drugs? ___ Yes ___ No

Describe your usage (i.e., prescriptions/medications used, amount, frequency, and for how long).

How did ethnic origin, age, gender, or sexual orientation interact with any drug/alcohol use?

What were the daily activity patterns that tended to support the drug/alcohol use?

V. EDUCATION HISTORY

What is the highest level of education you completed? _____

What are/were your feelings about school, classes, and peer relationships? _____

Did you have any learning-related problems, learning-disabled classes, or traumatic events/stressors? _____

VI. PEER, SOCIAL, AND LESURE HISTORY

Do you have close/intimate friendships? ___None ___1-5 ___6-10 ___10+

How often do you talk or spend time with your friends? Are they supportive?

Describe the history of your friendships, church groups, social/cultural groups, gangs, etc.

Are/were these relationships healthy, or do/did they contribute to the problems you have experienced? _____

What types of social, recreational, or hobby-related activities do you participate in? _____

Do/did any of the above activities/interests contribute or relate to problems you have? _____

VII. MARITAL/SIGNIFICANT OTHER AND SEXUAL HISTORY

Marital status: _____

If married, spouse's name: _____

Date(s) of marriage: _____

Previously married? _____ Spouse's name: _____

Date(s) of marriage: _____

Have you been married more than twice? _____ How many times? _____

If not married, are you currently in a serious relationship? ___ Yes ___ No

If yes, with whom? _____ For how long? _____

What is your sexual orientation? _____

Do you use birth control? ___ Yes ___ No

Are you currently sexually active? ___ Yes ___ No

If yes, with more than one partner? ___ Yes ___ No

What are your attitudes/beliefs about sexuality? What impact does this have in your life?

If married or in a serious relationship, describe your relationship with your spouse or significant other (i.e., emotional, sexual, social, conflicts, level communication, spirituality, etc.). _____

VIII. RELIGIOUS AND SPIRITUAL INFLUENCE

Do you identify with a religion and/or spiritual group/church/community? Please describe.

What is your perception of God? _____

Describe any involvement with cults or the occult (including astrology, New Age, seances, tarot cards, palm reading, fantasy games, etc.). _____

Describe your religious upbringing (i.e., church membership, attendance, youth groups, etc.).

Describe any specific religious/spiritual values and beliefs you or your family adhere to. _____

How did all the above influences affect your feeling of self-identity and need for approval? _____

How do/did the above values contribute, if any, to your current situation or problems? _____

IX. EMPLOYMENT HISTORY

Currently employed? ___ Yes ___ No How long? _____

Place of employment (general): _____

Duties/responsibilities: _____

Describe any other relevant employment history. _____

How long unemployed (if applicable)? _____

Describe your activities during the period of unemployment. _____

Describe your job motivation/satisfaction. _____

Describe any job-related stressors or factors. _____

Describe your relationship with your supervisor(s) and coworkers. _____

What are your current vocational pursuits or aspirations? _____

Describe any financial stressors or factors. How do you manage your finances, budget, etc.?

X. MILITARY HISTORY

Have you ever served in the armed forces? ___Yes ___No

What branch? _____ How long did you serve? _____

Highest rank achieved: _____

Dates of service: _____

Type of discharge: _____

XI. LEGAL HISTORY

Any charges pending? ___ Yes ___ No

If yes, nature of charges: _____

Next court date: _____ Where? _____

Currently on parole or probation? ___ Yes ___ No

Describe any legal involvement (past or present) including with Child or Adult Protective Services. _____

XII. STRENGTHS AND WEAKNESSES

Describe what you perceive to be your strengths and assets. _____

Describe what you perceive to be your weaknesses or problem areas. _____

XIII. GOALS AND EXPECTATIONS FOR LAY COUNSELING

What problem(s) do you want to focus on during lay counseling? _____

In what areas of your life do you feel like you want to see or need improvement? _____

What are your expectations regarding lay counseling and the outcome? _____

Client Signature

Date

Parent/Guardian Signature

Date