

Hope Alive Christian Counseling, LLC.
16151 Cairnway Suite 206 Houston, Texas 77084
Phone (281) 656-2548

We honor your decision to seek assistance from our Counseling Ministry. This program strives to glorify Jesus Christ and to produce sound minds and Christian behavior. The counseling we provide is biblical and professional.

All submitted information is confidential. Please write "NA" to the items that do not apply.

Date _____

Counselor _____

Patient Information:

Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other Contact Numbers (cell, pager, etc.): _____ SS# _____

Who is responsible for payment: _____

How did you hear about Hope Alive ~~Ministry, Inc.~~ _____

Please describe the reason for your visit today _____

Social Information:

Marital Status: never married married separated divorced other _____

How long have you been in your current marriage? _____

Previous Marriages: Self: _____ time(s) Dates(s): _____

Spouse: _____ time(s) Dates(s): _____

Spouse's Name: _____ Date of Birth: _____

Name, Age and Sex of Children: (Self): _____

(Spouse): _____

I presently live with: _____ How would you describe your current living situation? _____

Highest Education Completed: Self _____ Spouse: _____

Employer (Self): _____ Position: _____ Length: _____

Employer (Spouse): _____ Position: _____ Length: _____

How would you describe your current work situation? _____

How would you describe your spouse's current work situation? _____

Medical Information:

Do you have any medical problems? Yes No

Describe: _____

Treating Physician: _____ Specialty: _____ Date of Last Physical: _____

List any current medication, dosage, and reason (including vitamins/herbs/over the counter medication). _____

Have you ever been prescribed medication for a psychiatric diagnosis? Yes No If yes, list medication (even if you are no longer taking it). _____

Have you received counseling previously? _____ When, where and reason: _____

Do you or your family have any history of depression or other similar problems (anxiety, manic depression, schizophrenia, etc.)? Yes No If yes,

Describe _____

Do you or your family have any history of drugs/alcohol abuse? Yes No If yes,

Describe _____

Is there any history of sexual abuse or physical abuse toward you? Yes No If yes,

Describe _____

Church Information:

Church Membership:

Self: Where? _____ Since _____

Spouse: Where? _____ Since _____

Church Attendance:

Self: Frequent Seldom None Spouse: Frequent Seldom None

How would you describe your current relationship with God?

How would you describe your spouse's current relationship with God?

Please complete the following sentences:

Today I feel _____

My marriage _____

Fun for me _____

Growing up in my family _____

If you could change one thing _____

Six months from now _____

What I hope to gain from counseling _____