

Life History Questionnaire

For Office Use Only

Date Received _____ Intake Appt. _____

Primary PCM _____ Intercessor _____

The purpose of this life history is to obtain a comprehensive picture of your background. Please complete the form as fully and accurately as you can. It will be reviewed by our Director of Prayer Counseling Ministry and the Prayer Minister handling your intake appointment, in order to determine which Prayer Ministers you will be meeting with. Then, only the two Prayer Ministers who you will be meeting with will read this document, no one else will have access to this information without your approval.

TODAY'S DATE _____ / _____ / _____

IDENTIFYING INFORMATION

By what name would you like to be called? _____

NAME _____
(Last) (First) (Middle Initial)

HOME PHONE (_____) _____ WORK/CELL (_____) _____

EMAIL ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERSONAL INFORMATION

AGE _____ BIRTHDATE _____ MALE FEMALE

MARITAL STATUS: Single Married Widowed Divorced Remarried

I learned about, or was referred to GCC Prayer Counseling Ministry by _____

Best available day: Mon. Tues. Wed. Thurs. Fri. Sat. Time: _____

Religion/Denomination: _____ Place of worship: _____

Worship attendance (circle one): Regular Occasional Not at all

Church events and services you participate in _____

How strongly do you want help for your problem? Very much Moderately Could do without

Life History Questionnaire

I have talked about my problem with: Psychiatrist (M.D.) Psychologist (Ph.D.) Pastoral other professional

Lay counselors Number of hours: _____

NEED FOR COUNSELING

State in your own words the nature of your concern.

If your problem is cyclical or has a pattern to it, state approximately how often it occurs and how long it lasts and any other information you feel might be helpful in understanding your problem.

If your problem concerns something not happening as often as you would like, state what you would like to see happen more often, how often you think it should occur, etc.

If you have had previous counseling for this problem, state with whom and describe the outcomes.

Life History Questionnaire

YOUR DESIRES

How do you hope to use your healing to bless others?

BEGINNINGS

Place a check mark in front of all that apply to you, or write the facts as they pertain to each item.

Place of birth: _____ Weight at birth: _____ pounds _____ ounces

I was born: _____ on time _____ late: How late? _____ premature: How premature? _____

____ I was delivered by Caesarean section

____ I was a wanted baby. How do you know?

____ I was adopted _____ days _____ weeks _____ months _____ years after being born.

____ Birth mother and birth father were **married to each other** before my conception.

____ Birth mother and birth father were **not happily married** during my time in the womb.

____ Birth father was gone much of the time while I was in the womb.

____ Medications or forceps had to be used for my delivery (difficult labor/delivery?).

____ Birth mother and/or birth father were grieving the loss or potential loss of a loved one during my womb life.

____ Birth mother experienced **a previous miscarriage or abortion** before I was conceived.

____ Birth mother had a difficult **previous pregnancy**.

____ Birth mother had a difficult pregnancy **with me**. What made it difficult?

____ Birth mother and birth father were struggling with difficulties of life while I was in the womb. If yes, what were they?

What is the story your family tells about your coming into the world?

What events in your early childhood were significant to you?

Life History Questionnaire

List the number of times you moved in your first 18 years of life.

Age:	From:	To:	Reason:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL and FAMILY HEALTH INFORMATION

Date of last physical _____

Your present height: _____ weight: _____

List the number of hospitalizations or serious injuries you experienced in your first 18 years

Incident:	Age Occurred:	Present Effects:
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do any of these health-related issues relate to your present problem?

List all prescription and non-prescription drugs you now take (include dosage):

When was the last time you felt well, both physically and emotionally, for a fair amount of time and why?

Place an "S" for self and an "F" for family beside each item listed as it applies to you and/or your family.

- | | | |
|--------------------|-------------------|-------------------------------------|
| ___ ___ Abortions | ___ ___ Angry | ___ ___ Autism |
| ___ ___ Alcoholism | ___ ___ Anorexia | ___ ___ Bad home conditions |
| ___ ___ Allergies | ___ ___ Anxieties | ___ ___ Bad reaction to anesthetics |
| ___ ___ Ambitious | ___ ___ Arthritis | ___ ___ Bedwetting |
| ___ ___ Anemia | ___ ___ Asthma | |

Life History Questionnaire

- | | | |
|------------------------------------|---|--|
| ___ ___ Bitter | ___ ___ Difficulty deciding | ___ ___ Feel rejected |
| ___ ___ Bladder infections | ___ ___ Difficulty deciding
what to wear | ___ ___ Feel tense |
| ___ ___ Blasphemous thoughts | ___ ___ Dislike confrontations | ___ ___ Flashbacks |
| ___ ___ Blood Disease | ___ ___ Dizziness | ___ ___ Flee worship |
| ___ ___ Blood pressure
problems | ___ ___ Double vision | ___ ___ Flooded by feelings |
| ___ ___ Blurred vision | ___ ___ Doubts | ___ ___ Forgetful |
| ___ ___ Body image worry | ___ ___ Dread holidays | ___ ___ Frustration |
| ___ ___ Brain injury | ___ ___ Dread vacations | ___ ___ Gambling |
| ___ ___ Bulimia | ___ ___ Dread weekends | ___ ___ Generous |
| ___ ___ Bullied as child | ___ ___ Drug abuse | ___ ___ Gifted (arts) |
| ___ ___ Can't express feelings | ___ ___ Easily annoyed | ___ ___ Grief |
| ___ ___ Cancer | ___ ___ Emotional abuse | ___ ___ Guilt feelings |
| ___ ___ Cold sores | ___ ___ Fantasy | ___ ___ Happy childhood |
| ___ ___ Compulsive cravings | ___ ___ Fatigue | ___ ___ Hard to tell right from
wrong |
| ___ ___ Constipation | ___ ___ Fear failure | ___ ___ Headaches |
| ___ ___ Controlling | ___ ___ Fear God | ___ ___ Hear voices |
| ___ ___ Convulsions | ___ ___ Fear losing mind | ___ ___ Hearing problems |
| ___ ___ Daydream | ___ ___ Fear of knives | ___ ___ Heart disease |
| ___ ___ Dependent | ___ ___ Fear success | ___ ___ High energy |
| ___ ___ Depression | ___ ___ Fear terminal illness | ___ ___ Homosexuality |
| ___ ___ DES baby | ___ ___ Fear travel | ___ ___ Inadequate |
| ___ ___ Diabetes | ___ ___ Fear will hurt others | ___ ___ Infertility |
| ___ ___ Diarrhea | ___ ___ Feel inferior | ___ ___ Insecurity |
| ___ ___ Difficult to Pray | ___ ___ Feel invisible | ___ ___ Insomnia |
| ___ ___ Difficult to read bible | ___ ___ Feel panic | ___ ___ Intelligent |

Life History Questionnaire

- | | | |
|---|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Jaundice | <input type="checkbox"/> <input type="checkbox"/> Paralysis | <input type="checkbox"/> <input type="checkbox"/> Stammering |
| <input type="checkbox"/> <input type="checkbox"/> Kidney problems | <input type="checkbox"/> <input type="checkbox"/> Peacemaker | <input type="checkbox"/> <input type="checkbox"/> Stomach trouble |
| <input type="checkbox"/> <input type="checkbox"/> Lack common sense | <input type="checkbox"/> <input type="checkbox"/> Perfectionist | <input type="checkbox"/> <input type="checkbox"/> Strange sensations |
| <input type="checkbox"/> <input type="checkbox"/> Learning disability | <input type="checkbox"/> <input type="checkbox"/> Physical abuse | <input type="checkbox"/> <input type="checkbox"/> Suggestible |
| <input type="checkbox"/> <input type="checkbox"/> Lonely | <input type="checkbox"/> <input type="checkbox"/> Pleaser | <input type="checkbox"/> <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> <input type="checkbox"/> Lost interest | <input type="checkbox"/> <input type="checkbox"/> PMS | <input type="checkbox"/> <input type="checkbox"/> Thumb-sucking |
| <input type="checkbox"/> <input type="checkbox"/> Low energy | <input type="checkbox"/> <input type="checkbox"/> Pornography | <input type="checkbox"/> <input type="checkbox"/> Time conscious |
| <input type="checkbox"/> <input type="checkbox"/> Martyr | <input type="checkbox"/> <input type="checkbox"/> Scars | <input type="checkbox"/> <input type="checkbox"/> TMJ |
| <input type="checkbox"/> <input type="checkbox"/> Masturbation | <input type="checkbox"/> <input type="checkbox"/> Secretive | <input type="checkbox"/> <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> <input type="checkbox"/> Mental illness | <input type="checkbox"/> <input type="checkbox"/> See God as distant | <input type="checkbox"/> <input type="checkbox"/> Unable to hold boundaries |
| <input type="checkbox"/> <input type="checkbox"/> Mental retardation | <input type="checkbox"/> <input type="checkbox"/> See life as bad | <input type="checkbox"/> <input type="checkbox"/> Unable to relax |
| <input type="checkbox"/> <input type="checkbox"/> Miscarriages | <input type="checkbox"/> <input type="checkbox"/> See life as good | <input type="checkbox"/> <input type="checkbox"/> Underweight |
| <input type="checkbox"/> <input type="checkbox"/> Moody | <input type="checkbox"/> <input type="checkbox"/> See moving shadows | <input type="checkbox"/> <input type="checkbox"/> Unhappy childhood |
| <input type="checkbox"/> <input type="checkbox"/> Nail biting | <input type="checkbox"/> <input type="checkbox"/> Sexual addiction | <input type="checkbox"/> <input type="checkbox"/> Unworthy |
| <input type="checkbox"/> <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> <input type="checkbox"/> Sexual problems | <input type="checkbox"/> <input type="checkbox"/> Venereal disease |
| <input type="checkbox"/> <input type="checkbox"/> Nightmares | <input type="checkbox"/> <input type="checkbox"/> Shaking/tremors | <input type="checkbox"/> <input type="checkbox"/> Verbal abuse |
| <input type="checkbox"/> <input type="checkbox"/> Not listened to | <input type="checkbox"/> <input type="checkbox"/> Shyness | <input type="checkbox"/> <input type="checkbox"/> Voice changes |
| <input type="checkbox"/> <input type="checkbox"/> No appetite | <input type="checkbox"/> <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> <input type="checkbox"/> Wish born another time |
| <input type="checkbox"/> <input type="checkbox"/> Obesity | <input type="checkbox"/> <input type="checkbox"/> Skin diseases | <input type="checkbox"/> <input type="checkbox"/> Worry |
| <input type="checkbox"/> <input type="checkbox"/> Obsessive | <input type="checkbox"/> <input type="checkbox"/> Smoker | |
| <input type="checkbox"/> <input type="checkbox"/> Panic attacks | <input type="checkbox"/> <input type="checkbox"/> Spiritual abuse | |

EDUCATIONAL HISTORY

School/College/University

Last Grade Completed/Major/Degree

Date Received:

Life History Questionnaire

Were you ever bullied or given a nickname? If yes, by whom and why?

Do you make friends easily? Do you keep them?

EMPLOYMENT HISTORY (recent to earliest)

Job	Type of Work	Age	Left Because:
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Do you enjoy your present job? Yes No Why?

Are you satisfied with the amount of money you are earning? Yes No

What are your ambitions and aspirations?

MILITARY

Are you or were you in military service? Yes No If yes, answer the remaining questions in this section. If no, go on to the **Life Issues** section.

Which branch of military did you serve in? _____

When did you serve? _____

Where did you serve? _____

Experiences: _____

Life History Questionnaire

Crisis:

LIFE ISSUES

What are your future goals, hopes, and dreams?

How do you spend your free time?

What kind of fun is included in your life? Describe.

With whom are you living (name, relationship to you, ages, their occupations)?

Are you responsible to care for aging parents? Please give brief details.

FAMILY DATA

For answers regarding your parents describe the mother and father who took primary responsibility for rearing you. If either person is other than your birth (biological) parent, please copy and complete the questions for your birth (biological) parent/s and attach to the back of this life history.

Parents

Father's name: _____ Current age: _____

His current health good average poor

Life History Questionnaire

If deceased, what was the cause of death and his age at death? _____ What was your age when he died? _____ What was your reaction to his death?

Occupation (if retired, past occupation) _____

Father's Current Marital Status: Married Single Separated Divorced

If divorced from your mother, how old were you when they divorced? _____ What was your reaction to the divorce?

His Personality:

His Values:

Describe the kind of home environment he provided.

Describe your father's relationship with your mother:

Who was actually in charge (head of the house) – his role and attitude towards it?

Describe his relationship with the children.

How did he show love?

What was his ambition for his children - his hopes and dreams for them?

Describe your ability to confide in him.

Describe the form of punishment and/or discipline he used.

Life History Questionnaire

As a child, what I liked about him:

As a child, what I disliked about him:

Who was Dad's favorite child? Why?

Which child was most like him? Why?

Which child was most different from him? Why?

What is your father's ethnic heritage?

Describe any problems with addictions and/or immorality.

Mother's name: _____ **Current age:** _____

Her current health good average poor

If deceased, what was the cause of death and her age at death? _____ What was your age when she died? _____ What was your reaction to her death?

Occupation (if retired, past occupation) _____

Mother's Current Marital Status: Married Single Separated Divorced

Her Personality

Her Values

Life History Questionnaire

Describe the kind of home environment she provided.

Describe your mother's relationship with your father.

Who was actually in charge (head of the house) – her role and attitude towards it?

Describe her relationship with the children.

How did she show love?

What was her ambition for the children – her hopes and dreams for them?

Describe your ability to confide in her.

Describe the form of punishment and/or discipline she used.

As a child, what I liked about her:

As a child, what I disliked about her:

Who was Mom's favorite child? Why?

Which child was most like her? Why?

Life History Questionnaire

Which child was most different from her? Why?

What is your mother's ethnic heritage?

Describe any problems with addictions and/or immorality.

Siblings

List all of your brothers and sisters from oldest to youngest, including yourself. Include those who lived with you or elsewhere. Include adopted, step, and foster siblings. Include siblings lost to death, including by miscarriage and/or abortions you know about.

Name	Sex	Age	Marital Status	Job	Brief Description
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What was the relationship to your brothers and sisters in the past and why?

What is currently the relationship to your brothers and sisters and why?

Which brother or sister is most like you, and in what respect?

Which brother or sister is most different from you, and in what respect?

Who played together?

Life History Questionnaire

Childhood

Growing up did you ever live with anyone other than your parents? Yes No

If yes, how old were you? _____ How long did you live away from your parents? _____

If yes, with whom did you live? _____ Why?

As a child, in what ways were you punished or disciplined by your parents?

How would you describe the home atmosphere in which you grew up?

Were you able to confide in your parents? Why or why not?

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.? If yes, why?

List any fearful or distressing experiences not previously mentioned:

MARITAL INFORMATION

1st marriage

2nd marriage

3rd marriage

4th marriage

Name of spouse _____

Length of engagement _____

Age when you married _____

Length of marriage _____

Reason why marriage ended _____

Number of children from marriage _____

Present Marriage

Life History Questionnaire

Anniversary Date: _____

What I liked the first few years:

What my spouse liked the first few years:

What I disliked the first few years:

What my spouse disliked the first few years:

What I have liked/disliked in the last few months:

What my spouse has liked/disliked in the last few months:

Place a "C" for compatible and an "I" for incompatible beside each item listed as it applies to your present marriage.

- | | | |
|------------------------------|----------------------------|-----------------------------|
| ___ Child discipline | ___ Goals | ___ Sensitivity to feelings |
| ___ Conversations | ___ Hobbies | ___ Sexual needs |
| ___ Devotion to children | ___ Household duties | ___ Sleep requirements |
| ___ Devotion to spouse | ___ In-law relationships | ___ Social time |
| ___ Devotion to work | ___ Intellect | ___ Spending money |
| ___ Educational preparations | ___ Neatness | ___ Spiritual growth |
| ___ Energy level | ___ Need for time alone | ___ Value system |
| ___ Exercise needs | ___ Need for touch | ___ Other |
| ___ Financial planning | ___ Parenting style | ___ Other |
| ___ Food appetite | ___ Planning | ___ Other |
| ___ Friends | ___ Recreational interests | |

Life History Questionnaire

Give three specific examples of things you would like to see your spouse do more often (particular things that mean something to you).

Give three specific examples of things you would like to see your spouse stop doing (particular things that irritate you).

Children

List the names of your children, from oldest to youngest. State if any of these children are from previous marriages/relationships, or were adopted, foster children or step children. Also, in order of birth include any children lost through death including miscarriages and abortions.

Name	Sex	Age	Marital Status	Job	Brief Description

Which child is most like you and why?

Which child is most different from you and why?

Which child is your favorite and why?

Do you have difficulty with any child?

How do your children relate to your spouse/partner?

What goals do you have for your children?

Life History Questionnaire

Previous Marriage

What I liked about him/her:

What I disliked about him/her:

What my previous spouse liked about me:

What my previous spouse disliked about me:

What ended the relationship:

Sexual Background

What was the attitude towards sex in the home in which you grew up? How was it discussed or instructed? At what age did you derive your knowledge of sex? _____ How did you learn about sex?

When did you become aware of your sexual impulses? What happened?

Did you ever have any anxieties, guilt feelings or trauma arising out of:

- Masturbation? If yes, please explain:
- Sexual experience with the opposite sex? If yes, please explain:
- Sexual experience with the same sex (homosexuality)? If yes, please explain:

Did anyone ever touch you inappropriately in a sexual way? If yes, please explain:

Life History Questionnaire

Are there any questions and/or concerns you have about sex, sexual experiences and/or sexual identity, past, present or future?

Menstrual History (if female)

Age at first period: _____

Were you informed, or did it come as a shock?

How did others respond to you?

Are you regular? Yes No Duration: _____

Do you experience pain? Yes No

Do your periods affect your moods? If yes, how?

Spiritual Background

Describe your spiritual background, if any.

Place an "S" for self and an "F" for family beside each item listed as it applies to you and/or your family.

- | | | |
|---------------------------|--------------------------------------|---------------------------|
| ___ ___ Astral-projection | ___ ___ Christian Science | ___ ___ Eckankar |
| ___ ___ Astrology | ___ ___ Church of the Living
Word | ___ ___ EST |
| ___ ___ Automatic Writing | ___ ___ Clairvoyance | ___ ___ Father Divine |
| ___ ___ Bahai | ___ ___ Cult of Diana | ___ ___ Fetishism |
| ___ ___ Black/White Magic | ___ ___ Dungeons & Dragons | ___ ___ Fortune Telling |
| ___ ___ Blood pacts | ___ ___ Dowsing (water-
witching) | ___ ___ Ghosts |
| ___ ___ Buddhism | ___ ___ Drugs | ___ ___ Hare Krishna |
| ___ ___ Children of God | | ___ ___ Healing magnetism |

Life History Questionnaire

___ ___ Herbert W. Armstrong
(Radio Church of God)

___ ___ Hinduism

___ ___ Horoscopes

___ ___ Hypnosis

___ ___ Incubi/Succubae (sex
spirits)

___ ___ Islam

___ ___ Jehovah's Witness

___ ___ Magic charming

___ ___ Masons (Freemasonry)

___ ___ Materialization

___ ___ Mental Suggestion

___ ___ Mormonism

___ ___ New Age

___ ___ Ouija Board

___ ___ Palm Reading

___ ___ Pendulum & Rod

___ ___ Reading tea leaves,
etc.

___ ___ Rosicrucian

___ ___ Roy Masters

___ ___ Satanism

___ ___ Science of Creative
Intelligence

___ ___ Science of the Mind

___ ___ Scientology

___ ___ Séances

___ ___ Silva Mind Control

___ ___ Spells

___ ___ Swedenborgianism

___ ___ Tarot Cards

___ ___ Telekinesis (i.e. table
lifting)

___ ___ Telepathy

___ ___ The "Local Church"
(the cult)

___ ___ The Way International

___ ___ Theosophical Society

___ ___ Trance Speaking

___ ___ Transcendental
Meditation

___ ___ Unifications Church

___ ___ Unitarianism

___ ___ Unity

___ ___ Visionary Dreams

___ ___ Wicca

___ ___ Witchcraft

___ ___ Yoga

___ ___ Other

How have any of the items you checked affected your life?

SELF-DESCRIPTION

In what situations do you lose control?

In what situations do you maintain control?

How do you believe you would be described by:

- Your spouse:

Life History Questionnaire

- Your best friend:

- Your worst enemy (even if you don't have one):

- Yourself:

COMPLETE THE FOLLOWING SENTENCES;

As a child, I ...

For me, school was ...

My childhood fears were ...

My childhood ambitions were ...

My role in my group of friends was ...

The significant events in my physical and sexual development were ...

The significant events in my social development were ...

The most important values in my family were ...

What stands out the most for me about my family life is ...

Life History Questionnaire

My parents' relationship to each other was ...

My brothers' and sisters' relationship to Dad were ...

My brothers' and sisters' relationship to Mom were...