



Personal Profile Form

Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

(Include street, city and zip)

Emergency Contact: Name \_\_\_\_\_ Number \_\_\_\_\_

Referred By: \_\_\_\_\_

-----

Daymark Pastoral Counseling sends out a quarterly newsletter that contains short articles, book reviews and news about the ministry.

- Yes, send me the newsletter to the email address listed above.
Yes, send me the newsletter via snail mail to the address listed above.
No, I would not like to receive the newsletter.

-----

DIRECTIONS: Please answer the following questions as fully as possible.

Present Problem - "These are issues causing me stress." Please circle all that apply:

- Relationship issues Health issues Job issues Financial issues Parent/child issues
Issues of past (guilt, abuse, neglect, family of origin issues)
Other \_\_\_\_\_

Symptoms: Please circle all that apply:

- Change in sleep pattern Decreased concentration Change in appetite
Increased anxiety Decreased energy Decreased motivation

Circle any losses you have experienced:

- Family Health Disruption of lifestyle Job Significant other
Other \_\_\_\_\_

Suicidal/Homicidal Ideation

- Have you attempted to commit suicide or homicide in the past? (circle: Yes or No)
If yes, how? \_\_\_\_\_
Is there a history of suicide in your nuclear and/or extended family? (circle: Yes or No)
Have you ever inflicted burns or wounds on yourself? (circle: Yes or No)
Are you presently suicidal/homicidal? (circle: Yes or No)

What event(s) in the recent past has/have prompted you to seek counseling? \_\_\_\_\_

How do you expect counseling to help your present situation (what are your goals)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would it be beneficial for any members of your family to be involved in your counseling? (Circle: Yes or No) If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

List your strengths and weaknesses:

Strengths

Weaknesses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Living Arrangements**

Satisfactory                      Unsatisfactory                      How long there and with whom are you living:

\_\_\_\_\_  
\_\_\_\_\_

**Support System**

Who can you count on for support? Circle as many as apply.

- Parents   Spouse   Siblings   Employer   Church   Pastor   Therapist   Neighbor(s)   Close friend   Extended family   Small/Support Group   Community Services
- Co-Worker   Medical Doctor   Other: \_\_\_\_\_

Please list any past difficulties in the area of religious or ethnic/cultural background:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently attend church? (circle: Yes or No) If yes, where? \_\_\_\_\_

**Relationship Status:**

Are you sexually attracted to (please circle any that apply):    men                      women                      both

Is there anything else about your sexual orientation you want us to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(circle one):    single    married    cohabitating    divorced

If married, cohabitating or divorced on what date did this take place \_\_\_\_\_

If applicable name & age of spouse/partner: \_\_\_\_\_

What is your perception of your current relationship status (e.g. content, communicating poorly, thriving, struggling, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been to counseling prior to today to deal with issues related to your relationship status noted above? (circle: Yes or No) If so, what was the outcome of that counseling?

\_\_\_\_\_  
\_\_\_\_\_

Regarding the relationship status noted above, have you or your partner struck, physically restrained, used violence against or injured the other person within the last three years? (circle: Yes or No)

Regarding the relationship status noted above, are you pleased with the frequency and mutuality of your sexual relationship? (Circle: Yes or No) Please describe \_\_\_\_\_

\_\_\_\_\_

Do you sense your spouse/partner is pleased with the frequency and mutuality of your sexual relationship in your marriage? (Circle: Yes or No) Please describe \_\_\_\_\_

\_\_\_\_\_

**Family of Origin**

Who could you rely on for comfort and care growing up in your home? (Circle all that apply):

Mother          Father          Sibling          Friend          Other: \_\_\_\_\_  
Unsure          No one

List the members of your family of origin and how you got along with each one.

Family Member          Comment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was your birth order? \_\_\_ of \_\_\_ children. Who primarily raised you? \_\_\_\_\_

Where did you grow up? \_\_\_\_\_

\_\_\_\_\_

How would you describe your childhood? Wonderful    Positive    Traumatic    Painful    Uneventful

What were you like as a child (include friends, school, hobbies, and personality)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any significant family history of substance abuse:  
\_\_\_\_\_  
\_\_\_\_\_

Were there any unusual or traumatic experiences for you as a child?  
Date                      Age                      Event  
\_\_\_\_\_  
\_\_\_\_\_

How do you think these events impacted you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Adjustment History**

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

What do you like/dislike about your current employment/career? Please List  
Like                                              Dislike  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan on staying at this job? \_\_\_\_\_ How many jobs have you held within the previous five years?  
\_\_\_\_\_ If you could choose any job what would it be? \_\_\_\_\_

Describe your relationship with your superiors and co-workers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your job performance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired? (circle: Yes or No) If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational History**

What was school like for you? \_\_\_\_\_  
\_\_\_\_\_

Highest level achieved \_\_\_\_\_ What types of grades did you get? \_\_\_\_\_ Currently in

school? (circle: Yes or No) If yes, what level? \_\_\_\_\_

**Mental Health History**

Have you experienced any mental health issues noted below (Circle any that apply and /or add an item under other):

- Bi-polar
- Depression
- Anxiety
- Panic Attacks
- OCD
- Restrictive eating
- Bingeing
- Purging
- PTSD
- Phobias
- Sexual Addiction
- Pornography Use
- Other\_\_\_\_\_

Has any member of your family of origin or immediate extended family encountered one of more of the issues noted above? If so, please note who and the frequency and severity of the issue:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Counseling**

Please list any previous outpatient counseling experiences:

Counselor\_\_\_\_\_ Dates of treatment - from\_\_\_\_\_ to \_\_\_\_\_

Reason for counseling:\_\_\_\_\_

Counselor\_\_\_\_\_ Dates of treatment - from\_\_\_\_\_ to \_\_\_\_\_

Reason for counseling:\_\_\_\_\_

**Hospital Admission**

Please list any previous hospitalizations for mental health or addiction issues:

Place of treatment\_\_\_\_\_ Dates of treatment - from\_\_\_\_\_ to \_\_\_\_\_

Reason for treatment:\_\_\_\_\_

Place of treatment\_\_\_\_\_ Dates of treatment - from\_\_\_\_\_ to \_\_\_\_\_

Reason for treatment:\_\_\_\_\_

**Medication**

List all medications you have taken in the past for anxiety, depression, and/or sleep:

\_\_\_\_\_

\_\_\_\_\_

**Medical Information**

Please describe your current condition of health:\_\_\_\_\_

Are you currently on any medication? (Circle: Yes or No) Please include the name of the medication and the prescribing physician\_\_\_\_\_

\_\_\_\_\_

Has it been more than a year since your last physical including blood tests? (Circle: Yes or No)

Do you have any allergies? (Circle: Yes or No)

If yes, explain \_\_\_\_\_

List any previous health problems, operative procedures, and medical hospitalizations:

<u>Problem</u>	<u>Dates</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Lifestyle Factors**

1. What are your thoughts and beliefs about faith? Are you presently cultivating a relationship with God, and if so, how do you cultivate that relationship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Do you lead a physically active life in a way that supports your mental health? If so, in what ways do you regularly move your body that contributes to your mental health? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. How would you describe your quality of sleep? (if there are areas of concern please note that) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Is there any substance or activity that you are potentially dependent on or addicted to? Or were in the past? (e.g. alcohol, pornography, caffeine, marijuana, tobacco, shopping, working out, gambling, etc.) If, so please list and describe your current usage or usage in the past.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you experienced a recent increase in the use of alcohol/other substances? (Circle: Yes or No) Please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you see your current usage as a problem? (Circle: Yes or No) If yes, when did it become problematic? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Is anyone in your life concerned about your substance use? (Circle: Yes or No) Please list who and describe their level of concern \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Please describe your current use of technology/social media: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you consider your current use of technology an issue and if so, why? (Please describe)  
\_\_\_\_\_  
\_\_\_\_\_

10. Is there anyone in your current life concerned about your use of technology (Circle: Yes or NO) If so, who and please describe their concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have your eating habits changed recently? (Circle: Yes or No) If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Has your weight fluctuated more than +/- 10 lbs. over the previous year? (Circle: Yes or No)  
13. Do you often eat out of depression, boredom, anger? (Circle: Yes or No) If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

**Legal History** (Please explain all that apply)  
Charges as a minor, Charges presently, Arrests, Convictions, Parole or Probation, Bankruptcy, Civil Suits, Child Custody Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military History**  
List branch, dates, and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous**  
Are there any other things that can be helpful for us to know about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**