

## COUNSELING APPLICATION FORM

This form is a *critical* first step in the discipleship counseling process at Newhope Church (NHC). Although some questions may be uncomfortable for you to answer, please fill out this form *completely* and honestly. (Please do not write in cursive. PRINT only)

### PERSONAL IDENTIFICATION

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth City/State \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

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

Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Dating \_\_\_\_\_ Married \_\_\_\_\_

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Education (last year completed) \_\_\_\_\_

Have you served in the military? If so, which branch and for how long? \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_

In case of an emergency, please contact: (name) \_\_\_\_\_

(phone) \_\_\_\_\_

(relationship) \_\_\_\_\_

### MARRIAGE AND FAMILY

If single, describe how you think about your singleness \_\_\_\_\_

Spouse \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth City/State \_\_\_\_\_ Age \_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Education (last year completed) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Length of Dating \_\_\_\_\_

Length of engagement \_\_\_\_\_

Ages when married: \_\_\_\_ Husband \_\_\_\_ Wife

Give a brief statement of circumstances of meeting and dating \_\_\_\_\_

\_\_\_\_\_

Did you receive premarital counseling? If so, by whom, what material did you use, and how many times did you meet? \_\_\_\_\_

Have either of you been previously married? Who? \_\_\_\_\_

Have you ever been separated? \_\_\_\_\_ Filed for divorce? \_\_\_\_\_

Explain the circumstances: \_\_\_\_\_

Have you, or are you, considering a divorce? If so, explain \_\_\_\_\_

If you have marriage difficulties, how are you contributing to the problem? \_\_\_\_\_

What would your spouse say concerning how you contribute to the problem? \_\_\_\_\_

When is the last time you made a clear confession of sin, repented, and asked forgiveness of your spouse? \_\_\_\_\_ When is the last time your spouse made a clear confession of sin, repented, and asked for your forgiveness? \_\_\_\_\_

Do you go to bed at the same time? \_\_\_\_\_

Information about Children:

Name	Age	Living?	Yr. of Ed	Step-child

Describe current relationship with children \_\_\_\_\_

Describe relationship to your father \_\_\_\_\_

Describe relationship to your mother \_\_\_\_\_

Number of siblings \_\_\_\_\_

Describe any relational problems with your siblings \_\_\_\_\_

Are your parents divorced? \_\_\_\_ If so, explain the circumstances \_\_\_\_\_

Check the blanks that apply to your family life growing up: \_\_\_\_ Traditional nuclear family

\_\_\_\_ Divorced (if so, I lived with my \_\_\_\_ Dad/\_\_\_\_ Mom/ \_\_\_\_ Other) \_\_\_\_ Authoritarian

\_\_\_\_ Alcoholism was present \_\_\_\_ Drugs were present \_\_\_\_ Perfectionistic \_\_\_\_ Affectionate

\_\_\_\_ Emotional \_\_\_\_ Screaming allowed \_\_\_\_ Repressed (no emotions allowed)

\_\_\_\_ Religious (\_\_\_\_ nominal, \_\_\_\_ normal, \_\_\_\_ strict, \_\_\_\_ hypocritical)

\_\_\_\_ Abusive (\_\_\_\_ verbal, \_\_\_\_ sexual, \_\_\_\_ emotional, \_\_\_\_ other)

Describe any significant events in your childhood (from parents, siblings, relatives, friends) that affect you today (divorce, abuse [sexual, bullying, emotional], trauma, economic status)

Describe any character traits from your parents or siblings that negatively affect you today

Were you raised by both biological parents? \_\_\_\_ Did you live with anyone other than parents? If so, describe the relationship \_\_\_\_\_

Are your parents living? Do they live locally? \_\_\_\_\_

Do you currently live with your parents? \_\_\_\_\_ Do you have any weapons in the house? If so, what?

Do you feel safe at home? \_\_\_\_ If not, why? \_\_\_\_\_

What's one thing about you, or the other, that you would like me to know? \_\_\_\_\_

Have you been involved in an abortion? If so, describe the circumstances, how you have responded, and any continuing effects. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HEALTH

Describe your health (good, bad, excellent, etc) \_\_\_\_\_

Do you have any chronic conditions, illnesses, injuries, or handicaps? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Date of last blood work \_\_\_\_\_

Did you receive a good report? \_\_\_\_\_ If not, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*All* current medication(s) and dosage (include diet pills, laxatives, birth control pills, cold/allergy medicines, aspirin, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever used drugs for other than for medical purposes? \_\_\_\_\_

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

\_\_\_\_\_

Have you ever experienced hallucinations, seen distorted faces, or heard voices? \_\_\_\_\_

If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested? If so, when and for what reason? \_\_\_\_\_

\_\_\_\_\_

Are you on parole? \_\_\_\_\_ Do you drink alcoholic beverages? \_\_\_\_\_

If so, how frequently and how much? \_\_\_\_\_

Have you contemplated suicide? \_\_\_\_ If so, have you thought of a plan how? \_\_\_\_

Do you drink coffee or other caffeine drinks? \_\_\_\_ How much? \_\_\_\_

Do you have a healthy diet? \_\_\_\_ Please explain \_\_\_\_

On average, how much sleep do you get a night? \_\_\_\_

On average, when do you go to bed and wake up? \_\_\_\_

Do you exercise? \_\_\_\_ How? \_\_\_\_

Frequency \_\_\_\_

Do you overwork? \_\_\_\_

How many hours a week do you work? \_\_\_\_

Do you observe one day of rest every week? \_\_\_\_

Do you smoke? \_\_\_\_ What? \_\_\_\_ Frequency \_\_\_\_

Have you ever seen a psychiatrist or counselor? \_\_\_\_

If yes, were you given a DSM label? \_\_\_\_ Explain your experience and diagnosis \_\_\_\_

If you have seen another Christian counselor, please explain your experience, provide his/her name and the dates of meeting: \_\_\_\_

## **SPIRITUAL**

Denominational preference \_\_\_\_

Previous denomination or religions? \_\_\_\_

Church attending \_\_\_\_ Are you a member? \_\_\_\_

If not attending NHC, have you spoken to your pastor(s) about counseling? \_\_\_\_

\*If not attending NHC, and since counseling can only be done with the approval of one's home church leadership, please have your pastor email your counselor with his blessing to counsel you.

Sunday morning worship service attendance, on average (circle) 0 1 2 3 4

Do you believe in God? \_\_\_\_\_ Would you say you are a Christian? \_\_\_\_\_, or still in the process of becoming a Christian? \_\_\_\_\_

Are you born again? \_\_\_\_\_ Not sure what is meant by being born again? \_\_\_\_\_

If born again, approximately what date were you saved? \_\_\_\_\_

If you were to die today, and God were to ask you, "Why should I let you in to heaven?", what would you say?

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How do you define "sin"? \_\_\_\_\_

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What is the authority for what you believe? \_\_\_\_\_

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Have you been baptized? \_\_\_\_\_ If so, approximately what date? \_\_\_\_\_

Do you tithe regularly? \_\_\_\_\_ Do you attend Sunday School? \_\_\_\_\_

How often do you fast? Never \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Rarely \_\_\_\_\_

When is the last time you evangelized someone \_\_\_\_\_

Have you read the NHC doctrinal statement? \_\_\_\_ List any disagreements with the doctrinal statement

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Do you attend a Lifegroup? \_\_\_\_ If so, which one? \_\_\_\_\_

How often do you read the Bible? Never \_\_\_\_ Occasionally \_\_\_\_ Often \_\_\_\_ Daily \_\_\_\_

How often do you pray? Never \_\_\_\_ Occasionally \_\_\_\_ Often \_\_\_\_ Daily \_\_\_\_

What is your strategy for what you pray for? \_\_\_\_\_

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Religious background of spouse \_\_\_\_\_

Explain any recent changes in your religious life \_\_\_\_\_

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Explain how family worship is led in your home \_\_\_\_\_

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What roles or responsibilities do you have at church? \_\_\_\_\_

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## **LIFESTYLE**

How many minutes/hours a day do you watch television? \_\_\_\_\_

How many minutes/hours a day do you play electronic games? \_\_\_\_\_

How many minutes/hours a day do you surf the internet/social media? \_\_\_\_\_

Do you have internet monitoring software? If so, which kind? \_\_\_\_\_

Do you have a family budget? \_\_\_\_\_

Are you in debt? \_\_\_\_\_. If so, by how much? \_\_\_\_\_

Have you ever had interpersonal problems on the job? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a severe emotional upset? \_\_\_\_\_. If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your personality \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Besides the Bible, how many pages of other books do you read each day? \_\_\_\_\_

What kind of other books do you read? \_\_\_\_\_

What kind of music do you listen to most? \_\_\_\_\_

## **WOMEN ONLY**

Have you had any menstrual difficulties? \_\_\_\_\_. If you experience uncommonly high tension, uncontrollable crying, or other severe symptoms related to your cycle, please explain \_\_\_\_\_

\_\_\_\_\_

Have you had a miscarriage? \_\_\_\_\_. If so, please explain how you have responded, and any continuing effects.

\_\_\_\_\_

\_\_\_\_\_

Are you pregnant? \_\_\_\_\_. If so, how many months are you and describe any difficulties. \_\_\_\_\_

\_\_\_\_\_

Is your husband willing to come for counseling? \_\_\_\_\_. Is he in favor of your coming? \_\_\_\_\_

If no, explain \_\_\_\_\_

## PROBLEM CHECK LIST

On a scale of 0-10, with **10 being the most negative**, place a number in the blank of only the categories with which you struggle.

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| _____ Alcohol                         | _____ Jealousy                    |
| _____ Abuse                           | _____ Life (purpose, direction)   |
| _____ Adultery                        | _____ Loneliness                  |
| _____ Anger                           | _____ Lust                        |
| _____ Anxiety                         | _____ Marriage                    |
| _____ Apathy                          | _____ Masturbation                |
| _____ Bitterness                      | _____ Medical Issue               |
| _____ Boss                            | _____ Moody                       |
| _____ Children                        | _____ Obsessive/ Perfectionism    |
| _____ Co-Workers                      | _____ Paranoid                    |
| _____ Communication                   | _____ Parenting                   |
| _____ Conflict/Fights                 | _____ Parents                     |
| _____ Contentment                     | _____ Patience                    |
| _____ Controlling                     | _____ Pessimism                   |
| _____ Critical Speech                 | _____ PMS                         |
| _____ Deception/Lying                 | _____ Pornography                 |
| _____ Decision Making                 | _____ Procrastination             |
| _____ Depression                      | _____ Psychological Illness       |
| _____ Divorce (prior, or thoughts of) | _____ Rebellion                   |
| _____ Driving (road rage, stress)     | _____ Respect                     |
| _____ Doubts                          | _____ Rude Speech                 |
| _____ Drugs                           | _____ Same-sex attraction         |
| _____ Eating                          | _____ Security of Salvation       |
| _____ Envy/Jealousy                   | _____ Selfishness                 |
| _____ Entertainment                   | _____ Self-control                |
| _____ Fear                            | _____ Self-image                  |
| _____ Finances/Budget                 | _____ Self-injury (cutting, etc.) |
| _____ Gaming                          | _____ Sex                         |
| _____ Gambling                        | _____ Singleness                  |
| _____ Gluttony                        | _____ Sleep/ Insomnia             |
| _____ Gossip                          | _____ Spritual life               |
| _____ Grief                           | _____ Spouse                      |
| _____ Guilt                           | _____ Stress                      |
| _____ Hate                            | _____ Suicide (thoughts of)       |
| _____ Health                          | _____ Time (wasting of)           |
| _____ Hopelessness                    | _____ Vengefulness                |
| _____ Infidelity                      | _____ Work                        |
| _____ In-Laws                         | _____ Other (list below)          |



## PERSONALITY CHECK LIST

On a scale of 0-10, with **10 being the most positive**, place a number in the blank of only the categories with which you believe accurately describes you.

- |                                  |                             |
|----------------------------------|-----------------------------|
| _____ Admit When You are Wrong   | _____ Kind                  |
| _____ Analytical                 | _____ Leader                |
| _____ Appreciative               | _____ Logical               |
| _____ Calm                       | _____ Loving                |
| _____ Caring/Sensitive to Others | _____ Neat                  |
| _____ Clear Conscience           | _____ Parenting excellence  |
| _____ Communication is Good      | _____ Housework help        |
| _____ Compassionate              | _____ Humble                |
| _____ Confident                  | _____ Keep your word        |
| _____ Consistent                 | _____ Outgoing              |
| _____ Contentment                | _____ Peaceful              |
| _____ Courteous                  | _____ Perseverance/ Not a   |
| _____ Creative                   | _____ Quitter               |
| _____ Decisive                   | _____ Positive/ Optimistic  |
| _____ Disciplined                | _____ Proactive/ Plan ahead |
| _____ Encourager                 | _____ Punctual              |
| _____ Energetic                  | _____ Reasonable            |
| _____ Even-tempered              | _____ Self-control          |
| _____ Faithful/Dependable        | _____ Selfless              |
| _____ Forgiving                  | _____ Serious               |
| _____ Frugal                     | _____ Servanthood           |
| _____ Generous                   | _____ Speak well of others  |
| _____ Gentle                     | _____ Teachable             |
| _____ Happy                      | _____ Trustworthy           |
| _____ Hard working               | _____ Wise                  |
| _____ Honest                     | _____ Work hard             |
| _____ Hospitable                 | _____ Work well with others |
| _____ Good                       |                             |
| _____ Joyful                     |                             |

**BRIEFLY ANSWER THE FOLLOWING QUESTIONS**

1. What are your concerns (what brings you here)?

2. In as much detail as possible, give a specific, real-life example of what you are describing. Be sure to describe (1) what led up to the event, (2) what happened, (3) where it happened, (4) what was said, (5) how you (and others) responded, and (6) what happened in the end.

3. When did this problem start, and why?

3. What have you done about this problem?

4. What are your expectations from counseling?

5. Fill in the blank:

“Life would be ok and I would be happy if . . .

“More than anything, I need . . .

6. What sin do you struggle with the most and how do you handle it?

7. Is there any other information we should know?

8. Have you been completely truthful in this application, giving the full picture of what is happening? If not, please give additional information.

### **CHRISTIAN TESTIMONY**

Please write out your testimony of how you became a Christian.