

HOPE Ministries

An Extension of Congregational Care, Christ Presbyterian Church

2323 Old Hickory Blvd.
Nashville, TN 37215

Phone: (615) 301-3589
Email: HOPE@christpres.org

1. **What do we do here at HOPE?** Biblical, intensive discipleship – sometimes known as soul care, pastoral counseling, one-another ministry, biblical counseling, small group ministry, shepherding, spiritual friendship, or spiritual direction and guidance (depending on the laws of the state) – has at its center the Lord Jesus Christ.
 - a) It includes listening, teaching, encouraging, preparing, comforting, warning, admonishing.
 - b) It is scriptural and deals with issues spiritually (not medically or clinically).
 - c) It has as its purpose to glorify God and to guide you into an increased understanding of your personal, love, grace-oriented relationship with Jesus Christ.
 - d) It can result in pursuing a transformed life that reflects God's grace, glory, and the totality of God's Word by God's grace through faith.This type of spiritual discipleship is different from secular forms of counseling. Its goal is:
 - To “proclaim Him, admonishing every man and teaching every man with all wisdom, that we may present every man complete in Christ. And for this purpose also I labor, striving according to His power...” (Colossians 1:28-29 NAS).
 - To equip “the saints for the work of service, to the building up of the body of Christ; until we all attain to the unity of the faith, and of the knowledge of the Son of God, to a mature man, to the measure of the stature which belongs to the fullness of Christ” (Ephesians 4:12-13).
2. **Referrals to Professionals:** Some of us at HOPE Ministries are in professional fields outside the church. When serving at HOPE Ministries, however, we do not provide the same kind of professional advice/services we do when hired in our professional capacities. At HOPE Ministries, those who minister have extensive theological and discipleship training, and they have completed the requirements of at least one international biblical counseling association. They are not operating under state licensure. Therefore, if you have significant legal, medical, clinical, or other technical questions, you should seek advice from independent professionals. We will cooperate with such advisors and help you to consider their counsel in light of relevant scriptural principles.
3. **Open Sharing and Intent Listening:** We encourage all who come to speak their mind in appropriate fashion and to discuss thoughts, anxieties, and fears so we can clearly understand core problems.
4. **Assignments:** You will progress more rapidly when you study or perform specific informational or behavioral assignments that are tailored to apply Scripture to your individual situation.
5. **Accountability:** We desire to maximize use of your time, as well as ours. One of our goals is to help you learn how to increasingly glorify God and love others – to have your outward life reflect the yielded, godly inward life, resulting in peace and joy. Therefore, as we are accountable to our God, to our Church, and to our fellow believers, so we ask you to commit to being accountable to the Lord and to us for active participation, completing assignments, and attending a Bible-believing church consistently.
6. **Length:** The process will vary in the amount of time required for each individual according to your motivation, the amount of time spent on homework, and the particular situation. On average, this type of spiritual discipleship requires less time than conventional, secular counseling. Simple problems may be solved in a short period of time; complex situations require more time. When multiple people are involved in the process, as frequently happens when dealing with marriage and/or family issues, 15 to 20 meetings or more may be required. Substance abuse and addiction problems may require many more meetings, with intensive accountability and follow-up.

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CONTRACT

I (We) affirm the accuracy of the personal information provided herein, have read the information above, and agree to the conditions set forth therein. I (We) hereby agree to the following conditions:

1. I (We) understand that the discipling I (we), my (our) family, or those legally under my (our) guardianship will receive will be based upon the Bible, with the goal of glorifying God and loving others, leading to grace-filled, godly living. It is neither medical nor clinical. I (We) have also read the information on the previous page.
2. I (We) will keep the appointment time or will call prior to 24 hours to cancel with a legitimate reason. In respect of the time and preparation involved, as well as others who could have had this time slot, if I (we) fail to call 24 hours in advance (unless it is an emergency), I (we) will pray about the amount the Lord would have me (us) donate.
3. I (We) will fulfill the weekly assignments or the meeting might not be held.
4. I (We) will consistently attend a Bible-believing, teaching, and practicing church while I am (we are) coming to HOPE Ministries, and, preferably, at least one other Bible teaching study/service/small group during the week.
5. At HOPE Ministries, all of us understand that confidentiality is an important part of the process, so we are careful to protect confidentiality, desiring to operate under high ethical principles. However, there are times when we must share certain information with others, such as when:
 - a. Counselors, elders, pastors of your church, another church, or the pastors/elders of CPC must be consulted for advice.
 - b. Information is revealed which indicates a genuine potential for harm to you or to others. In that case, we may have to share that information with the appropriate authorities or family members, being obligated by conscience and by the laws of this state, being required to report to the appropriate authorities any information that raises suspicion of child abuse, intent to harm oneself, and/or intent to harm another person.
 - c. A person persistently refuses to renounce a particular sin. In that case, it may become necessary to seek the assistance of others in the church to encourage repentance and reconciliation (Proverbs 15:22; 24:11; Matthew 18:15-20). We at HOPE understand your desire for privacy and for not disclosing personal information to others.
6. Due to the litigious society, HOPE Ministries asks each disciple to agree to the following release: I (We) do hereby agree to hold all involved at HOPE Ministries, Christ Presbyterian Church, and its leadership harmless for any advice, counsel, or suggestions rendered during our meetings. I (We) recognize that their role is to assist me/us in hearing and understanding God's Word and His will in the matters we discuss. I (We) will not, therefore, sue or engage in any type of litigation negatively affecting them, Christ Presbyterian Church, HOPE Ministries, or the organization granting them the ability and resources to provide this ministry. Furthermore, I (we) agree not to attempt to subpoena or require anyone at HOPE Ministries to appear in any legal proceeding related to any matters discussed during the meetings, nor will I (we) attempt to subpoena any notes or records related to our discussions.
7. We at HOPE encourage you to pray and ask the Lord what you can donate. Each person is asked to contribute based on the suggested sliding scale below. If you cannot offer that amount financially or in kind, if your church cannot help with a contribution, or if you have questions, please discuss with the HOPE Ministries staff. (We may need to limit the number of meetings.) This is a faith-based ministry. We accept cash, Venmo, and checks—checks are to be written to **B.A.S. (Business Administration Services)**. The donation is not tax deductible. Please circle the amount you would like to donate each meeting:

Family Income Level per Year	Meeting Contribution	First Meeting Administrative Fee: \$20
Up to \$70,000	\$70 (CPC members: \$60)	(1 st meeting: donation+\$20 admin fee=\$90/80)
Up to 90,000	90 (CPC members: \$80)	(1 st meeting: donation+\$20 admin fee=\$110/100)
Up to 105,000	105 (CPC members: \$95)	(1 st meeting: donation+\$20 admin fee=\$125/115)
Up to 120,000	120 (CPC members: \$110)	(1 st meeting: donation+\$20 admin fee=\$140/130)
Up to 140,000	140 (CPC members: \$130)	(1 st meeting: donation+\$20 admin fee=\$160/155)
Over 160,000	160 (CPC members: \$140)	(1 st meeting: donation+\$20 admin fee=\$180/160)

8. I (We) will purchase any books or materials for homework assignments that are deemed necessary.
9. I (We) understand that HOPE Ministries is a training ministry. I (We) consent to the above and to team discipling and/or observation by interns in training during our meetings. I (We) understand that they are under the same confidentiality guidelines as defined herein.
10. Unfortunately, HOPE Ministries is unable to provide childcare services.

x _____ Witnessed: _____ Date: _____
Signature(s)

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(615) 301-3589

STATEMENT OF PRIVACY

This notice describes how information about you may be used and disclosed, and how you can get access to this information. Please review the information carefully.

- Your name, address, phone number, e-mail address, religious information and other protected information may be released only after receiving a dated, written authorization from you for each instance of release, stating the specific information to be released and to whom.
- You may be contacted by HOPE Ministries by mail, email, text, or phone (or message left on an automated answering device) to remind you of appointments or verify information. You have the right to request a more confidential way of providing your protected HOPE Ministries information or alternative communication method at the time you are seen. HOPE Ministries will try to honor all reasonable requests.
- You may be contacted by HOPE Ministries for the purpose of raising funds to support the operations of HOPE Ministries. HOPE Ministries will provide information on how to opt out of receiving future fundraising communications.
- You have the right to request a restriction on the use of your protected information. However, HOPE Ministries may choose to refuse your restriction if it is in conflict with our confidentiality statement.
- You have the right to receive a copy of this Statement of Privacy upon request. This copy can be in the form of an electronic transmission or on paper.

HOPE Ministries seeks to keep all disciple information protected and will abide by the terms of the statement currently in effect. HOPE Ministries reserves the right to make changes to this statement. and to make new notice provisions effective for all protected information that it maintains. Changes to this statement will be available for you at your next visit to HOPE Ministries.

You have the right to complain to HOPE Ministries if you believe your rights to privacy have been violated. All complaints will be investigated. If you think your privacy rights have been violated, please mail your written complaint to:

HOPE Ministries
2323 Old Hickory Blvd.
Nashville, TN 37215

Or to: Region IV, Office of Civil Rights
U.S. Dept. of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S. W., Atlanta, GA 30303

Or to: ACBC
<http://www.biblicalcounseling.com/>

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By signing this form, I (we) hereby acknowledge that:

\* HOPE Ministries has offered me (us) a copy of this Statement of Privacy, which explains how my (our) protected information will be handled in various situations.

\* HOPE Ministries has given me the chance to discuss my concerns and questions about the privacy of my (our) protected information.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

## **PERSONAL INFORMATION FORM**

*Please complete the entire form and bring it with you the first time we meet.*

### **IDENTIFICATION INFORMATION**

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Address (Home) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of company \_\_\_\_\_  
Phone (Work) \_\_\_\_\_  
Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Referred here by \_\_\_\_\_  
Education (last year you completed) \_\_\_\_\_ (grade, degree)  
Other training (list type and years; include any degrees) \_\_\_\_\_  
\_\_\_\_\_

### **HEALTH INFORMATION**

Rate your health (check): Very Good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_ Other \_\_\_\_\_  
Height \_\_\_\_\_ Approximate weight \_\_\_\_\_ lbs. Weight changes recently: (+ -) \_\_\_\_\_  
List all important present or past illnesses or injuries or handicaps:

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

Your physician \_\_\_\_\_ Address \_\_\_\_\_  
Date of last medical examination \_\_\_\_\_ Report \_\_\_\_\_  
Are you presently taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_ List the medication and what it treats:  
Medication: \_\_\_\_\_ What it treats: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you used drugs for other than medical purposes? Yes \_\_\_\_\_ No \_\_\_\_\_  
What? \_\_\_\_\_

Have you ever had an abortion? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Have you ever thought of committing suicide? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Have you recently suffered the loss of someone who was close to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever been sexually or physically abused? Yes \_\_\_\_\_ No \_\_\_\_\_

Please answer the following questions. Use as much space and write as much as you are comfortable explaining. The more information that we know ahead of time, the less time will be needed and the more our thoughts can be organized. (Feel free to add additional sheets.)

1. What brings you here? Please be specific about the problems you are experiencing.

2. What have you done about this situation?

3. What are your expectations in coming here? What do you want me to do?

4. Is there any other information we should know?

## **MARRIAGE and FAMILY INFORMATION**

Marital Status: Single \_\_\_\_\_ Going Steady \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_  
Divorced \_\_\_\_\_ If divorced, how many times? \_\_\_\_\_ Widowed \_\_\_\_\_

Give brief information about any previous marriages: \_\_\_\_\_

If you are presently married:

Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Name of company \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Your spouse's age \_\_\_\_\_ Education (in years) \_\_\_\_\_ Religion \_\_\_\_\_

Is your spouse willing to come? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Is your spouse in favor of your coming? \_\_\_\_\_ If not "Yes," explain \_\_\_\_\_

Have you ever been separated? Yes \_\_\_\_\_ No \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Has either of you ever filed for divorce? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Date of marriage \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Did you have premarital counseling? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many sessions? \_\_\_\_\_

## **INFORMATION ABOUT CHILDREN**

| Name | Age | Sex | Education | Marital Status | Personality/character | Living? |
|------|-----|-----|-----------|----------------|-----------------------|---------|
|------|-----|-----|-----------|----------------|-----------------------|---------|

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

## **RELIGIOUS BACKGROUND**

Denominational preference: \_\_\_\_\_

Church \_\_\_\_\_ Member? Yes \_\_\_\_\_ No \_\_\_\_\_

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

What church did you attend as a child? \_\_\_\_\_ Baptized? \_\_\_\_\_

Do you consider yourself a religious person? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you believe Satan exists? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Have you ever "dabbled" with the "occult"? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

(Seances, devil worship, witchcraft, Ouija board, horoscopes, etc.)

Do you pray to God? Yes \_\_\_\_\_ No \_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_

Would you say you are a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ or still in process? \_\_\_\_\_

If you are a Christian, describe briefly when, how, where, etc. you became a Christian: \_\_\_\_\_

Have you ever made a profession of faith in Jesus Christ (confessed you are a sinner and asked Him to be your Lord and Savior)? Yes \_\_\_\_\_ No \_\_\_\_\_ Not certain what you mean \_\_\_\_\_

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

Do you have regular devotions? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure what you mean \_\_\_\_\_

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

## **PERSONALITY INFORMATION**

Have you undergone any kind of counseling before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list counselors/psychologists/psychiatrists /therapists/shepherds and dates:

Was it beneficial? \_\_\_\_\_ What was the outcome? \_\_\_\_\_

What, if anything, do you fear? \_\_\_\_\_

Have you recently suffered a loss from serious social, business or other reversals, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**Circle** any of the following words which best describe you now:

|               |            |              |             |              |           |                  |
|---------------|------------|--------------|-------------|--------------|-----------|------------------|
| Godly         | Ethical    | Hypocritical | Strict      | Angry        | Abusive   | Good-natured     |
| Irresponsible | Cruel      | Uneducated   | Proud       | Moody        | Active    | Self-conscious   |
| Quiet         | Persistent | Nervous      | Hardworking | Impatient    | Impulsive | Embarrassing     |
| Often-blue    | Likable    | Excitable    | Imaginative | Calm         | Serious   | Lots of friends  |
| Easy-going    | Shy        | Ambitious    | Introvert   | Extrovert    | Leader    | Self-confident   |
| Hard-boiled   | Submissive | Lonely       | Humorous    | Sloppy       | Whiner    | Self-disciplined |
| Selfish       | Sensitive  | Failure      | Success     | Unreasonable |           |                  |

Are there other words that would help you to describe yourself? \_\_\_\_\_

**Circle** all the words that describe why you are coming:

|            |                   |                         |                                     |                |
|------------|-------------------|-------------------------|-------------------------------------|----------------|
| Grief      | Suicidal thoughts | Relationship w/parents  | Loss of self-respect                | Fear           |
| Loneliness | Anxiety           | Relationship w/children | Loss of love                        | Nervousness    |
| Depression | Marriage problems | Sexual concerns         | Loss of faith in God                | Anger with God |
| Abuse      | Homosexuality     | Sexual coldness         | Loss of faith in others             | Self doubt     |
| Guilt      | Compulsive lust   | Religious doubts/fears  | Loss of hope                        | Anger          |
| Worry      | Pre-marital       | Loss of meaning         | Abuse (sexual, physical, emotional) | Trauma         |

**Add** any other information that would help us to help you on the reverse side and check here \_\_\_\_\_.

## **MEDIA & ENTERTAINMENT**

How much time do you spend on television, gaming, and/or social media each day? \_\_\_\_\_ hours

List favorite programs, games, and/or social media: \_\_\_\_\_

What is your favorite type of music/entertainers? \_\_\_\_\_

## **BIO-PSYCHOLOGICAL INFORMATION**

Have you ever felt people were watching you? Yes \_\_\_\_\_ No \_\_\_\_\_

Do people's faces ever seem distorted? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you ever have difficulty distinguishing faces? Yes \_\_\_\_\_ No \_\_\_\_\_

Do colors ever seem too bright? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had hallucinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you plagued by fears? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have problems sleeping? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you hear voices? Yes \_\_\_\_\_ No \_\_\_\_\_

## **PERSONAL BEHAVIORAL HABITS**

1. Do you drink coffee or other caffeinated drinks? Yes \_\_\_\_\_ No \_\_\_\_\_ How much per day? \_\_\_\_\_

2. Do you smoke? dip? etc.? Yes \_\_\_\_\_ No \_\_\_\_\_ What? How much/day? \_\_\_\_\_

3. Do you explode when you get angry? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you withdraw when you get angry or hurt? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you frequently argue with other people? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you drink alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_ How much per day? \_\_\_\_\_

7. Do you use drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ What kind & how much? \_\_\_\_\_

OPTIONAL PART II:

**FAMILY AND CHILDHOOD INFORMATION**

Circle the appropriate words:

Would you characterize your **Father** as:

|           |               |                 |             |                |                  |
|-----------|---------------|-----------------|-------------|----------------|------------------|
| Godly     | Ethical       | Hypocritical    | Strict      | Angry          | Unreasonable     |
| Abusive   | Irresponsible | Cruel           | Uneducated  | Proud          | Embarrassing     |
| Ambitious | Selfish       | Persistent      | Nervous     | Hard-working   | Impatient        |
| Impulsive | Moody         | Often-blue      | Excitable   | Imaginative    | Calm             |
| Serious   | Easy-going    | Lots of friends | Introvert   | Self-confident | Extrovert        |
| Likable   | Leader        | Quiet           | Hard-boiled | Submissive     | Self-conscious   |
| Lonely    | Sensitive     | Humorous        | Sloppy      | Whiner         | Self-disciplined |
| Failure   | Successful    | Well-groomed    | Shy         | Active         | Good-natured     |

Other: \_\_\_\_\_

Would you characterize your **Mother** as:

|           |               |                 |             |                |                  |
|-----------|---------------|-----------------|-------------|----------------|------------------|
| Godly     | Ethical       | Hypocritical    | Strict      | Angry          | Unreasonable     |
| Abusive   | Irresponsible | Cruel           | Uneducated  | Proud          | Embarrassing     |
| Ambitious | Selfish       | Persistent      | Nervous     | Hard-working   | Impatient        |
| Impulsive | Moody         | Often-blue      | Excitable   | Imaginative    | Calm             |
| Serious   | Easy-going    | Lots of friends | Introvert   | Self-confident | Extrovert        |
| Likable   | Leader        | Quiet           | Hard-boiled | Submissive     | Self-conscious   |
| Lonely    | Sensitive     | Humorous        | Sloppy      | Whiner         | Self-disciplined |
| Failure   | Successful    | Well-groomed    | Shy         | Active         | Good-natured     |

Other: \_\_\_\_\_

Where did you grow up? Urban area\_\_\_\_ Suburban area\_\_\_\_ Small town \_\_\_\_ Rural area \_\_\_\_  
Farm\_\_\_\_ City, State \_\_\_\_\_ Population\_\_\_\_\_

What was your family's economic situation when you were a child?

Extremely poor\_\_\_\_ Poor\_\_\_\_ Lower middle income\_\_\_\_ Middle income\_\_\_\_  
Higher middle income\_\_\_\_ Wealthy\_\_\_\_ Extremely wealthy\_\_\_\_

Were you ever sexually abused by anyone? No\_\_\_\_ Yes\_\_\_\_

If yes, please detail: Were you abused by: a relative\_\_\_\_ a stranger\_\_\_\_ a neighbor\_\_\_\_?

How old were you at the time?\_\_\_\_\_

Was the person who abused you ever prosecuted?\_\_\_\_\_

What was your happiest memory as a child?

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

What was your unhappiest memory as a child?

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



Did you experience a major trauma when you were a child? Detail:

\_\_\_\_ At home \_\_\_\_\_  
\_\_\_\_ At school \_\_\_\_\_  
\_\_\_\_ At neighbor's home \_\_\_\_\_  
\_\_\_\_ At relative's home \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_

If you were reared by anyone other than your own parents, briefly explain:

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

How many siblings do you have? Older brothers \_\_\_\_\_ Older sisters \_\_\_\_\_  
Younger brothers \_\_\_\_\_ Younger sisters \_\_\_\_\_  
If twin, identical? \_\_\_\_\_ Twin brother \_\_\_\_\_ Twin sister \_\_\_\_\_

Are you on good terms with your: Mother \_\_\_\_\_ Father \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

List the people that you hate or are extremely angry with, and the reasons:

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

What kind of home did you grow up in? (Check all that apply)

\_\_\_\_ Traditional (Father, Mother, Kids)  
\_\_\_\_ Authoritarian (Parent(s) made all rules without discussion, allowing no other opinions)  
\_\_\_\_ Divorced: Who did you live with? Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Alcoholic: Homeless \_\_\_\_\_ Functional, but affected \_\_\_\_\_ Dysfunctional effect on family \_\_\_\_\_  
\_\_\_\_ Drug Affected: Cocaine \_\_\_\_\_ Heroin \_\_\_\_\_ Marijuana \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Perfectionist: Everything had to be done just right to please: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_  
\_\_\_\_ Critical: One or both parents remarked about the negatives with little praise for good  
\_\_\_\_ Affectionate: Demonstrative with hugs, kisses, etc. \_\_\_\_\_  
                    Affection there, but not openly shown \_\_\_\_\_  
\_\_\_\_ Emotional: Crying allowed, but controlled \_\_\_\_\_ Anger, screaming freely allowed \_\_\_\_\_  
                    Repressed: emotions not allowed to show \_\_\_\_\_  
                    Parents showed emotion, but kids were not allowed to do so \_\_\_\_\_  
\_\_\_\_ Religious: In name only \_\_\_\_\_ Strict, negative \_\_\_\_\_ Hypocritical \_\_\_\_\_ Genuine happy experience \_\_\_\_\_  
\_\_\_\_ Step-family: Which of parents remarried? \_\_\_\_\_  
                    Did you live with step-brothers and/or step-sisters? \_\_\_\_\_  
\_\_\_\_ Abusive: In what way? Sexual \_\_\_\_\_ Physical beatings \_\_\_\_\_ Emotional \_\_\_\_\_ Other \_\_\_\_\_

### WOMEN ONLY

Do you customarily have menstrual difficulties? \_\_\_\_\_

Please list/describe symptoms prior to your cycle, such as tension, tendency to cry, etc.

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