



Mourning Dove Ministries, Inc.
 870 Doe Hill Lane, Roswell, GA 30075
 (770) 649-1949

PRE-COUNSELING PROFILE
(CONFIDENTIAL)

Identifying/Contact Information:

Today's Date: _____

Name: _____

Date of Birth: _____ Age: _____ Age of Spouse: _____

Address: _____

Telephone(s): Home: _____ Work: _____

Cell: _____ Other: _____

E-mail Address: _____

Contact in emergency: _____ Phone: _____

Marital Status (Check One):

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

If married, how long? _____ Wedding Date: _____ Spouse's Name: _____

If separated, divorced, or widowed, when did that occur? _____

Previous marriages? _____

Children's Names and Birth Dates:

_____	_____
_____	_____
_____	_____
_____	_____

Occupation (where do you work and the nature of that work):

Do you find this work satisfying? _____

Background Information:

Education (circle the last year that you completed):

Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5 6 +

Other Training: _____

Family of Origin:

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Grade in School Completed.</u>	<u>Occupation if out of school</u>
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____
Brother(s):	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Sister(s):	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Other noteworthy childhood relationships: _____

Significant childhood events (divorce, deaths, sickness, traumas, etc.): _____

Spiritual Background:

Do you regularly attend a church? Yes: ____ No: ____ Are you active? Yes: ____ No: ____

If attending, what is the name of the church? _____

How would you characterize your current relationship with God? _____

Current Situation

Briefly describe the problem which prompted you to seek counseling at this time: _____

Have there been times when the problem got better or disappeared? Yes: ____ No: ____

If yes, when? _____

What do you think helped? _____

Were there times when the problems were especially bad? Yes: ____ No: ____

If yes, when? _____

What made it bad? _____

Are there other people who play a major role in causing your problems or in helping you cope with your problems? Yes: ____ No: ____ Explain briefly: _____

Is there anything else that you believe might be important for your counselor to know at this time?

Describe any physical problems that require medication or physical care: _____

Are you currently receiving medical treatment? Yes: ____ No: ____

When did you last consult with your primary care physician? _____

Are you currently taking any prescription medications? Yes: ____ No: ____

If yes, please list by name and dosage: _____

Previous counseling/therapy? Yes: ____ No: ____ If yes, when? _____

With whom (name/address)? _____

Current Concerns:

Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate each item.

0	1	2	3	4	5	6	7	8	9	10
No Concern					Moderate Concern		Extreme Concern			

_____	Abused as a child	_____	Problems with Parents
_____	Anger/Temper	_____	Resentment
_____	Aggression	_____	Spiritual Concerns
_____	Bitterness	_____	Sexual Concerns
_____	Depression	_____	Stress/Anxiety
_____	Difficulty in Communication	_____	Thoughts of Suicide
_____	Eating Difficulties	_____	Trouble making Decisions
_____	Education	_____	Unhappy most of the Time
_____	Family Problems	_____	Use of Alcohol by Self
_____	Fearfulness	_____	Use of Alcohol by Family Member
_____	Financial Problems	_____	Use of Drugs by Self
_____	Grief/Loss	_____	Use of Drugs by Family Member
_____	Marital Problems	_____	Other Addiction
_____	Personality Conflicts	_____	Work
_____	Physical Problems	_____	Worry
_____	Problems with Relationships	_____	Other (specify): _____
_____	Problems with Children	_____	_____

What are the goals that you hope to reach through counseling? _____

Signature: _____ Date: _____

Additional Information

Please use this page to write any additional information that would be helpful for the counselor to know about your current situation or significant events in your past.