Personal Identification

Name: John Wayne Doe	Birth Date: 3/18/1975 Age: 39			
Address: 123 Trouble Free Lane, Apt. 503, Paradise, California 91355				
Sex: Male	Referred By: Jane Doe			
Marital Status: Single	Education (last year completed): Master's Degree			
Home Phone: 661-444-5555	Work Phone: 818-555-4444			
Employer: California Manufacturing Associates	Position: Head Engineer			
Years at Employer: 5	Email: info@pdiform.com			
Is English your first language? Yes				

Marriage and Family

Spouse: Jane Doe	Birth Date: 6/23/1978 Age: 36
Occupation: Homemaker	How long employed? 8 years
Home Phone: 661-999-4456	Work Phone:
Date of Marriage: 6/23/1978	Lenth of Dating: 6 years

Circumstances of meeting and dating: We met in college, kept in touch, and dated online until Jane moved to my town, joined our church, and we married soon after.

Is your spouse coming to counseling? Yes	Are they in favor of your coming? Yes		
Has there been a previous marriage? No			
Have you ever been separated? No	Have you ever filed for divorce? No		
If there have been multiple marriages, briefly explain time frames, children involved, and reasons:			

Information about Children

Name	Age	Sex	Living	Education	Relationship
Noah	7	М	Yes	Elementary	Biological
Chloe	6	F	Yes	Preschool	Biological
Caleb	3	М	Yes	None	Biological

Faith	0	F	No	None	Biological
Micah	0	М	Yes	None	Biological

Describe your relationship to your father: My Dad was a work-a-holic. He provided well for our family financially, but failed to develop a good relationship with me. We are cordial with each other, but he doesn't really know me, and I don't know him.

Describe your relationship to your mother: My Mom and I have been close since high school. When my brother died she began devoting more attention to me in good ways. She would come to all my games and activities. She does seem to have trouble letting me go, even though I've been out of the house for a decade now.

Number of siblings: 1 Sibling order: Jack (deceased), me

Did you live with anyone other than your parents? No

Are your parents living? Yes Are your parents local? No

<u>Health</u>

Describe your health:

Generally good.

Do you have any chronic conditions? No

List important illnesses and injuries or handicaps: None

Date of last exam: 8/15/2011 Report: Everything came back normal

Physician's name and address: Don't have one

Current medication(s) and dosage: None

Have you ceased taking any drugs recently? Which ones, why, and when? No

Have you ever used drugs for anything other than medical purposes? No

Have you ever been arrested? No

Do you drink alcoholic beverages? No

Do you drink coffee? Yes How Much? 1-2 cups a day

Other caffeine drinks: Occasional soda How much? Every once in a while

Do you smoke? No

Have you ever had interpersonal problems on the job? Sometimes I get mad at co-workers for failing to do their jobs. But we maintain decent working relationships.

Have you ever had a severe emotional upset? No

Have you ever seen a psychiatrist or counselor? No

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or other medical records? Yes

<u>Spiritual</u>

Denominational preference: Baptistic	Church attending: Pleasant Baptist Church
Location: My Town Member? Yes	Pastor's Name: Paul
May we contact your pastor? No	Pastor's Phone Number: 818-123-4567

If not, please explain: He and I haven't been getting along well. I don't like some of his theology, and he claims I'm a heretic.

Church attendance per month: 5	Do you believe in God? Yes Do you pray? Yes
Would you say that you are a Christian? Yes	Or in the process of becoming a Christian: No
Have you been baptized? Yes	How often do you read the Bible? Often

Explain any recent changes in your religious life:

No

Women Only

Have you ever had an unplanned pregnancy? Have you ever had an abortion?

Have you had any menstrual difficulties?

If you experience tension, tendency to cry, other symptoms prior to your cycle, please explain:

Problem Checklist

Anger	Depression	Loneliness
Anxiety	Drunkenness	Lust
Apathy	Envy	Memory
Appetite	Fear	<u>Moodiness</u>

Bitterness	Finances	Perfectionism
Change in Lifestyle	Gluttony	Rebellion
<u>Children</u>	<u>Guilt</u>	Sex
Communication	Health	Sleep
Conflict (fights)	Homosexuality	Wife abuse
Deception	Impotence	A Vice
Decision Making	In-Laws	Other

Problem Description

1. What is your problem (what brings you here)?

My wife and I can't agree on parenting issues. We disagree on how to discipline, what activities they should be involved in, pretty much everything.

2. What have you done about the problem?

We've tried reading several books, but they only create arguments because we're not trying to learn, just judge methods.

3. What are your expectations from counseling?

We hope to agree more on parenting... see what God says about it.

4. Is there any other information that we should know?

Our oldest child is pretty rebellious. Even at his young age he's gotten violent with my wife.

5. Does anyone from your home church plan to accompany you to counseling? No

6. If Yes, please indicate his/her name(s), and the nature of your relationship with them.