

Pastoral Counseling Assessment

Please Print

Identifying Information

Date _____

Name _____ Race _____ Sex _____

Birth Date _____ SSN _____ Religion _____

Home Address _____

Home Phone _____ Work Phone _____

Marital Status: [] Separated [] Single [] Engaged [] Married [] Divorced [] Widowed

Presenting Problem

Who referred you for evaluation? [] Employer [] Chaplain [] Spouse [] Physician [] Self
[] Other (specify): _____

What are your main problems and concerns? _____

What kind of help do you hope to get? _____

Current legal problems (describe): _____

Past Psychiatric History

If you have ever been seen by a mental health professional before, when and why?

Have you ever had serious thoughts of or attempted to hurt yourself or someone else? _____

How often do you consume alcohol? _____

What do you usually drink? [] beer [] wine [] liquor [] N/A

How much of the following do you drink each day? [] caffeinated soda [] tea [] coffee

Have you ever had an alcohol related injury? Describe: _____

Recreational drug use? [] Never [] In the past [] Recently

Describe any regular exercise regimen _____

Social History

If there is a history of alcoholism, suicide attempts, or other psychiatric problems on either side of your family, please indicate what you know about it and how it affected you.

Where did you grow up? _____

Who raised you? _____

Father's age _____ Health _____ Occupation _____

Stepfather's age _____ Health _____ Occupation _____

How did you get along with your father/stepfather as a child? _____

How do you get along with him now? _____

Mother's age _____ Health _____ Occupation _____

Stepmother's age _____ Health _____ Occupation _____

How did you get along with your mother/stepmother as a child? _____

How do you get along with her now? _____

Describe your parents' marriage: _____

If your parents have [] separated or [] divorced, how old were you? _____

Describe how you were disciplined as a child? _____

Who had the greatest influence (good or bad) on you while growing up?

What worries or problems did you have as a child? _____

List first names and ages of siblings in your family, including yourself. Indicate if any were "half," "step", or "adopted".

How did you get along with your brothers and sisters? _____

Education

Last grade completed? _____ Degree(s) earned _____

Did you have any problems with teachers or peers? Explain _____

Were you ever [] suspended [] expelled?

Professional History

What is your job? _____

What do you think about your job? _____

My performance has lately been: [] improving [] same [] declining.

Adult Life

How do you get along with other people? _____

How do you think others feel about you? _____

How do you let off steam from stress or anger? _____

What are your goals in life? _____

How old were you when you began to date? _____

If you have children, please list their names and ages _____

If you have ever been married, please complete the following questions.

How long have you been married to your spouse? _____ [] No longer married.

How long was your courtship? _____ How old were you when you married? _____

How old was your spouse? _____ What is your spouse's level of education? _____

Are you living with your spouse now? _____

How do you feel about your marriage? _____

How many times have you been married? _____

How many times has your spouse been married? _____

Spirituality/Religiosity

What role does spirituality or religion play in your life? _____

What is your religion? _____

Do you believe there are ways that your spiritual beliefs, background, and lifestyle are impacting your presenting problem? _____

What role, if any, do you think spirituality could play in your healing process? _____

What is your image of your higher power? _____

What is your sense of your spiritual well being? _____
