

Dr. Anne Caffey
The Wounded Heart Ministry, Inc.
5600 Cannonero Drive; Alpharetta, GA 30005
Woundedheartministry.org
770-778-7266

The following comprehensive form, which will become a part of your confidential file, will help me focus most clearly on your areas of concern. Please answer each question fully. If a question does not apply to you, simply write "N/A" (meaning not applicable).

Appointment Date: _____ **Time:** _____
All appointments require a 24-hour cancellation notice; otherwise, you will be billed for that time.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home phone: _____ **Work Phone** _____

Cell phone: _____ **E-Mail** _____

Date of Birth: _____ **Age:** _____

Occupation and employed by: _____

Referred by: _____

Marital Status: (Please Check One): Single _____ Married _____ Widowed _____
Divorced _____ Separated _____ Re-Married _____

Spouse's Name: _____

Children's Names and ages: _____

Education: Please circle last year completed: Grade School 1 2 3 4 5 6 7 8
High School: 1 2 3 4 College: 1 2 3 4 5 6 + Other: _____

Physical Health: Please circle what you feel is an accurate description of your present condition of physical health: Very Good Good Average Declining

Please list significant past and/or present illnesses, injuries, handicaps.

Have you used drugs for other than medical, prescribed purposes? If so, what and how recent.

Your church denominational preference: _____

What is your relationship to God? _____

Have you ever had psychotherapy or counseling? _____ If so, when and from whom?

List any prescribed medication you are presently taking _____

What is the main problem as you see it?

What have you already done about it?

What are your goals in coming for counseling?

Give a word picture (description) of your self as you would be described by:

Your spouse:

Your best friend:

Your worst enemy:

Yourself

Problem Areas:

In the following list, place a check mark next to each icon which identifies an area of concern to you. Place two checks by those items which are most important. (You may add written comments after areas checked.)

- Anger/Temper**
- Children**
- Depression**
- Education**
- Family problems**
- Fatigue**
- Fearfulness**
- Financial problems**
- Headaches**
- Inferiority feelings**
- Loneliness**
- Insomnia**
- Marital problems**
- Nightmares**
- Physical problems**
- Problems with social relationships**
- Religious/spiritual concerns**
- Thoughts of suicide**
- Unable to relax**
- Unhappy most of the time**
- Use of alcohol**
- Use of drugs**
- Work**
- Worry**
- Other**

Please Complete the Following

The most important thing to me is _____

I worry about _____

What I do best is _____

I have sometimes felt guilty about _____

I have been criticized for _____

What makes me angry is _____

My biggest mistakes were _____

My job is _____

What makes me nervous is _____

My personality would be better if _____

I often felt that mother _____

Jesus Christ _____

My temper _____

My childhood _____

Prayer is _____

My biggest disappointment _____

To me, sex is _____

I would be better liked if _____

I often felt that father _____

God to me is _____

My child/children (brothers and sisters) _____

Women are _____

What hurts me most is _____

My biggest problem in life is _____

Men are _____

I am afraid that if _____

General Family History:

Date and place of birth _____

Mother's condition during pregnancy (as far as you know) _____

Approximately how many times did your family move when you were young? _____

Parents

If separated or divorced, how old were you at the time? _____

Father deceased? _____ How old were you at the time? _____

Step-father deceased? _____ How old were you at the time? _____

Mother deceased? _____ How old were you at the time? _____

Step-mother deceased? _____ How old were you at the time? _____

Father remarried when you were age _____ You lived with whom? _____

Mother remarried when you were age _____ You lived with whom? _____

Until age 18 tell how long you lived with Mother _____ Father _____

Step-mother _____ Step-father _____ Other _____

How did the step-parent relate to you? (kind, poorly, affectionately, discipline, etc.)

Natural father's name _____ occupation _____

Natural mother's name _____ occupation _____

Step-father's name _____ occupation _____

Step-mother's name _____ occupation _____

How many times was your father married? _____ Your mother? _____

Rate your parent's marriage: Miserable _____ Unhappy _____ Average _____
Happy _____ Very Happy _____

Their marriage lasted _____ years

Give an impression of your home atmosphere

How were you disciplined as a child?

General Family History (cont.)

Siblings

List your brothers and sisters (indicating step-brothers and sisters) from oldest to youngest including yourself. Please include any miscarriages or abortions that you know of

Name	Sex	Age	Marital status	Job	Describe each person

Describe the relationship you have with your brothers and sisters

Past

Present

Brother or sister most like you, in what respect?

Brother or sister most unlike you, in what respect?

Who played together?

Parental Relationship father:

This denotes the man who took primary responsibility for raising you. If that is a different person than your biological father please note that here _____

As I was growing up, my father was(use as many descriptive adjectives as you can)

_____	_____
_____	_____
_____	_____

I wish my father

_____	_____
_____	_____
_____	_____

My father was (circle the appropriate number)

AN UNFAIR AUTHORITY	OK	FAIR AUTHORITY
1 2 3	4 5	6 7
DISTANT	OK	CLOSE
1 2 3	4 5	6 7
STINGY	OK	GENEROUS
1 2 3	4 5	6 7
UNAFFECTIONATE	OK	AFFECTIONATE
1 2 3	4 5	6 7
SELF-CENTERED	OK	ATTENTIVE TO YOU
1 2 3	4 5	6 7
CRITICAL	OK	ACCEPTING
1 2 3	4 5	6 7
WEAK	OK	STRONG
1 2 3	4 5	6 7
ANGRY	OK	MERCIFUL
1 2 3	4 5	6 7
ABUSIVE	OK	PROTECTIVE
1 2 3	4 5	6 7

Please answer the following questions about your father:

List 5 positive qualities of your father:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | |

List 5 negative qualities of you father:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | |

Circle all of the following words that describe the way you view your father:

Compassionate	Difficult To Please	Supportive
Indifferent	Threatening	Condemning
Absent	Angry	Strong
Understanding	Punishing	Too Busy
Controlling	Kind-hearted	Distant
Harsh	Thoughtful	Gentle

How did your father communicate his love to you?

Did you feel his love emotionally?

What emotions did your father express openly? How did he express them?

How did he love your mother?

Did you feel secure in your parents' love for each other?

Did you feel that your father understood you?

Describe how you and your father communicated?

How did he discipline you?

Was his discipline fair or unfair?

Did he discipline out of love or out of anger?

Did he have favorites in the family? Who were they?

How was he a faithful material provider?

Was he faithful in his promises?

Was he faithful to your mother?

What was the most pleasant experience you had with your father?

What was the most unpleasant experience you had with your father?

List any painful memories that you have about your father?

Was he addicted to any drugs or alcohol? If so, what are your feelings about that?

How did you feel that you had to earn your father's acceptance and approval?

Did your father keep free of bitterness and resentment?

Was your father sexually pure toward you? If not, write a paragraph describing how you feel about that.

Did your father ever physically abuse you?

Did he take an interest in the things in which you were involved in as a child?

Did you have fun with your dad while you were growing up?

Did he willingly and patiently answer your questions?

Did he seek to control or manipulate anyone in the family? How?

What is/was your father's goal in life?

In what ways are you like your father?

In what ways are you different from your father?

How did you feel about your father as a child through age 10?

From age 11-18?

From age 18-30?

At the present time?

Do you hate or resent him for anything?

Have you forgiven him of all his faults and failures?

Do you blame him for the way you are?

Parental Relationship mother:

This denotes the woman who took primary responsibility for raising you. If that is a different person than your biological mother please note that here _____

As I was growing up, my mother was(use as many descriptive adjectives as you can)

_____	_____
_____	_____
_____	_____

I wish my mother

_____	_____
_____	_____
_____	_____

My mother was (circle the appropriate number)

AN UNFAIR AUTHORITY	OK	FAIR AUTHORITY
1 2 3	4 5	6 7
DISTANT	OK	CLOSE
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Please answer the following questions about your mother:

List 5 positive qualities of your mother:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | |

List 5 negative qualities of you mother:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | |

Circle all of the following words that describe the way you view your mother:

Compassionate	Difficult to please	Supportive
Indifferent	Threatening	Condemning
Absent	Angry	Strong
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How did your mother communicate her love to you?

Did you feel her love emotionally?

What emotions did your mother express openly? How did she express them?

How did she love your father?

Did you feel secure in your parents' love for each other?

Did you feel that your mother understood you?

Describe how you and your mother communicated?

How did she discipline you?

Was her discipline fair or unfair?

Did she discipline out of love or out of anger?

Did she have favorites in the family? Who were they?

How did that make you feel?

How did her words make you feel?

How did your mother show her love and respect for your father?

Was she faithful in his promises?

Was she faithful to your father?

What was the most pleasant experience you had with your mother?

What was the most unpleasant experience you had with your mother?

List any painful memories that you have about your mother?

Was she addicted to any drugs or alcohol? If so, what are your feelings about that?

How did you feel that you had to earn your mother's acceptance and approval?

Did your mother keep free of bitterness and resentment?

Did your mother ever physically abuse you?

Was your mother sexually pure toward you?

Were you able to be open and honest with your mother and talk freely with her?

Do you feel that she understood you?

Did your mother worry?

Did she seek to control or manipulate anyone in the family? How?

What is/was your mother's goal in life?

In what ways are you like your mother?

In what ways are you different from your mother?

How did you feel about your mother as a child through age 10?

From age 11-18?

From 18-30?

At the present time?

Do you hate or resent her for anything?

Have you forgiven her of all her faults and failures?

Do you blame her for the way you are?

Marital Informaiton:

Name of spouse _____ Age: _____ Religion _____

Occupation _____ Business phone: _____

Is your spouse willing to come for counseling? Yes _____ NO _____ Maybe _____

Have either of you ever filed for divorce? Yes _____ NO _____ If yes, when _____

Date of this marriage _____ Ages when Married: You _____ Spouse _____

How long have you been married? _____ How long did you date before getting married? _____

How many times have you been married? _____

Did the marriage/s end by divorce or death? _____

How many times has your spouse been married? _____

Did the marriage/s end by divorce or death? _____

What part do you think you contributed to the end of your marriage/s? _____

What part do you think you spouse contributed to the end of your marriage/s? _____

Do you feel you have resolved your issues from your past relationships? _____

Do you feel like you have brought unresolved issues from your past into this marriage? _____

Areas of your marriage you feel need improvement?

Financial Sexual Spiritual Husband's leadership Wife's role Parenting Other

What did you like about the marriage the first few years?

Presently what do you like about the marriage?

What did you dislike about the marriage the first few years?

Presently what do you dislike about the marriage?

What did your spouse like about the marriage the first few years?

Presently what do they like about the marriage?

What did your spouse dislike about the marriage the first few years?

In what areas are you most compatible?

In what areas is there incompatibility?

I _____ (print name), have completed the intake form, and have submitted to counsel of my own free will. I recognize that the counselor of The Wounded Heart Ministry, Inc. is a Christian Counselor and may approach me with Christian concepts and prayer. I will not hold “The Wounded Heart Ministry, Inc.” nor its staff responsible for the outcome of therapy.

Signature: _____ Date: _____

If the client is 17 years or under, the signature of his/her guardian or custodial parent is required.

Signature: _____ Date: _____