

Health & Illness Information

Counseling Center at Charlotte — 3900-B Park Road, Charlotte, NC 28209 | (704) 527-7907

Please complete carefully and completely.

Current Health Information

Present illnesses, symptoms, or allergies:

Major surgeries, medical crises, or significant losses (with dates):

Date of last medical check-up: _____ Reason: _____

Are you currently taking medication? ☐ Yes ☐ No

If yes, please list medications and purpose: _____

Have you ever received therapy or treatment for personal, marital, or emotional concerns?

☐ Yes ☐ No

If yes, please describe: _____

Professional(s) involved in your care (doctor, therapist, or pastor):

Address: _____

Activities or practices you do for relaxation and self-care:

Family Information

Spouse/Partner: _____ Age: _____ Living with you? ☐ Yes ☐ No

Name	Gender	Age	Living with you?
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☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Previous marriage(s)? ☐ Yes ☐ No Dates: _____

My current marriage is: ☐ Very Happy ☐ Happy ☐ Average ☐ Unhappy ☐ Very Unhappy

Siblings (names and ages):

Are parents still living? Mother ☐ Yes ☐ No Father ☐ Yes ☐ No

If deceased, when? Mother _____ Father _____

How would you describe your parents' marriage? ☐ Very Happy ☐ Happy ☐ Average ☐ Unhappy ☐ Very Unhappy

Faith & Background

Religious or spiritual preference: _____

Religious background of family: _____

Personal Reflection

What brings you to counseling at this time?

Who is aware of your concern(s)? _____

What would you like to accomplish in therapy?

My greatest fear is: _____

My greatest hope is: _____

Rate your general satisfaction with life:

Overall life: ☐ Very Happy ☐ Happy ☐ Average ☐ Unhappy ☐ Very Unhappy

As a child: ☐ Very Happy ☐ Happy ☐ Average ☐ Unhappy ☐ Very Unhappy

As a teenager: ☐ Very Happy ☐ Happy ☐ Average ☐ Unhappy ☐ Very Unhappy

In the past six months: ☐ Very Happy ☐ Happy ☐ Average ☐ Unhappy ☐ Very Unhappy