



Abiding Hope Christian Counseling, LTD.
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PLEASE PRINT

| | |
|--------------------------------|------------------------------|
| TODAY'S DATE: _____ | HOME PHONE: _____ |
| NAME: _____ | CELL: _____ |
| ADDRESS: _____ | D.O.B.: _____ |
| CITY, STATE, ZIP: _____ | STATUS: S M D W |
| E-Mail address: _____ | |
| INSURED'S NAME: _____ | INSURED'S DOB : _____ |
| INSURANCE COMPANY _____ | |
| INS. I D # _____ | INS. GROUP # _____ |
| REFERRED BY: _____ | |

Are you comfortable with the therapist praying at the end of each session? _____

Briefly list the reason for your visit? _____

Current occupation? _____

How would you describe your present health? (Excellent, good, fair, poor)

- A. Physical _____
- B. Emotional _____
- C. Spiritual _____

Are you currently sexually active? _____

Marriage: Currently married/divorced/single

Spouse: _____ Age: _____

Occupation: _____ Year married: _____

Children (list ages): _____

Describe marriage _____

Any previous marriages by you or your spouse? _____

Any financial problems at present? _____

Legal problems? _____

Ever arrested? _____

Military service? _____

Do you have any hobbies or interests? _____

Who are your friends now? _____

Circle any of the following that apply to you:

- | | | | |
|-------------------------|----------------------------|----------------------------|--------------------|
| Headaches | Dizziness | Fainting spells | Palpitations |
| Stomach trouble | | Weight loss/gain | Bowel troubles |
| Excessive sweating | Poor/no/excessive appetite | Fitful sleep | Nightmares |
| Early morning awakening | Hate to get up | | Financial problems |
| | | Bad home/living conditions | |

| | | | |
|---------------------------------|---|--|---|
| Disbelief in God | Changed value system | Not living up to religious obligations | Quick to anger |
| Crisis of faith/identity | Conflict with authority | Spiritual problems | Fear of dying/losing mind/having cancer |
| Change mind often | Uncontrollable outbursts | Frequent job changes | Find praying meaningless |
| Unpredictable moods | Very selfish | Unstable | Hard to deny self |
| Indecisive | Feel helpless | | Impulsive behavior |
| Compulsion to do certain things | Hard/unable to make friends | Thoughts of death/suicide Hopeless | Obsessive thoughts |
| Guilty | Depressed | Worthless | Ashamed |
| Afraid of people | | Eager to please | Shy |
| Sexual problems | Fear of hurting one's feelings Unloved | Scrupulous | Feel inferior |
| Unable to have good time | Fussy | | Inadequate |
| Worried | Don't like weekends/vacations | Don't care about anything Can't sit still | Perfectionist |
| Feel tense | Unable to relax | Lonely | Panicky |
| Tremors | Alcoholic | Smoke pot | Fearful |
| Overly suspicious | Personality change | Driven | Drink more than socially |
| Forgetful | Disoriented | Anxious | Strange sensations |
| Confused | Use drugs | Hard to concentrate | Blackouts |
| Take sleeping pills | Tired | Exhausted | Memory loss |

Other symptoms not mentioned above:

Are you presently taking medication? _____ If so, what? _____

Have you ever been under the care of a psychiatrist or therapist?

Yes____No____ If yes, with whom and what was the nature of the treatment?

Are you currently under the care of a psychiatrist or therapist?

Yes____No____ If yes, with whom and what is the nature of the treatment?

Have you received any psychological testing?_____ Do
you use alcohol or other drugs on a regular basis and if so, how
often?_____

Brief MAST



- 1. Do you feel you are a normal drinker? Yes____No____
- 2. Do friends or relatives think you are a normal drinker? Yes____No____
- 3. Have you ever attended a meeting of Alcoholics Anonymous (AA)? Yes____No____
- 4. Have you ever lost friends or girlfriends/boyfriends because of drinking? Yes____No____
- 5. Have you ever gotten into trouble because of drinking? Yes____No____
- 6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because of drinking? Yes____No____
- 7. Have you ever had delirium tremors (DT's), severe shaking, heard voices or seen things that weren't there after heavy drinking? Yes____No____
- 8. Have you ever gone to anyone for help about your drinking? Yes____No____
- 9. Have you ever been in a hospital because of drinking? Yes____No____
- 10. Have you ever been arrested for drunk driving or driving after drinking? Yes____No____

Childhood:

Names of parents & siblings_____

Are they living?_____

Is there any family history of mental or emotional illness?_____

Briefly describe what it was like growing up in your home_____

Describe discipline used in your home/who enforced it? _____

Was mother's pregnancy (with you) & delivery normal? Any complications? Were all developmental milestones (walking, talking, toilet training) met at normal times? Normal childhood diseases? _____

Any hospitalizations, trauma (including sexual or physical abuse) while growing up? _____

Any outstanding memories (positive or negative) regarding elementary, middle, or high school? _____

Highest grade completed _____
Any learning disabilities? _____

What are your ambitions/goals?

What do you consider your greatest assets/strengths/talents/capabilities?

What do you consider your weaknesses? _____

How is most of your free time occupied? _____

Does your present way of life and work satisfy you? _____

In what way of life/work do you think you would be happiest? _____

What is the role of religion/spirituality/church in your life, both past and present?

Denomination? _____

Anything else that I should know? _____
