

# Lake Murray Counseling & Coaching

7511 St. Andrews Road, Suite 1 Irmo, SC 29063

803-781-1003 ext. 1

## INFORMATION SHEET

All information below will be kept in strict confidence between you and Steve Arneson. This paperwork will be kept in a locked cabinet. No information gathered will be shared with anyone unless you authorize such sharing. If you feel it necessary not to complete any questions you may discuss this when you begin.

Name (s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Marital Status: Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Years at this job \_\_\_\_\_

### **Health Information:**

Rate your health: Very good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_ Poor \_\_\_

Physician \_\_\_\_\_

Date and results of last physical exam \_\_\_\_\_

List any significant present or past illnesses, injuries, or handicaps \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all current and past medications taken

Medication: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Have

you ever used drugs for other than medical purposes? Yes \_\_\_ No \_\_\_

If Yes, What? \_\_\_\_\_

Do you drink alcoholic beverages? Yes \_\_\_ No \_\_\_

If Yes, how much and how often? \_\_\_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_ How much? \_\_\_\_\_

How many caffeine drinks do you consume daily? \_\_\_\_\_ Have you ever been to a

counselor or coach before? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

If yes, what seemed to work? \_\_\_\_\_

\_\_\_\_\_

If yes, what did not work? \_\_\_\_\_

Have you ever been hospitalized for psychological problems? Yes \_\_\_ No \_\_\_

Have you ever attempted suicide? Yes \_\_\_ No \_\_\_

Has a relative or close friend ever attempted or committed suicide? Yes \_\_\_ No \_\_\_

**Religious and Spiritual Information:**

Denominational Preference \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_

Attend services: Regularly \_\_\_ Occasionally \_\_\_ Never \_\_\_

Please list any religious/spiritual questions or problems that might be a concern of yours: \_\_\_\_\_

**Marital Information (if applicable):**

Spouse's name \_\_\_\_\_ Age \_\_\_

Spouse's occupation \_\_\_\_\_

Date of marriage \_\_\_\_\_ How long did you know each other before marriage? \_\_\_\_\_

Length of engagement \_\_\_\_\_ Ages when married: You \_\_\_ Spouse \_\_\_\_\_

List any prior separations from your spouse with date and reason:

List any previous marriages: \_\_\_\_\_

Information about children from **present or previous** marriages/relationships:

Name	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Focus Areas: What is the main issue for your desiring help currently?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Circle each item that is of concern to you.**

- |                             |                      |                               |
|-----------------------------|----------------------|-------------------------------|
| Anxiety                     | Trust                | Communication                 |
| Depressed/Sad Mood          | Stress               | Guilt                         |
| Grief / Loss issues         | Self Esteem/Identity | Obsession with food/weight    |
| Suicidal thoughts           | Anger problems       | Rely too much on others       |
| Conflicts                   | Sexual concerns      | Fighting/Arguing with others  |
| Can't make decisions        | Fear in general      | Shy / Introvert               |
| Headaches / Migraines       | Easily agitated      | Bitterness / Resentful        |
| Lack of confidence          | Out of Control       | Forgiveness issues            |
| Loneliness                  | Pounding of Heart    | Risky Behavior                |
| Suspicious of others        | Alcohol problems     | Drug problems                 |
| Loss of interest in life    | Difficulty w/parents | Sleep concerns                |
| Peer issues                 | Panic attacks        | Marital issues                |
| Divorce / Separation        | Nightmares / Dreams  | Parenting issues              |
| Financial Problems          | Troubling memories   | Desire to hurt self or others |
| Gambling                    | Tiredness / Fatigue  | Excess Energy                 |
| Religious/Spiritual concern | Hopelessness         | Past / Present abuse          |
| Mind racing thoughts        | Obsession thoughts   | Compulsive behavior           |
| Addiction _____             | Worries              | Difficulty concentrating      |
| Other _____                 | Other _____          | Other _____                   |

I have read the information sheet above and have completed the data to the best of my knowledge and ability.

Signed \_\_\_\_\_ Date \_\_\_\_\_