

Gary R. Mauldin, Ph.D.
Licensed Marriage & Family Therapist
P.O. Box 30215, Knoxville, Tennessee 37930 (865) 805-9781
email: mauldin2@comcast.net

Confidential Personal Data Form

Date _____

Name _____ Age _____ Date of birth _____

Address _____ City/State _____

Spouse's name _____ Age _____ Date of birth _____

Home phone _____ Work phone _____

Cell phone _____ Best place to call _____

Place of employment _____ How long? _____

Job description or title _____

Spouse's place of employment _____ How long ? _____

Spouses job description or title _____

Employment history

Education _____ Years _____

Job 1 _____ Years _____

Reason for job change _____

Job 2 _____ Years _____

Reason for job change _____

Job 3 _____ Years _____

Reason for job change _____

Have you ever consulted any counselors (school, work, psychologist, psychiatrists) about problems in your life? Yes _____ No _____ If yes: Who did you see?
_____ When did you last see them? _____

For what reasons did you see them? _____

How long did you see them? _____ What was helpful, if anything, about this experience in counseling? _____

Name of personal physician _____ Phone _____

Please list all medications that you are currently taking:

Medication _____ Reason _____

Medication _____ Reason _____

Medication _____ Reason _____

Present marital status:

Single _____ Engaged _____ Cohabiting _____

Married _____ Separated _____ Divorced _____

Widowed _____

If you are presently married, please give the date of your marriage _____

If you have been previously married, please give the following dates and information:

First marriage from _____ to _____ this marriage ended due to these reasons:

Second marriage from _____ to _____ this marriage ended due to these reasons:

Third marriage from _____ to _____ this marriage ended due to these reasons:

If your present spouse has previous marriages please list the dates and information:

First marriage from _____ to _____ this marriage ended due to these reasons:

Second marriage from _____ to _____ this marriage ended due to these reasons:

Third marriage from _____ to _____ this marriage ended due to these reasons:

Please list those in your family who use alcohol now or have used it in the past. Please write a number in the space beside each person to indicate the level of usage by each person. Use the following scale:

No use = 0 Light or infrequent use = 1-3 Moderate use = 4-6 Heavy Use = 7-10

Self _____ Spouse _____ Father _____ Mother _____ Children _____

Please list those in your family who use illegal or Illegally obtained drugs now or have used it in the past. Please write a number in the space beside each person to indicate the level of usage by each person. Use the following scale:

No use = 0 Light or infrequent use = 1-3 Moderate use = 4-6 Heavy Use = 7-10

Self _____ Spouse _____ Father _____ Mother _____ Children _____

Please indicate the drug or drugs _____

Religious Preference: _____ Spouses _____

Do you attend regularly? _____ Does your spouse attend regularly? _____

Where do you attend Church _____

Please answer concerning children:

Biological or adopted children:

Name	Sex	Age	Birth date	Grade	Emotional adjustment rating scale: Scale 0-10 (0 = bad, 10 = good)
------	-----	-----	------------	-------	---

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Step children or grandchildren living full time in your home:

Name	Sex	Age	Birth date	Grade	Emotional adjustment rating scale: Scale 0-10 (0 = bad, 10 = good)
------	-----	-----	------------	-------	---

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who is currently living in your home? _____

Issues of current concern (check all that apply)

_____ Marital problems	_____ Personal or individual concerns
_____ Family problems	_____ Spiritual concerns
_____ Parent/child problems	_____ Specify name of child w/problem
_____ Child/school problems	_____ Specify name of child w/problem

_____ Spiritual/religious issue

_____ Other (please describe) _____

How did you learn about the Pastoral Counseling Center _____

Are you being REQUIRED to attend counseling by your employer? _____

Please specify the name of the referring person or agency _____

Please briefly summarize the concern(s) which bring(s) you for counseling right now:

What would be your goals for counseling?: _____
