

Christian *Life Ministries*

Date _____

Parent(s) _____

Name _____ Female Male

Address _____ Phone _____

City _____ State _____ Zip _____

How long have you lived here? _____ year(s) Age _____ Birth Date _____

Grade _____ School Name _____

Teacher _____ School Counselor _____

Family Information:

I live with my: Birth Father Step-father Birth Mother Step-mother

Other: _____

Number of: Brothers _____ Age(s) _____ Half/Step-brothers _____ Age(s) _____

Sisters _____ Age(s) _____ Half/Step-sisters _____ Age(s) _____

Have you ever lived in another place? No Yes If yes – where? _____

Medical Information:

Doctor's Name _____ Last seen? _____

List any medical conditions or problems: _____

List any medication that you take: _____

Have you ever been to a counselor? No Yes When did you see them? _____

Why did you see the counselor? _____

Are you seeing another counselor now? No Yes - Who? _____

What is the **best** thing that ever happened to you? _____

What is the **worst** thing that every happened to you? _____

Do you dream? No Yes

Do you have nightmares? No Yes

If yes, please explain: _____

Who is the person who understands you best? _____

Circle the words below that best describe how you usually feel:

HAPPY HURT SAD MAD AFRAID Other: _____

When do you usually feel this way? _____

What do you usually do when you feel this way? _____

How do you feel about your school grades? _____

How do your parents feel about your school grades? _____

Do you think you are a problem at school? No Yes If yes, why? _____

Do you think that you are a problem at home? No Yes If yes, why? _____

If you could change 2 things at home, what would they be? _____

What do you do to help around the house? _____

How do you feel about the rules at home? _____

Do you think that they are clear? Yes Sometimes No

If no, what do you think would help? _____

How are you disciplined at home? _____

Do you think it is fair? Yes No If no, how do you wish it were different? _____

Who do you have the most trouble with at home? _____

Do you get your feelings hurt easily? No Yes If yes, when and how? _____

Do you lose your temper easily? No Yes If yes – when? _____

Do you have a really close friend? No Yes Do you wish you had more friends? No Yes
What do you like to do with your friends? _____

What kind of things does your family do together? _____

What kind of things do you wish your family did together? _____

If you could change one thing about yourself, what would it be? _____

Are you a member of a church? No Yes Where? _____

How often do you go to church? Weekly Monthly Seldom Never

Do you know Jesus Christ personally? No Unsure Yes If yes, how did you become a
Christian? _____

How has knowing God made a difference in your life? _____

What helps you grow closer to God? (Examples: prayer, Sunday school, Bible reading, etc.)

Give one reason you think you are here at Christian Life Ministries? _____

Why do you think your parents want you here? _____

How can we help? _____

