

**Graceview Counseling Center**  
25510 Tomball Parkway  
Tomball, Texas 77375  
713-306-7061  
www.graceviewcc.com  
[graceviewcounselingcenter@gmail.com](mailto:graceviewcounselingcenter@gmail.com)

Graceview Counseling Center is honored by your decision to seek assistance from this counseling ministry. This program strives to glorify Jesus Christ and to produce sound minds and Christian behavior. The counseling provided is guided by principles which are scripturally based and psychologically sound.

Your response to this form will serve as a brief and helpful introduction. All submitted information is confidential. If an item does not relate to you, write "n/a" meaning not applicable.

**Date:** \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home and/or Cell Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name/Relationship/Phone Number: \_\_\_\_\_  
Preferred Method of Time and Means of Contact: \_\_\_\_\_

Please check the spaces to indicate which forms of communication may be used to contact you:  Email  Voicemail  Text

Gender: \_\_\_\_\_ Race:  American Indian or Alaskan Native  Asian or Pacific Islander  Black  White  
Preferred Language: \_\_\_\_\_ Ethnicity:  Hispanic origin  Not of Hispanic origin

Briefly describe the reason for your visit today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Information:**

Marital Status: Never married  Married  Separated  Divorced  Other \_\_\_\_\_

How long have you been in your current marriage? \_\_\_\_\_

Previous Marriages: Self: \_\_\_\_\_ time(s) Date(s): \_\_\_\_\_

Spouse: \_\_\_\_\_ time(s) Date(s): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Children:*

(Self):

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Adopted Biological Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Adopted Biological Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Adopted Biological Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Adopted Biological Foster

(Spouse):

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Adopted Biological Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Adopted Biological Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Adopted Biological Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Adopted Biological Foster

I presently live with: \_\_\_\_\_ . How would you describe your current living situation?

\_\_\_\_\_  
\_\_\_\_\_

Significant Life Events: (e.g. Wedding anniversary, marital status, death.)

---

---

**Education and Employment:**

Highest Education Completed: Self: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Employer (Self): \_\_\_\_\_ Position: \_\_\_\_\_ Length: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_  
Employer (Spouse): \_\_\_\_\_ Position: \_\_\_\_\_ Length: \_\_\_\_\_  
How would you describe your current work situation?

---

---

How would you describe your spouse's current work situation?

---

---

**Medical Information:**

Do you have any medical problems? Yes No If yes, please describe:

---

Treating Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_

List any current medication, dosage, and reason for taking (including vitamins/herbs/over the counter medication):

---

---

Have you ever been prescribed medication for a psychiatric diagnosis? Yes No

If yes, list medication (even if you are no longer taking it)

---

---

Have you received counseling previously? Yes No If yes, when, where, and for what reason:

---

---

Are you currently under the care of a mental health professional (i.e. Psychiatrist, Psychologist, or Counselor)?

Yes No

If yes, please describe:

---

Do you or your family have any history of depression or other similar problems (i.e. anxiety, manic depression, schizophrenia)?

Yes No

If yes, please describe:

---

Do you or your family have any history of drug/alcohol abuse?

Yes No

If yes, please describe:

---

Is there any history of sexual, emotional or physical abuse towards you?

Yes No

If yes, please describe:

---

---

**Church Information:**

*Church Membership:*

Self: Member GBC Visiting GBC Other church, Where? \_\_\_\_\_ Since: \_\_\_\_\_

Spouse: GBC member Visiting GBC Other church, Where? \_\_\_\_\_ Since: \_\_\_\_\_

*Church Involvement:*

Self: Frequent Seldom None

Spouse: Frequent Seldom None

How would you describe your current relationship with God?

---

---

How would you describe your spouse's current relationship with God?

---

---

**Please complete the following sentences:**

Today I feel:

---

Fun for me:

---

Growing up with my family:

---

If I could change one thing:

---

Six months from now:

---

God is:

---

What I hope to gain from counseling:

---