5510 TR 419
Sugarcreek, OH 44681
330-893-3857

office@freedomhillsministries.com

Confidential Application for Prospective Counselee

Date: ____________________

Name: ____________________________________ Age: ______ Birth Date: ______/______/______ Sex: ____

Address: ____

City: _______________________________________ State: _________________ Zip: ___________________

Home Phone: _______________________________ Cell Phone: __________________________________

Occupation: ____ Retired? _____ Student? _____

In emergency, notify: Name: ____ Phone: ___________________

Referred by: ____

Marital Status: Married ____ Never Married ____ Engaged ____ Separated ____ Divorced ____ Widowed ____

Name of Spouse (if applicable): ____

Please list the names and ages of all family members. (Including those deceased and year of death)

Name Age Comments

Mother: ____

Father: ____

Brothers/Sisters: ____

____

____

Your Children: ____

____

____

Questionnaire for an Individual Seeking Help in Understanding Life

*Mark any that describe areas of your life

1. Traumatic Experience

_____ in childhood _____ as a teenager _____ in adulthood

Of what kind?

____ sudden death of loved one
____ adoption
____ shock due to accident
____ physical attack / abuse
____ psychological abuse
____ verbal abuse
____ miscarriage
____ abortion
____ divorce
____ sexual abuse
____ other (please specify) ____

2. Emotional Struggles, Conflicts and Conditions

____ in family relationships
____ in relationships with other people
____ with myself

____ self-pity
____ pride
____ thoughts of suicide
____ anxiety
____ depression
____ rebellion
____ feeling ignored
____ irrational fears / panic / phobias
____ violent thoughts
____ self-punishment (mental ___ physical ___)
____ envy
____ jealousy
____ doubt
____ guilt
____ criticism
____ bitterness
____ memory loss
____ irrational anger / rage
____ lying habitually
____ irrational guilt / self-condemnation
____ habit / condition (please specify) ____

3. Destructive Behavior

____ desire to do right (inability to carry it out)
____ compulsive sexual sins
____ irrational laughter
____ lust
____ stealing
____ temper
____ gossip
____ sudden personality and attitude changes
____ lying compulsively
____ irrational crying
____ drinking
____ drugs
____ constant criticism
____ blasphemy
____ sudden speaking of a language not previously known
____ strong aversion toward Scripture reading and prayer
____ eating compulsively, bulimia, anorexia nervosa or gluttony
____ irrational violence (compulsion to hurt self and/or someone else)
____ reactions to the name and blood of Jesus Christ

4. Immoral Conditions

____ homosexuality
____ lesbianism
____ bisexuality
____ bestiality
____ adultery
____ premarital sex
____ incest
____ indecent exposure
____ pornography
____ other (please specify) ____________________

5. Occult Activity (Past or Present)

____ Hypnotism
____ Imaginary Playmates
____ Horoscopes
____ Witchcraft
____ Tarot Cards
____ Mormonism
____ Satanism
____ Seances
____ Buddhism
____ Eastern Religions
____ Christian Scientist
____ Jehovah's Witness
____ Spirit Guides
____ Spiritualism
____ Fortune Telling
____ Palm Reading
____ Ouija Boards
____ Dungeons & Dragons
____ Pacts with Satan
____ Astrology
____ New Age Medicine
____ Masonic Lodge
____ Hare Krishna
____ Other (please specify) ________________

Do you ever experience any of the following symptoms?

____ Frequent or recurrent illness
____ Sleeplessness
____ Fear
____ Seizures
____ Supernatural power
____ Extraordinary abilities
____ Addictions
____ Depression
____ Hearing voices
____ Mood swings
____ Nightmares
____ Lack of control of words / actions

6. Condemnation - Guilt

____ Past sins
____ Divorce / remarriage
____ Fear of committing the unpardonable sin
____ Abortion
____ Other (please specify) ____

7. Drugs (Past or Present)

____ Alcohol
____ Methamphetamine
____ Marijuana
____ Hashish
____ LSD
____ Cocaine
____ Heroin
____ Nethadone
____ THC
____ Methedrine
____ Glue sniffing
____ Other (please specify) ____________________________
____ PCP
____ Pain killers
____ Morphine

8. Negative Thoughts

____ Constant confusion in thinking
____ Extremely low self-image
____ Horrible nightmares causing fear
____ Violent thoughts (suicide, self-abuse)
____ Inability to believe (even when the person wants to)
____ Mocking and blasphemous thoughts toward preaching / teaching of the Word of God
____ Perceptual distortions (perceiving anger, hostility from others when it does not really exist)

9. Medical Conditions

____ Seizures
____ Pain (without justifiable explanation)
____ Blackouts or fainting spells
____ High blood pressure
____ Heart problems or heart disease (explain) ____
____ Sudden interference with bodily functions, (temporary) buzzing in ears, inability to speak or hear, increased hypersensitivity in hearing or touch, sudden chills or overheating of the body, dryness in mouth, numbness in arms or legs
____ Allergies to any foods, dust or medication (explain) ____
____ Ever had a sexually transmitted disease
____ Are you currently using any medications? Please list them and what they are for:

____

____

Briefly Answer the Following Questions

1. If you are a Christian, please describe your salvation or new birth experience:

2. Are you involved in a church? __________ If so, please give the name and denomination of your church:

____

Pastor: ____________________________ Pastor's Phone Number: ________________________________

May we contact your Pastor? _____ *We will not disclose personal information to your Pastor without your permission. We simply want to work with your leadership, not against them.

3. Have you had previous counseling for emotional, mental, relational or spiritual problems? ______
If so, please explain:

4. Describe your relationship with your father:

5. Describe your relationship with your mother:

6. Describe your relationship with your spouse:

7. Why do you feel the need for counseling?

Statement of Responsibility for Liability

I understand that at times Freedom Hills trains counseling interns and during our week of counseling there is a possibility of interns observing our session from another room. I willingly agree to have a prayer partner/intern, who is being trained, observe my session. I am aware that interns are required to go through a screening and application process as well as sign a statement of confidentiality.

I understand that Freedom Hills will not be held responsible for any personal property left, lost or stolen from the premises during my stay at Freedom Hills. I also understand Freedom Hills will not be held responsible for any injury occurring to anyone while in the Freedom Hills program.

I understand that the staff of Freedom Hills and those associated with them are not professional or licensed counselors, therapists, psychiatrists, medical or psychological practitioners, or if they are licensed in one of these areas, they are not practicing within this area. I understand that the persons counseling me are "pastoral counselors" in the Christian faith, who are helping me assume my responsibilities in finding freedom in Christ.

I also understand that my pastoral counselor may need to intervene if he or she suspects that a child (under the age of 18) is currently endangered by abuse or if there is suspected dependent adult abuse or if I am a danger to myself or others.

I also understand that I am free to discontinue this pastoral counseling at any time and am at the facility voluntarily.

I release from liability the board of trustees and staff of Freedom Hills Ministries from any choice I make, or arising from the counseling services or guidance I receive.

Signed: ____ Date: ______________________________