



Thank you for inquiring about our Prayer Counseling Ministry.

Please fill out the enclosed Life History Questionnaire as thoroughly as you can. By completing the information asked for, it helps us in preparing for your 15-minute intake appointment. During the intake appointment, you will be assigned to a counselor and your first appointment time will be scheduled.

To begin the Prayer Ministry process:

- Complete the Life History Questionnaire
- Return the completed form to the Prayer Counseling Center
Cedar Valley Church
Attention: Prayer Counseling Center
8600 Bloomington Avenue
Bloomington MN 55425
- Call 952.883.1509 to schedule an Intake Appointment

We cannot make intake appointments until we have physically received your life history questionnaire. Intake appointments are held once a month. If you do not make an intake appointment within 6 months, this life history questionnaire will be destroyed.

We look forward to meeting you.

Love in Christ
Lorelei Weidman

Lorelei Weidman – Prayer Counseling Pastor

Education

Last Grade Completed _____ Year _____

Dates & types of any degrees/licenses earned

Current Occupation _____

How long employed at present job? _____

Does your present job satisfy you? Why or why not?

What type of employment did you have before & why did you leave?

Military

Did you serve in the military? When? Where?

Experiences:

Crisis:

Life Issues

What are your future goals, hopes, and dreams?

How do you spend your free time?

What kind of fun is included in your life? Describe.

With whom are you living (names, relationships to you, ages, occupations)?

Are you responsible to care for aging parents? Please give brief details.

Spiritual Background

Describe your spiritual background, if any.

Have you ever been involved in a cult? Yes No

Have you ever been involved in occult activities? (Please circle from the following):

Tarot cards Ouija Board Horoscopes Séances Hypnosis

Fortune Telling Palm Reading Dungeons and Dragons Astrology

Health

Have you received previous counseling? Was it helpful?
Please explain.

How strongly do you want help for this problem?
Very much Much Moderately Not much

Circle any of the following that apply to you:

Constant headaches Fatigue Insomnia Nightmares Panic attacks
Stomach or bowel disturbances No appetite Sexual difficulty Anxieties
Unable to relax Depression Suicidal tendencies Lonely Extremely shy
Feeling inferior or rejected Financial difficulties

Date of last physical: _____

Are drugs, sedatives (prescription or other), or alcohol used in dealing with your problems?
Describe.

Have you had any operations in the past 10 years?

Do they impact your current problem? Describe.

When was the last time you felt well, both physically and emotionally, for a fair amount of time?
Describe.

Current Marriage / Sexual Partner (*circle one*)

Name of current Spouse/Partner

How long have you known one another?

Length of engagement? Years married?

Describe traits you like about the person named above.

Describe what you dislike about him/her.

Anything you wish he/she would do less often?

How do you get along with your in-laws (parents/brothers/sisters within your spouse's family)?

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc?

Prior Marriage/Sexual Partner (*circle one*)

(list most recent here, and any others on separate sheet)

Name of Prior Spouse/Partner

How long did you know one another prior to marriage?

Length of engagement?

Years married?

Age at time of marriage?

Describe traits you liked about the person named above. Disliked.

How did you get along with your in-laws (parents/brothers/sisters of spouse)?

Did anyone (parents, relatives, friends) ever interfere in this marriage?

What was the primary reason why your marriage/relationship broke up?

Children

List your children by name & age (all those living with you or elsewhere, including stepchildren, foster, adopted, and children lost through miscarriages, abortions, death)

Which child is most like you & why?

Which child is most different from you & why?

Which child is your favorite & why?

Do you have difficulty with any child?

How do your children relate to your spouse/partner?

What goals do you have for your children?

Your Father

Background on your *father*— the primary man who cared for you during childhood (use separate sheet for pertinent information on any other men who greatly influenced your childhood).

Father's Name

Current Age

Occupation

Health (Circle One): Good Average Poor

Father's Marital Status: Married Single Separated Divorced

If divorced, how old were you?

Your reaction to the divorce?

If deceased, age at death & cause?

Describe your reaction to his death.

Your age at the time of his death?

Describe the kind of person your father was when you were young.

What did you like about Dad?

Dislike about Dad?

His goals/dreams for you & your siblings?

His relationship to the children in the family?

His relationship with your mother?

His favorite child? Why?

Which child was most like Dad & why?

Child most different from Dad & why?

Your Mother

Background on your *mother*—the primary woman who cared for you during childhood (use separate sheet for pertinent information on any other women who greatly influenced your childhood).

Mother's Name

Current Age

Occupation

Health (Circle One): Good Average Poor

Marital Status: Married Single Separated Divorced

If divorced, how old were you?

Your reaction to the divorce?

If deceased, age at death & cause?

Describe your reaction to her death.

Your age at the time of her death?

Describe the kind of person your mother was when you were young.

Describe her relationship with your father.

What did you like about Mom?

Dislike about Mom?

Her goals/dreams for you & your siblings?

Her relationship to the children in the family?

Her relationship with your father?

Her favorite child? Why?

Which child was most like Mom & why?

Child most different from Mom & why?

Your Siblings

Background on your *siblings* (brothers & sisters) - list by name & age.
(All those who lived with you or elsewhere, adopted, step, miscarried, deceased)

Describe your relationship with your siblings (past).

Describe your relationship with your siblings (present).

Which brother/sister was most like you & why?

Which brother/sister was most different from you & why?

Who played together?

Childhood Background (*Complete to the best of your knowledge*)

Describe your mom's emotional & physical condition during her pregnancy with you.

How did Mom react to the news that you were going to be born?

How did Dad react to the news that you were going to be born?

Describe the atmosphere in your home when you were a child.
(Examples: tense, peaceful, laughter, fighting)

Was your home affected by alcoholism, drug addiction, mental disorder, etc?

What were important values in your family?

Were you able to confide in your parents?

Describe how your parents disciplined you.

Was your childhood happy or unhappy?

Describe any childhood fears or conditions (i.e. bed-wetting, thumb sucking)

Sexual Background

What was your parents' attitude toward sexuality? (Was there any discussion/instruction in the home?)

Have you ever experienced any trauma or anxieties arising out of sexual experience with the opposite sex? Please explain.

Have you ever experienced any trauma or anxieties arising out of sexual experience with the same sex? Please explain.

First knowledge of:

Sex -

Sexual Identity -

Sexual Abuse -

Pornography -