TURNINGPOINT
CHRISTIAN COUNSELING & WELLNESS CENTER

GENERAL INFORMATION FORM

Full Name:		Age:	
Spouse:		Age:	
Children (son or daughter – Circle One):		Age:	
Children (son or daughter – Circle One):		Age:	
Children (son or daughter – Circle One):		Age	
Address:		Email:	
Phone:			
Employment:		Phone:	
Church Membership:			
Years Member:		Pastor's Name	
Born again?	How long?	Spirit filled?	How long?
Briefly give your testimony if you've been born again:			
Are you a tithing member?		To where?	
Previously Counseled?	When?	Where?	

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Nature of the problem:		
Current Medications Taken:	Describe:	
Presently under medical treatment?	Type of ailment:	
Have you ever been sexually abused?		
Have you ever had thoughts of suicide?	When?	
Reason for Seeking Counsel:		
Are you sleeping well?	Are you getting exercise?	
Are you praying?	Reading your Bible?	Attending a church?