

# Renewing Life Center

All of the information received through this questionnaire is confidential.

Please print:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Circle preferred contact phone: (Home) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Is it okay to leave messages on your home telephone message device?	Yes	No
If you would prefer a text for appointment reminder, please text the number 622622, type RLC, and press send.		

## Marriage information:

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed  
Spouse's name \_\_\_\_\_ Date of marriage: \_\_\_\_\_  
Have you ever been separated? \_\_\_\_\_ How long? \_\_\_\_\_  
Have either of you ever filed for divorce? \_\_\_\_\_ When? \_\_\_\_\_  
Number of children \_\_\_\_\_ Their ages: \_\_\_\_\_

## Previous Marriages:

1. Year married: \_\_\_\_\_ How long: \_\_\_\_\_ Divorced ( ) Widowed ( )  
2. Year married: \_\_\_\_\_ How long: \_\_\_\_\_ Divorced ( ) Widowed ( )  
3. Year married: \_\_\_\_\_ How long: \_\_\_\_\_ Divorced ( ) Widowed ( )

## Personal Information:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
How long at present job: \_\_\_\_\_ Annual household income: \_\_\_\_\_  
Education: \_\_\_\_\_

Faith background:  Christian  None  Other \_\_\_\_\_

- Name of Church: \_\_\_\_\_
- Name of Pastor: \_\_\_\_\_

## Insurance Information (RLC only accepts BlueCross BlueShield, Teachers Health Trust and Tricare)

Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

Insured Party \_\_\_\_\_ Employer: \_\_\_\_\_

ID/SS # \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_

*The above information is complete and correct. I authorize treatment of the above named client. I hereby authorize release of information necessary to file a claim with my insurance company and I assign benefits otherwise payable to me to the provider group indicated on the claim. All professional services rendered are charged to the client. The client is responsible for all fees, regardless of insurance coverage.*

\_\_\_\_\_  
Client signature / Date

\_\_\_\_\_  
Guarantor Signature / Date

## Counseling Information:

Who referred you to this counseling center? \_\_\_\_\_

Has any member of your family been here for counseling? Yes ( ) No ( )

Have you ever been to counseling, psychotherapy, or seen a psychiatrist? Yes ( ) No ( )

When? \_\_\_\_\_ Name of therapist: \_\_\_\_\_

Are you currently taking medication? Yes ( ) No ( )

- Type: \_\_\_\_\_
- Prescribed for what purpose: \_\_\_\_\_

## Person we can call in case of an emergency:

- Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

I would like to receive your quarterly E-newsletter that gives helpful information on marriage and family issues and spiritual growth. My email \_\_\_\_\_

(Please print)

## **YOUR GOALS FOR COUNSELING (COUPLES ONLY)**

1. Please describe your specific goals for counseling.

---



---

2. Please describe your spouse's specific goals for counseling.

---



---

3. How long do you feel counseling should last? (on a once-a-week basis)

---



---

4. On the following scale, please indicate your level of hopefulness for the effectiveness of counseling. (Please use an X for yourself and a check mark for your perception of your spouse's hopefulness)

No Hope	Somewhat hopeful			Hopeful		Quite Hopeful		Very Hopeful		
0	1	2	3	4	5	6	7	8	9	10

5. In what way can your counselor be the greatest help to you in counseling? Please be specific.

---



---

6. How much time per week can you give to improve your marriage? Circle Your response.  
 1 Hour      2 Hours      3 Hours      4 Hours      5 Hours      6 Hours or more

7. Would you like your counselor to pray for you?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ During the session? \_\_\_\_\_ During the week? \_\_\_\_\_

### CHANGES AND COMMITMENT LEVEL

Indicate your response by circling your choice.

1. I am willing to make: any, most, some, minor, very few changes or adjustments necessary to keep our marriage together.

2. I believe my spouse is willing to make: any, most, some, minor, very few changes or adjustments necessary to keep our marriage together.

3. It is important to me that my spouse is satisfied and fulfilled: very important, somewhat important, not very important.

4. If our marriage were to fail, I would feel...

---



---

5. If our marriage were to fail, my spouse would feel...

---



---

6. My commitment level to staying in my marriage...

Little or no commitment	Average Commitment				Absolute Commitment					
0	1	2	3	4	5	6	7	8	9	10

7. My spouse's commitment level to staying in our marriage is...

Little or no commitment	Average Commitment				Absolute Commitment					
0	1	2	3	4	5	6	7	8	9	10