Lighthouse Christian Counseling Center, LLC
36 West 8th Street Suite 250 Holland, Michigan 49423 616.394.4287 scourey@gmail.com

General Information Sheet

Name		Today's Date			
Street			Ok to contact? Check Y or N	**Y**	**N**
City and zip		Home phone			
Date of birth		cell phone			
Sex		Work phone			
Social Sec. #		email			

How did you find out about Lighthouse?	

Marital status	(3)	How long?
Single		
Married		
Divorced		
Widowed		

Previous marriage(s) and/or significant relationships (w/ dates)

Education/Employment/Leisure

Highest degree or diploma earned		Occupation	
Years at current residence		Employer	
Years living in local area		Yrs employed	
Previous local area lived in		Previous employment	
Leisure activities and hobbies			

Insurance information

Primary Insurance	
Ins. Provider	
Subscriber	
Group #	
Benefit code	
Phone number	

Secondary Insurance	
Ins. Provider	
Subscriber	
Group #	
Benefit code	
Phone number	

Family Information

Spouse's name	
Spouse's occupation	
Spouse's age	

Your father's name	
Father's age or yr. and age of death	
Father's health	

Children's names	Age

Your mother's name	
Mother's age or yr. and age of death	
Mother's health	

Parents marital status (with dates)	
Mother re-married to (with dates)	
Father re-married to (with dates)	

Names and ages of your siblings	

Religious Information

Denomination	
Church you now attend	
Church during childhood	
Current Pastor's name(s)	

Counseling History (any counseling prior to coming to Lighthouse Christian Counseling Center)

Outpatient

Where	When	Name of counselor	Reason for counseling

Inpatient

Where	When	Name of counselor	Reason for counseling

Current reasons for seeking counseling

What circumstances have brought you to Lighthouse at this time?
_____

Check all that apply:

	Problems with children		Tired/fatigued		Alcohol/drug use
	Marital problems		Feelings of guilt		Eating problems
	Arguing with spouse		Depressed		Suicidal thoughts
	Blended family concerns		Tension/anxiety		Trouble sleeping
	Sexual concerns		Anger		Physical pains
	Work/career-related concerns		Poor concentration		Nightmares
	Spiritual/religious concerns		Confused thoughts		Traumatic memories

Other:_____

Signature: _____ date: _____