

## Mountain Light Ministries Life History Form

The purpose of this form is to obtain a comprehensive picture of your background. Please complete the form as fully and accurately as you possibly can, by yourself. It will be reviewed by your Prayer Minister. No one else will have access to this form without your approval.

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ By what name would you like to be called? \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: (home): \_\_\_\_\_  
First Middle Last (cell): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ Apt.# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE/PROV. \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Emergency Contact (other than spouse): \_\_\_\_\_ PHONE (home): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT.#: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

Are you or were you in the military service? Yes No If yes, which branch? \_\_\_\_\_

Religion/Denomination: \_\_\_\_\_ Place of worship \_\_\_\_\_

Worship attendance (circle one): Regular Occasional Not at all

How strongly do you want help for your present problem? (circle one:) Very much Moderately Not much

I have talked about my problem with: Psychiatrist (M.D.) Psychologist (Ph.D.) Other professional  
Number of hours \_\_\_\_\_ Lay Counselors Pastoral

Friends important to me (names): \_\_\_\_\_  
\_\_\_\_\_

With whom are you living (name, relationship to you, ages, occupation?)

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

## **NEED FOR COUNSELING**

State in your own words the nature of your concern:

### **BEGINNINGS**

**Place a check mark in front of all that apply to you, or write the facts as they pertain to each item – if you know them)**

I was born: on time:\_\_\_ Late\_\_\_ How late?\_\_\_\_\_ Premature\_\_\_ How premature?\_\_\_\_\_

I was delivered by Cesarean section\_\_\_\_\_

\_\_\_\_\_ I was a wanted baby. How do you know?

\_\_\_\_\_ I was **adopted** \_\_\_days \_\_\_weeks \_\_\_months\_\_\_\_\_years\_\_\_ after being born.

\_\_\_\_\_ Birth mother and natural father were married to each other before conception.

\_\_\_\_\_ Birth mother and natural father were **not** happily married during my time in the womb.

\_\_\_\_\_ Natural father was gone much of the time while I was in the womb.

\_\_\_\_\_ **Medication** or **forceps** had to be used for my delivery (difficult labor/delivery?).

\_\_\_\_\_ Birth mother and/or natural father were grieving the loss, or potential loss of loved one during time in womb.

\_\_\_\_\_ Birth mother experienced a **previous miscarriage** or **abortion** before I was conceived.

\_\_\_\_\_ Birth mother had a difficult previous pregnancy.

\_\_\_\_\_ Birth mother had a difficult pregnancy with me. What made it difficult?

\_\_\_\_\_ Birth mother and natural father were struggling while I was in the womb. If yes, how?

What is the story your family tells about your coming in to the world, if you know it?

What events in your early childhood were significant to you?

Were you ever bullied or given a nickname? If yes, by whom, and why?

Do you make friends easily?

## **HEALTH INFORMATION**

Have you had an operation or serious injuries in the past 10 years? Discuss:

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

## **EDUCATIONAL HISTORY**

Last grade completed: \_\_\_\_\_ Year \_\_\_\_\_

## **EMPLOYMENT**

Current Occupation: \_\_\_\_\_

How long employed at present job? \_\_\_\_\_

Does this job satisfy you? Yes No If no, why not? \_\_\_\_\_

What type of employment have you had in the past?

What are your future goals, dreams, and hopes?

## **FAMILY DATA**

List all of your brothers and sisters from oldest to youngest, including yourself, and in birth order. Including miscarriages or abortions if you know of any.

| <u>NAME</u> | <u>SEX</u> | <u>AGE</u> | <u>MARITAL STATUS</u> | <u>JOB</u> | Brief description |
|-------------|------------|------------|-----------------------|------------|-------------------|
| _____       |            |            |                       |            |                   |
| _____       |            |            |                       |            |                   |
| _____       |            |            |                       |            |                   |
| _____       |            |            |                       |            |                   |
| _____       |            |            |                       |            |                   |

*If more space is needed use reverse side*

What was your relationship with your siblings in the past, and why?

What is the current relationship to your siblings, and why?

As a child, in what ways were you punished or disciplined by your parents, step-parents, caregivers?

Were you able to confide in your parents? Why, or why not?

List any fearful or distressing experiences not previously mentioned:

### **DESCRIBE YOUR PARENTS**

List those who were primary in rearing you. Other than biological parents please add another piece of paper or put on the back.

#### **FATHER**

Name: \_\_\_\_\_ Current Age: \_\_\_\_

Occupation before retiring: \_\_\_\_\_

If deceased, cause of death & age: \_\_\_\_\_

What was your age? \_\_\_\_\_

His personality:

Home environment he provided:

Described his relationship with your mother:

Describe his relationship with the children:

How did he show love:

What was his ambitions for his children:

Form of punishment he used:

As child, what I liked or disliked about him:

#### **MOTHER**

Name: \_\_\_\_\_ Current Age: \_\_\_\_

Occupation before retiring: \_\_\_\_\_

If deceased, cause of death & age: \_\_\_\_\_

What was your age: \_\_\_\_\_

Her personality:

Home environment she provided:

Describe her relationship with your father:

Describe her relationship with the children:

How did she show love:

What was her ambitions for her children:

Form of punishment she used:

As a child, what I like or disliked about her:

### **MARITAL INFORMATION**

|                          | Name of Spouse | Length of Marriage | Reason it Ended | Num. Of Children |
|--------------------------|----------------|--------------------|-----------------|------------------|
| 1 <sup>st</sup> Marriage | _____          | _____              | _____           |                  |
| 2 <sup>nd</sup> Marriage | _____          | _____              | _____           | _____            |
| 3 <sup>rd</sup> Marriage | _____          | _____              | _____           | _____            |

### **PRESENT MARRIAGE**

Name: \_\_\_\_\_ Spouse's Age at marriage: \_\_\_\_ Num.of children: \_\_\_\_ Years married:

What I like about him/her:

What I dislike about him/her:

What he/she likes about me:

What he/she dislikes about me:

## **CHILDREN**

**List names of your children – from oldest to youngest. State if any of these children are from previous marriage, and with whom. List in order of birth. Include miscarriages or abortions. Add anything more on the back.**

| NAME  | SEX   | AGE   | Marital Status | BRIEF DESCRIPTION |
|-------|-------|-------|----------------|-------------------|
| _____ | _____ | _____ | _____          | _____             |
| _____ | _____ | _____ | _____          | _____             |
| _____ |       |       |                |                   |
| _____ | _____ | _____ | _____          | _____             |

## **SEX INFORMATION**

What was the attitude towards sex in the home in which you grew up in? How was it discussed or instructed?

At what age did you derive your knowledge of sex?\_\_\_\_\_ How did you learn?

When did you become aware of your sexual impulses? What happened?

Did you ever have any anxieties, guilt feelings or trauma arising out of:

- Sexual experiences with opposite sex? If yes, please explain:
- Sexual experiences with the same sex? If yes, please explain:
- Did anyone ever touch you inappropriately in a sexual way? If yes, please explain:

## **SPIRITUAL EXPERIENCES**

Please place a check mark beside each item in which you, or your family members participated.

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**Key: S = Self F = Family**

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|                                                                 |                                                                            |                                                                                 |
|-----------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> Islam         | <input type="checkbox"/> <input type="checkbox"/> Wicca                    | <input type="checkbox"/> <input type="checkbox"/> Demon Worship                 |
| <input type="checkbox"/> <input type="checkbox"/> Astrology     | <input type="checkbox"/> <input type="checkbox"/> Scientology              | <input type="checkbox"/> <input type="checkbox"/> Blood Pacts                   |
| <input type="checkbox"/> <input type="checkbox"/> Unity         | <input type="checkbox"/> <input type="checkbox"/> Fortune Telling          | <input type="checkbox"/> <input type="checkbox"/> Transcendental Meditation     |
| <input type="checkbox"/> <input type="checkbox"/> New Age       | <input type="checkbox"/> <input type="checkbox"/> Witchcraft               | <input type="checkbox"/> <input type="checkbox"/> Asked for spirit-guide        |
| <input type="checkbox"/> <input type="checkbox"/> Seance        | <input type="checkbox"/> <input type="checkbox"/> Dowsing (water-witching) | <input type="checkbox"/> <input type="checkbox"/> Trance-speaking               |
| <input type="checkbox"/> <input type="checkbox"/> Yoga          | <input type="checkbox"/> <input type="checkbox"/> Ouija Board              | <input type="checkbox"/> <input type="checkbox"/> Clairvoyance                  |
| <input type="checkbox"/> <input type="checkbox"/> Satanism      | <input type="checkbox"/> <input type="checkbox"/> Masons (Freemasonry)     | <input type="checkbox"/> <input type="checkbox"/> Black Magic/White Magic       |
| <input type="checkbox"/> <input type="checkbox"/> Spells        | <input type="checkbox"/> <input type="checkbox"/> Palm Reading             | <input type="checkbox"/> <input type="checkbox"/> Incubi/Succubae (sex spirits) |
| <input type="checkbox"/> <input type="checkbox"/> Tarot Cards   | <input type="checkbox"/> <input type="checkbox"/> Automatic Reading        | <input type="checkbox"/> <input type="checkbox"/> Jehovah's Witness             |
| <input type="checkbox"/> <input type="checkbox"/> Drugs         | <input type="checkbox"/> <input type="checkbox"/> Horoscope                | <input type="checkbox"/> <input type="checkbox"/> Dungeons & Dragons            |
| <input type="checkbox"/> <input type="checkbox"/> Astral Travel | <input type="checkbox"/> <input type="checkbox"/> Lucky Charms             | <input type="checkbox"/> <input type="checkbox"/> Automatic Hand Writing        |
| <input type="checkbox"/> <input type="checkbox"/> Hypnosis      | <input type="checkbox"/> <input type="checkbox"/> Crystals                 | <input type="checkbox"/> <input type="checkbox"/> Native Healer                 |
| <input type="checkbox"/> <input type="checkbox"/> Mormonism     | <input type="checkbox"/> <input type="checkbox"/> Christian Science        |                                                                                 |

### **List any not mentioned:**

To your knowledge, have your parents or any family member, as far back as you know, been involved in occultism or witchcraft?

How have any of these you checked off affected your life?

## **SELF DESCRIPTION**

Complete the following sentences:

As a child, I....

My childhood fears were....

My role in my group of friends was....