

**Life Transformed Christian Counseling  
Client Information Sheet- Adult**

Today's date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

E mail \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Employer \_\_\_\_\_

Education level completed \_\_\_\_\_ Faith background (if any) \_\_\_\_\_

Are you currently involved in a faith community? \_\_\_\_\_ If so, where \_\_\_\_\_

**Childhood History**

*Parents/Step parents*

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Were they (circle one) Never married? Married? Divorced (if so, how old were you? \_\_\_\_\_)

Step father's name(s) \_\_\_\_\_ if so, how old were you? \_\_\_\_\_

Step mother's name(s) \_\_\_\_\_ if so, how old were you? \_\_\_\_\_

*Brothers and Sisters*

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

*Other significant relatives*

Name \_\_\_\_\_ relationship \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_

**Adult History**

Your current relationship status: (circle all that apply)

single, never married      dating      living together      engaged  
married      separated      divorced      widowed

Partner/Spouse's name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Marriages**

date married _____	date divorced/widowed (circle one) _____
date married _____	date divorced/widowed (circle one) _____
date married _____	date divorced/widowed (circle one) _____

**Children**

Name _____	age _____
Name _____	age _____
Name _____	age _____
Name _____	age _____
Name _____	age _____
Name _____	age _____

Have you received counseling before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you currently taking any meds or hormonal supplements? \_\_\_\_\_ Type \_\_\_\_\_

Are you open to God's solution? (circle one)

Yes      No      Unsure at this point

What is the specific issue or concern that has caused you to seek counseling at this time? (Continue on back if necessary)

I found your practice through: \_\_\_\_\_ Google search      \_\_\_\_\_ Thumbtack      \_\_\_\_\_ Thervo      \_\_\_\_\_ Psychology Today  
\_\_\_\_\_ Facebook      \_\_\_\_\_ other social media      \_\_\_\_\_ word of mouth      \_\_\_\_\_ don't recall

## Finding Your ACE Score

### While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...

Swear at you, insult you, put you down, or humiliate you?

**or**

Act in a way that made you afraid that you might be physically hurt?

Yes No

If yes enter 1 \_\_\_\_\_

2. Did a parent or other adult in the household **often or very often**...

Push, grab, slap, or throw something at you?

**or**

**Ever** hit you so hard that you had marks or were injured?

Yes No

If yes enter 1 \_\_\_\_\_

3. Did an adult or person at least 5 years older than you **ever**...

Touch or fondle you or have you touch their body in a sexual way?

**or**

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

If yes enter 1 \_\_\_\_\_

4. Did you **often or very often** feel that ...

No one in your family loved you or thought you were important or special?

**or**

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

If yes enter 1 \_\_\_\_\_

5. Did you **often or very often** feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

**or**

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

If yes enter 1 \_\_\_\_\_

6. Were your parents **ever** separated or divorced?

Yes No

If yes enter 1 \_\_\_\_\_

7. Was your mother or stepmother:

**Often or very often** pushed, grabbed, slapped, or had something thrown at her?

**or**

**Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?

**or**

**Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No

If yes enter 1 \_\_\_\_\_

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

If yes enter 1 \_\_\_\_\_

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

If yes enter 1 \_\_\_\_\_

10. Did a household member go to prison?

Yes No

If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.**

**Life Transformed Christian Counseling**  
**Rev. Greg Griffin, M.A., Board Certified Pastoral Counselor**

*Board of Examiners for GA Christian Counselors and Therapists certification #05099410*

**3827 Roswell Road, 100-B, Marietta, GA 30062**  
**770-310-7190**

**Methodology**

My counseling approach is Christ-centered, and based upon the relational truths found in the Bible. Therefore, healing is a spiritual journey, which will ultimately manifest itself in thought and subsequent behavior. I will meet you where you are, and respect your spiritual views in the counseling process. As a client, you are encouraged to raise any questions you may have. You may choose to end counseling at any time.

**Confidentiality Covenant**

The communication between client and counselor is considered confidential except as where required by law, i.e., where there is a threat of serious harm to self or others, such as child abuse, suicide, endangerment or homicide.

After you sign this, should you choose, you have access to any session notes I may make, and no one else does without your written consent. I will maintain a record of our sessions, and will take necessary steps to protect your personal data and information.

I have read the preceding information, understand my rights as a client.

---

Signature of client (or personal representative)

---

Date

---

Printed name of client (or personal representative)

**Life Transformed Christian Counseling**  
**Rev. Greg Griffin, M.A., Board Certified Pastoral Counselor**

3827 Roswell Road, 100-B, Marietta, GA 30062  
770-310-7190

**Financial Agreement**

Please read the following information concerning fees and appointments.

- Counseling fees of \$120 are due at the end of each session, unless prior alternate arrangements are made.
- There is a \$60 charge for rescheduling without a 24 hour notice.
- Missed sessions with no notice will incur a full session charge.

Thank you for making the effort to keep your appointments.

Signed \_\_\_\_\_

Date \_\_\_\_\_